

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

Absence: (Refer to Attendance Policy)

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

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

7/11/25 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
Competencies:		NA	S	NA	S	NA	S											
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	S	NA	S	NA	S											
b. Provide care using developmentally appropriate communication.		NA	S	NA	S	S	S											
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	NA	S	NA	S											
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	NA	S	NA	S											
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	S	NA	S	S	S											
Clinical Location Age of patient		No clinical	Belleveue clinical	No Clinical	FTMC OB 31+2days	BG Club 6-11years	FRMC ER/Flu											
		BS	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:

1e. The stage of growth and development for the children I did hearing and vision testing for is "Industry vs. inferiority". I chose this stage of development because the ages of the children I did hearing and vision tests for are 8-9 years old and according to Erikson's stages of development, children from the ages of 6-12 are in this stage of development.

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

Week 5: 1e. The stage of growth and development for my 2-day old patient this week is “Trust vs. Mistrust”. I choose this stage of development for my 2 day old patient because according to Ericson’s stages of development, infants are in this stage until they reach about 18 months of age. BS

Week 5: 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 6: 1e. The stages of growth and development for the kids at the Boys and Girls Club are “Initiative vs. Guilt” and “Industry vs. Inferiority”. I choose these stages of development because the kids at this clinical ranged from ages 6-11 years old which includes Pre-school aged children and school aged children. BS

1b- You did a great job interacting with the children at the Boys and Girls Club while using developmentally appropriate communication. This can be a chaotic and challenging environment, but your group did well and kept the kids engaged. BS

Week 7: 1e. The stage of growth and development for my patient at Firelands ER is “Integrity vs. Despair”. I chose this stage of development because this patient I took care of is 70 years old which classifies him as elderly and according to Erikson’s stages of development anyone over 65 years old is in this stage of development.

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	NA	S	NA	NA											
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal																		
g. Discuss prenatal influences on the pregnancy. Maternal																		
h. Identify the stage and progression of a woman in labor. Maternal																		
i. Discuss family bonding and phases of the puerperium. Maternal																		
j. Identify various resources available for children and the childbearing family.			S	NA	S	NA	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	S											
		BS	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 3: 1(k)- You were able to care for the students with developmentally appropriate interactions as well as notice the diversity of the student population. RH
 1k- While interacting with the children at the Boys and Girls Club you did a great job acknowledging their perspectives, diversity, ages, and cultural factors, which all influence their behavior. BS

Week 5: 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 use of illicit drugs and THC while pregnant.

RH Week 5: 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 6- 1k- While interacting with the children at the Boys and Girls Club you did a great job acknowledging their perspectives, diversity, ages, and cultural factors, which all influence their behavior. BS

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

2g. One social determinant of health that has the potential to influence the patient care, is the children’s care is their education, specifically their ability to identify letters. This social determinant of health may impact the children’s care because if they identify the letters on the vision board incorrectly, then they could be given an inaccurate score on their vision screening. **Good point. For the younger children they have a chart with shapes on it. Before they test a child, they will have them identify each object.**

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

That way when they point to an object they use what the child said prior to check accuracy. For instance, one object is shaped like an apple but some kids think it's a heart. BS

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

Week 5: 2g. One social determinant of health that has the potential to influence the patient care is, the mother's level of education related to infant care. This social determinant of health has the ability to impact the health and care of the infant because without proper education the mother may not provide an adequate safe environment for the infant to grow up in. I also noticed that the mother had a difficult time recognizing hunger cues of her newborn and therefore was not feeding him on a regular basis. However, the patient's nurse referred her to the program "Help me Grow" which will be a helpful resource for her to utilize when learning to care for her newborn.

Hopefully she follows up with this service, as there are so many things to consider. BS

Week 5: 2(a-f)- We were able to have some discussion with the pediatrician regarding evidence-based practice while they were performing the circumcision on the newborn. 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. You were able to pass oral medications to the postpartum mother during morning medication pass. You correctly administered medications using the rights of medication pass and did correct dosage calculation to ensure right dose was administered. RH

Week 6: 2g. One social determinant of health that has the potential to influence the care of the children at the Boys and Girls Club is economic stability. I noticed while at this clinical site multiple kids were not wearing appropriately fitting clothes and much of their school supplies was in bad shape. This social determinant of health has the ability to impact the health of the children because they may not have access to weather appropriate clothing or the necessary supplies to get the best education possible.

