

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

Absence: (Refer to Attendance Policy)

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

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

7/11/25 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
9/9/2025	Impaired Skin Integrity	NI/MD	Satisfactory/MD	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:		NA	NA	S	S	S												
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	S												
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	S	S	S												
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	NA	S	S U	S												
Clinical Location Age of patient		NA	NA	FRMC OB 30 yrs.	FRMC ER 88 yrs.	Bellevue Middle												
	MD	MD	MD	MD	MD													

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

Comments:

1.e. Intimacy versus Isolation; I chose this because this is a stage experience in young adulthood, usually from ages 20-40 years. Successfully navigating this stage is shown by developing strong bonds with partner or family, which was shown during this clinical experience by how many friends and family came to visit her after she gave birth.
Excellent! MD

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

1.e.(week 6)-Industry vs. Inferiority. I choose this because at this age children are developing new skills and abilities. Success leads to a sense of industry, or accomplishment, while struggles lead to a sense of inferiority. Hearing and vision screening are especially important because difficulties in these areas can affect learning and self-confidence.

Firelands OB 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 mother 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

ER Clinical Objective 1A-D: This week in the ER you were able to provide care appropriate for the patient, communicate effectively, provide appropriate assessments, and describe safety measures for the patients you cared for. Great job! MD

ER Clinical Objective 1E: This competency needs addressed with every clinical experience. It was not addressed on your clinical tool this week which turns the rating to an unsatisfactory. Please address this and state how you will work to include this in future submissions. MD

Objective 1. E. - I will work to include this in future admissions by reading over the objectives more carefully before I submit by clinical tool every time in the future before submissions.

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
Competencies:																		
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		NA	NA	S	NA	NA												
g. Discuss prenatal influences on the pregnancy. Maternal		NA	NA	S	NA	NA												
h. Identify the stage and progression of a woman in labor. Maternal		NA	NA	S	NA	NA												
i. Discuss family bonding and phases of the puerperium. Maternal		NA	NA	S	NA	NA												
j. Identify various resources available for children and the childbearing family.		NA	NA	S	NA	S												
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												
	MD	MD	MD	MD	MD													

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

Comments:

Firelands OB Week 4 – 1k and l – You recognized the uniqueness of the family you were caring for and ensured the 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

ER Clinical Objective 1 K, L: This week you valued your patient's perspective on disease processes along with how diversity played a role in the care they received. You also provided respect for the patient and family. Great job! MD

***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	S												
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	S	S	S												
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	S	S	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												
	MD	MD	MD	MD	MD													

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

Comments:

2.g. Nausea and vomiting throughout pregnancy as well as low Hgb and Hct may suggest nutrition issues, which could show a limited assess in food, finical resources, or perhaps have a poor health literacy. **This is a good connection for all of these! What resources could you provide the patient? MD**

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

2g. I could tell at times he had a slight difficult time hearing the nurse when she asked questions. This could possibly lead to him maybe having difficulty understanding discharge instructions or follow up care. This could lead to him having poor health literacy. **Absolutely! What additional interventions could you perform to ensure the patient understands the information being provided? MD**

2g. (week 6). One social determinant of health that have the potential to influence patient care is lack of financial resources. After having their hearing or vision screened, kids might find out that they need glasses, hearing aids, or medical treatment. If their family lack finical resources this could be a struggle or an added stressor. It could also prolong the time before proper treatment of either vision or hearing is done, potentially causing academic or social delays.

Firelands OB Week 4 – 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 a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. You had the opportunity to administer PO medications to the postpartum mother while on clinical this week. KA

ER Clinical Objective 2 A-F: This week you discussed EBP in nursing, performed standard precautions, observed/gave care in an organized manner, observed safe medication administration with appropriate dosage calculations, and you were able to obtain information for proper decision-making. Awesome! MD

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												
	MD	MD	MD	MD	MD													

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

Comments:

3.d. One ethical issue I observed was the potential for judgment in caring for a postpartum patient who tested positive for THC and nicotine use. While staff were all very professional and I did not see any judgement from any of them, I could see how easily stigma could influence the quality of care that patient may receive. **This is absolutely true. How would you address this if you found this was occurring? MD**

3.d. While at this clinical I observed the patient refuse any pain medication for this pain. Older adults may downplay symptoms, but there could still be hidden injuries or health risks. Nurses have to respect the patient's autonomy while also preventing the patient from being harmed, which can be both a legal and ethical issue. **Absolutely! Patient advocacy is so important! MD**

3. d. (week 6). One ethical issue I could have potentially seen was the lack of maintain confidentiality when discussing results. While at this clinical everyone was very good at keeping student information private, but I could see that this could be a potential issue at other places. For example, if as student's friend was curious on what their friend got compared to themselves. Legally student health information must be protected, but ethically it also builds trust between the nurse and the student.