Very Observant, Bri. You are correct, many of the kids who utilize the Boys and Girls Club have less than ideal home lives. BS

Week 7: 2g. One social determinant of health that has the potential to influence the care of one of the patients I saw in the ER is community and social context. During my clinical at Firelands ER, one of the patients I saw was a 70 year old man who had been falling for the past 2 days and passing out. When he finally came to the ER via ambulance, he was very unstable due to having an extremely low blood pressure, high heart rate, and an abnormal heart rhythm. This social determinant of health impacted this patient's health care because if this patient had a closer social circle he might have received care sooner because someone could have encouraged/helped him get to the hospital sooner.

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

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

Comments:

3d. One legal/ethical issue I observed at this clinical experience involved the Disability Rights Act and was quickly addressed. This issue occurred during a vision screening, where one student with a mental disability was having a difficult time identifying the letters on the vision board and was distracted by the other students around them at the time of their vision test. After this situation was realized, the school nurse made the decision to have the student be re-tested in an environment better suited for them and was less distracting, which would allow them to have an accurate vision screening completed. **Yes, this type of thing can be very distressing for some of the kids.**
BS

Week 5: 3d. One legal/ethical issue I observed at this clinical experience was getting child protective services involved due to a positive drug screen on the mother. Additionally, I learned that the mother has lost custody of all of her other children and would also not be likely to maintain custody of her newborn. This ethical issue was troubling for me because I felt bad for both the mother and the baby in this situation because I knew that they would likely have to be separated due to safety concerns. However, as mandated reporters, I understand that it was necessary for the safety and wellbeing of the child. **What a sad case. It can be hard to imagine some of the lives people live. It makes me wonder how she lost custody of her kids in the first place.** BS

Week 5: 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 6: 3d. One ethical issue I observed at this clinical experience was several of the kids were wearing clothe that were too small for them, and a couple of students appeared to have unbrushed and unwashed hair. This is an ethical issue because these children may not have access to some of their everyday needs such as clothes that fit, hygiene materials, or a guardian who can teach them how to care for themselves appropriately. **That last point is a powerful one. Many of us define normal based on our own experiences, and these kids likely will also. Hopefully, it doesn't continue to perpetuate the problem.** BS

Week 6- 3a,c- At the Boys and Girls Club, you acted with integrity, consistency, and respect for differing views and perspectives. BS

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

Week 7: 3d. One ethical issue I observed at this clinical experience involved a mother who came to the ER with her young son by personal vehicle, and her teenage daughter who came by ambulance to all be seen for congestion. The mother and son were in one room together and during this time I noticed that she did not keep watch over her very young child who continuously left the room and had to be brought back by staff members. The child was also allowed to crawl on the hospital floor in the hallway and in the room, who would then also put his hands in his mouth. Additionally, when a breathing treatment was ordered for the child, who was not cooperative, the mother was not engaged in his care and stayed on her phone. This was an ethical issue because the child was not being looked after properly in the ER and could have gotten hurt while he was not being watched in the hallway and was exposed to many bacteria/viruses on the hospital floor. After educating the mother to keep an eye on her child because it was not safe in the hallway by himself and to keep him off the floor due to it being unsanitary, these instructions were not followed.

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

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

Comments:

4d. I provided patient centered and developmentally appropriate teaching to the students at Bellevue Elementary School by explaining to each student how to complete their hearing and vision test in short, simple sentences, and addressed their questions as needed. For the vision screening I explained that they needed to stand with their heels at the marked line on the floor and to cover one eye at a time and read off each letter I pointed to. For the hearing test, I explained that after I put on their headphones, they would need to raise their hand when they heard the beeping noise. **Nice job! BS**

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

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

Week 5: 4d. I provided patient centered and developmentally appropriate teaching to the mother of the newborn by explaining and demonstrating how to properly change the diaper and care for the circumcision of her newborn. Great job, Bri! BS

Week 5: 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 and their baby when refusing or consenting to vaccinating their newborn with the hepatitis B vaccine. RH

Week 6: 4d. I provided developmentally appropriate teaching to the children at the Boys and Girls Club by explaining the importance of “Stranger Danger” and answering their questions in a way to avoid unnecessary fear or worry. My partner and I gave the students a scenario and asked them to answer how they should respond to the situation and then explained to them what they should really do in that said situation. Yes, and as we discussed, you received some interesting responses from the children. BS

4d- As you no doubt noticed at the Boys and Girls Club, when providing teaching to kids of various ages, we must continually adjust our approach based on their developmental level. BS

Week 7: 4d. I provided developmentally appropriate teaching during my clinical at Firelands ER by explaining to a child that the breathing treatment he was receiving for congestion was to “help him breathe better” and to put his mouth on the mouthpiece “like a straw and breath in”. This teaching was developmentally appropriate because I used simple explanations that could be understood by a young child.

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	NA	S	NA	S											
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S	NA	S											
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S	NA	S											
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	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	NA	S	NA	S											
		BS	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 5: 4(h-j)- During the clinical day you were able to discuss various diagnostic test, medications, and medical treatment that your patient and other patients on the floor were receiving related to their delivery/birth. RH

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

Objective																		
5. Collaborating professionally with members of the health care team, childbearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Demonstrate interest and enthusiasm in clinical activities.		NA	S	NA	S	S	S											
b. Evaluate own participation in clinical activities.		NA	S	NA	S	S	S											
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	S	NA	S	NA	S											
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	S	NA	S	NA	NA											
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	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	NA	S	NA	S											
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	NA	S	NA	S											
		BS	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 3: 5(a, b, c)- You remained positive and welcoming to all students throughout the clinical experience. You were able to professionally communicate with staff at the school as well as with the students who you were screening. RH

Week 5: 5(a, b, c, g)- This week you showed excitement about being able to see the c-section from the viewing window. You did great with the newborn assessment and needed minimal prompting. You were able to professionally communicate with the staff on the unit. RH

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

Week 6- 5a,b- You showed interest and enthusiasm as you presented your material to the children at the Boys and Girls Club. Nice work! BS

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

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

Comments:

6a. One area I would like to improve on from this clinical experience is how I gave directions to the students and how I explained certain aspects of the testing process to them. I noticed during my clinical experience, some of the students got confused while I was explaining to them how to complete their hearing and vision screenings, so I realized that I needed to adjust how I was communicating with them to make it more developmentally appropriate. One goal I have to improve on this area is to focus on giving only one direction at a time instead of multiple directions all at once, especially when the individual I am speaking to is very young. By focusing on this aspect of

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

how I give directions or education, I can make sure that individual is completely understanding what I am telling them. **Great reflection! Rarely do we do things perfect the first time. But we reflect, make adjustments, and move on. That's progress! BS**

Week 5: 6a. One area I would like to improve on from this clinical experience is being more confident when going through my postpartum assessment. I plan to improve in this area by reviewing my notes on postpartum assessments and rewatching the postpartum assessment video before my next clinical. By doing this, I will be able to run through by assessment a lot more smoothly and confidently. **Great plan, Bri! Practice and review certainly help to build confidence. BS**

Week 5: 6(c, e, f, g)- You were able to watch the c-section from the window and asked questions throughout the procedure to enhance your learning. 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 6: 6a. One area I would like to improve on from this clinical experience is being a little more assertive to keep the children focused and avoid unnecessary interruptions or distractions to the other kids. I plan to improve in this area by being more prepared to handle children with a lot of energy by making my education material more engaging and interactive whenever possible. By allowing the kids to move around and be more involved, I think that their behavior may be more under control. **Great idea, every learner is a little different. You did fine, though. It may not have felt like it at the time, but everything went well. BS**

6e- Professional behavior was observed throughout your time at the Boys and Girls Club this week. **BS**

Week 7: 6a. One area I would like to improve on from this clinical experience is understanding how to read EKGs better because this would allow me to provide better and safer patient care. During this clinical experience one of the nurses explained to me how to identify various abnormal EKGs because one of the patients I cared for was suspected of having a Stemi, but it turned out to be a bundle branch block, which I found very interesting. She also showed me a chart of various abnormal EKGs which I printed off to go over at home. I plan to improve in this area by studying these common abnormal cardiac rhythms.

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

Student Name:		Course Objective: 4: Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. State the goal for the top nursing priority.	Complete			Not complete		
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)			
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		

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

Reference

An in-text citation and reference are required.

The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both.

The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

*****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *****

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

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

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

* Course Objectives

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

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 3 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/11 & 9/18	Date: 9/22	Date: 9/25 & 10/2	Date: 10/6	Date: 10/16 & 10/17	Date: 10/23 & 10/30	Date: 11/3	Date: 11/4 & 11/5	Date: 11/18	Date: 11/18	Date: 11/21	Date: 11/21	Date:
	Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz			Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz			
Scenario Evaluation	S	S	S										
Survey	S		S										
Faculty Initials	BS	BS	BS										
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

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

STUDENT NAME(S) AND ROLE(S): Dobias (A), Jamison (M), McNeely (A)