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

ER Clinical Objective 3 A-C: Great job acting with integrity, respecting privacy, and following the Student Code of Conduct! MD

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	S	NA	S												
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												
	MD	MD	MD	MD	MD													

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

Comments:

4.d. Although the patient planned to bottle feed, I provided education on breast engorgement management, including avoiding breast stimulation. This can help her manage some of her discomfort during her postpartum period. Great! MD

4d. Since this patient refused pain medication, he might not feel pain as intensely, so one teaching point is to give him education of other signs of injury like dizziness, confusion, or difficulty walking. This could help him better recognize signs complications. **Excellent education! MD**

4d.(Week 6). One way I did this was by using age appropriate language. I explained the purpose of the hearing and vision screening by using simple and reassuring terms. I said something like, “We are checking how well you can see the board or hear your teacher so we can make sure nothing is getting in your way of learning”. This can help them feel more involvement and included.

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

Firelands OB Week 4 -4b, d - You did a nice job documenting the postpartum 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

ER Clinical Objective 4 A, C, E: This week in your CDG you were able to determine a care plan based on noticing and interpreting and then how you would respond to the situation. You were also able to describe witnessed advocacy, and analyze what was going on with your patient. Great job! MD

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	S	NA	NA												
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	NA												
	MD	MD	MD	MD	MD													

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

Comments:

Firelands OB Week 4 – 4f, g, h, I, j – You utilized information from your patient's chart 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 knowledgeable 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

ER Clinical Objective 4 F-H: For this clinical, you were able to provide information correlating diagnostics, medications, and medical treatment for your patient you saw in your CDG. Great job! MD

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	S												
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)		NA	NA	S	S	NA												
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	S NA	S U	NA												
	MD	MD	MD	MD	MD													

**Evaluate these competencies for the offsite clinicals: ER: 5A, B, C, F, G H&V: 5A, B, C BG Club: 5A, B Flu: 5A, B, C

Comments:

Firelands OB Week 4 – 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. 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. You provided hand off report to the appropriate nurse when leaving clinical at the end of shift. KA

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

Firelands OB Week 4 Objective 5G: This week you completed a care map and not a CDG. This competency is an NA for this week. MD

ER Clinical Objective 5A: You were marked excellent in all areas by your nurse with the comment “Foley catheter, female with success! Removed IV good technique.”

Marcie Caporini, RN. Great job! MD

ER Clinical Objective 5 B, C, F: This week you were able to evaluate your own participation in clinical, communicate professionally with team members, and clearly communicate care in the form of an SBAR on your CDG. Great job! MD

ER Clinical Objective 5G: This week you were to provide a CDG based on your experience in the ER. You wrote a great CDG that met the requirements for satisfactory submission based on content and word count. However, this competency is an unsatisfactory based on the lack of reference and in-text citation. Please be sure to include these items on all CDGs. In addition, please write a response with how you will include this in future CDG posts. MD

Objective 5G- I will look over the objectives of the CDG more carefully and make sure that I have an in-text citation every time it’s needed. I will double check every time before I post in the future.

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												
	MD	MD	MD	MD	MD													

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

Comments:

6.a. One area for improvement is that I am still getting comfortable explaining health concepts clearly and in patient friendly language. I will practice explaining one health topic a week in simple terms to practice explaining these concepts better to patients so that they can have a better understanding. This is a great plan! Let me know if you need any assistance! MD

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

6. a. One area of improvement would be in my SBAR delivery for handoffs and reporting. I will practice delivery SBAR once a week and consider what went well and what could be more precise next time. **Awesome! MD**

6.a. I want to improve my ability to give age-appropriate explanations so students clearly understand the purpose of screenings without feeling nervous. I could do this by practicing scenarios where I practice explaining a health concept or procedure in different ways depending on the target age group three times this week.