GROUP #: 2

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/11/2025 0830-1000

CLINICAL JUDGMENT COMPONENTS						<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>Notices VS appear to be WNL. Mona CO pain with contractions. Patient requests mountain dew. FSBS 225. Notices UA tested + for THC, glucose.</p> <p>Mona CO feeling dizzy and lightheaded. VS reassessed. Notices low BP and rising HR. Bleeding discovered. Notices uterus is firming up in response to fundal massage.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Prioritizes need for VS, interprets VS to be normal. Interprets need for fetal monitor and to assist patient to left side. Interprets need for FSBS. FSBS 225, interpreted to be high.</p> <p>Interprets BP to be low. Interprets need for fundal massage.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Nurse enters room, identifies patient, begins assessment, VS. Applies fetal monitor. Fetal monitor applied, patient assisted to left side. Orientation established. Urine sample sent to lab. Questions patient about GDM, prenatal care. Call to lab for UA results. Dietary education provided. Call to provider with update, provider inquires about prenatal care. Patient questioned about pregnancy history, THC use. Offers counseling. Call to provider with requested information. Orders received for US to verify dates. Requests orders to stop contractions. Orders received for Procardia (nifedipine), acetaminophen, and IV fluids. Water provided to patient. Call to provider to question order for nifedipine. Call to provider to ask for routes for medication. Medications prepared, allergies confirmed, medications administered. IV fluids initiated. Education provided</p>

	<p>about uses of nifedipine. Call to request US to determine gestation.</p> <p>Questions patient about dizziness. Exposes patient to check for bleeding. Fundal massage initiated. Call to provider to report PPH. Order for methylergonovine (remember to read back orders). Call to patient's wife to update her and request her to come in. Assessment nurse comes in to finish assessment (this would not be an appropriate time to do this). Methylergonovine prepared and administered, Mona educated.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Identify social determinates of health and provide education and resources for pregnancy (1, 3, 4, 5)* 	<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,</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>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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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Dobias (M), Jamison (C), McNeely (A)

GROUP #: 2

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/25/25 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>Pain assessment: location, rating, duration</p> <p>Obtain vitals</p> <p>Perform cervical exam during initial assessment</p> <p>Reassess vitals and repeat cervical exam after nubain administration. Identify that water broke and ask about odor, consistency, color, amount, and verify time.</p> <p>Encourage and positively motivate mom to push</p> <p>Notice baby is stuck and begin HELPERR maneuvers</p> <p>Assess mom post-partum and other team members assess baby.</p>

	<p>Newborn assessment: thorough assessment complete (sucking, rooting, moro reflex, palmer grasp, Babinski, plantar)</p> <p>APGAR 1 minute: 9</p> <p>Post-partum assessment: BUBBLELE complete</p> <p>APGAR 5 minute: 9</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>Interpret vitals as WDL</p> <p>Offer nubain as option for pain control due to not wanting epidural</p> <p>Administer PCN prior to delivery</p> <p>Interpret fetal monitor as accelerations with each contraction.</p> <p>Interpret rupture of membranes after nubain administration</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>Discussion of birth plan with patient. Education on epidural and pain medication options for patient preference.</p> <p>Medication administration: Educate on reason for antibiotic and GBS status. Hand primary bag below secondary bag. Check name/DOB, verify allergies, scan all medications. Does not call healthcare provider prior to nubain administration (does state to do so in orders). Correct dose administered, correct needle size used, correct technique, needle safety used.</p> <p>Call healthcare provider with update after rupture of membranes with update.</p> <p>Call healthcare provider when notice patient feels that she needs to push. Put patient in mcroberts position, rotate to hands and knees, suprapubic pressure, evaluate for episiotomy, remove posterior arm, rotational maneuvers.</p> <p>Newborn interventions: put baby in warmer, dry baby off,</p>

	<p>wrap in hat, suction nose/mouth, offer skin to skin</p> <p>Medication administration for baby: provide education on vitamin K and erythromycin to mother prior to administration. Correct dose, correct needle used, correct technique, proper needle safety for vitamin K injection. Eye ointment applied</p> <p>Offer information about lactation consultants</p>
<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 scenario and interventions performed. Group stated good teamwork and communication was used throughout simulation. Team reviewed EMAR to see specific parameters for medications. Team identified they should have called provider prior to nubain administration per special instructions. Each member identified strength and area for improvement for next simulation. Emotional intelligence questions related to patient point of view and support person point of view. Each member identified own feelings and reactions related to the simulation and how it impacted their actions/how they reacted during the scenario.</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. Select physical assessment priorities based on individual patient needs. (1, 2)* 	<p>You are Satisfactory in this simulation! RH</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. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</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</p>

<p>2. Identify risk factors and implement appropriate nursing interventions upon completion of focused nursing assessment. (1, 2, 3, 4, 5)*</p> <p>3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)*</p> <p>4. Identify and implement appropriate nursing interventions in which heat loss occurs in infants. (1, 2, 5)*</p>	<p>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>
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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: _____