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

ER Clinical Objective 6 B-I: You did amazing in clinical meeting all of this objective! Keep up the fabulous work! **MD**

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

Student Name: Nevaeh Walton		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: 9/9/2025, Impaired Skin Integrity							
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	All criteria met. MD
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
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	Criteria	3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. MD
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	

Reference

An in-text citation and reference are required.

The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both. Reference provided, in-text citation missing. This care map is a NI. MD

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:

Unfortunately, due to the missing in-text citation, your care map is automatically graded NI. Please add this to the care map so it can be regraded. MD

In-text citation provided on resubmission. Your care map is now satisfactory. MD

Total Points: 45/45 Needs Improvement due to missing in-text citation. MD
45/45 Satisfactory MD

Faculty/Teaching Assistant Initials: MD MD

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

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

* 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:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	S	S	S	S	S	S	S	S	
Faculty Initials	MD	MD	MD	MD	MD	MD	MD	MD	MD	
Remediation:	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Date/Evaluation/Initials										

* Course Objectives

Comments:

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2025
Simulation Evaluations

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 3 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/18	Date: 9/22	Date: 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: 8/26
	Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz			Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz	
Scenario Evaluation	S	S											S
Survey	S												S
Faculty Initials	MD	MD											MD
Remediation: Date/Evaluation/Initials	NA	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: SCENARIO: Empathy Simulation

STUDENT NAME:

OBSERVATION DATE/TIME:

8/26/2025

REFLECTING: (6)*

- Evaluation/Self-Analysis: E A D B
- Commitment to Improvement: E A D B

You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.

Great job.

I enjoyed seeing your pregnancy photo!

SUMMARY COMMENTS:

E = exemplary, A = accomplished, D = developing, B = Beginning
Based off of Lasater's Clinical Judgment Rubric

Simulation Objectives:

1. Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)*
2. Describe how patient-centered care is dependent on past medical history, cultural history, and social history. (1, 2, 3, 4)*
3. Describe your psychological and social response to the simulation and how it impacts the care provided to the pregnant patient and child-bearing family. (1, 5, 6)*

Developing to accomplished is required for satisfactory completion of this simulation.

Comments

You are satisfactory for this simulation.

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Palagyi (A), Riedy (M), Walton (C)

GROUP #: 8

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/18/2025 0830-1000

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Noticed VS appear WNL. Inquires about pain. Notices rhythm on fetal monitor. Recognizes contractions on fetal monitor, and recognizes that they should not occur at 33 weeks. Pain rated 4/10. Patient requests mountain dew and cheeseburger. UA results obtained, THC present, glucose, nitrates.</p> <p>Mona CO feeling dizzy and lightheaded. VS assessed. Notices low BP and rising HR. Bleeding discovered. Legs elevated. Begins fundal massage. Notices uterus is firming up in response to fundal massage. BP reassessed.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Prioritizes the need to apply fetal monitor. Prioritizes the need to obtain FSBS- 225- recognized as high. Interprets that contractions at 33 weeks is not normal.</p> <p>HR interpreted as being high, BP low. Fundus recognized as boggy. Recognize need to massage fundus. Interprets need to weigh pads. BP interpreted to be improving.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Nurse enters room, identifies patient, begins assessment, VS. Assists patient to left side. Call to lab for UA results. Inquires about pregnancy history and history of GD. Call to HCP to report FSBS and UA results. Orders received for LR, nifedipine, and acetaminophen and read back. Also for US to verify due date. UA results discussed with patient, education provided on GD and THC use. Patient identified, medications prepared, allergies confirmed, acetaminophen administered. Patient requests confirmation of the nifedipine order. IV fluid initiated. Call to HCP to question nifedipine order, explanation received.</p> <p>Fundus immediately massaged upon discovery of bleeding. Calls to team for assistance. Call to provider to report low BP, high HR, bleeding, dizziness, boggy uterus. Good report. Order received for methylergonovine. Patient identified, allergies confirmed,</p>

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

*Course Objectives	
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EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2025
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date: _____