

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
9/12/25	Decreased Cardiac Output	S KA	NA	NA

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
Competencies:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	NA	S	NA											
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	S	NA											
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	S	NA	S	NA											
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	S	NA	S	NA											
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	NA	S	S	S	NA											
Clinical Location Age of patient		NA	NA	6 days; OB	6-12 y.o., BG Club	66y.o. M FTMCEER	NA											
	KA	KA	KA	KA	KA	KA												

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

Comments:

Week 4: 1e- The stage of development my patient was in was trust vs. mistrust. I chose this because my patient was an infant being only 6 days old, and he was learning to trust others that were taking care of him. KA

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

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

Week 5: 1e- The stage of development my students were in was industry vs. inferiority. I believe they were in this stage because they were prideful and seeking praise after completion of the CPR techniques that were taught and demonstrated. Nice job correctly identifying the school-aged children's Erikson's stage. KA

Week 5: 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 6: 1e- The stage of development my patient was in was integrity vs. despair. This is his stage of development because we would have conversations that would go over his life and he would tell me what he got right and wrong. He also was thinking about what the rest of his life would look like and if his accident would change it. Good job! KA

Week 6 – 1a – You did a nice job discussing a patient you cared for who was in a motor vehicle accident this week while on clinical in the ER department. KA

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

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

Comments:

Week 4 – 1k and l – You recognized the uniqueness of the family you were caring for and respected the family and their right to make decisions for their infant. KA

Week 5: 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 6 – 1k – You identified cultural implications that you observed while you were in the ER on clinical and discussed your observations in your CDG response. You pointed out how multiple family members and their specific needs and concerns pose multiple factors to consider when caring for and education a patient. KA

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

Objective																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children encompassing cultural sensitivity and diversity. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Engage in discussions of evidenced-based nursing practice.		NA	NA	S	NA	S	NA											
b. Perform nursing measures safely using Standard precautions.		NA	NA	S	NA	S	NA											
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	S	NA	S	NA											
d. Practice/observe safe medication administration.		NA	NA	S	NA	S	NA											
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	NA	NA	S	NA											
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	NA	S	NA	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	NA											
	KA	KA	KA	KA	KA	KA												

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

Comments:

Week 4: 2g- A social determinant of health that would have the potential to influence patient care is that the mother does not have custody of the baby because of drug use, and that the baby is going home with his grandpa. This would affect his care because it might lead to others making his medical decisions that is not his biological parents. Another social determinant of health that could potentially affect his care would be health literacy. Since he has pulmonary hypertension his guardian/ parents needs to be educated to understand how they will treat this condition, and how it will affect his life. KA

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

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 not have the opportunity to pass medications this week but was able to observe the medication process when a fellow classmate administered a vaccine to their patient. KA

Week 5: 2g- Some social determinants of health that had to impact the care and education I provided at the Boys and Girls Club was food security. During their snack/lunch time some kids went up to get seconds and this made me think that maybe they are either getting seconds because they are super hungry, or maybe because they knew that they wouldn't be full from their dinner later that night. Also, discrimination is a big SDOH that is often seen in schools. I feel like this is betrayed more by other students judging each other that could result into bullying. This could severely impact these students' self-esteem as they grow. Great observations related to SDOHs you observed in the school age population. Lack of supervision and financial instability are two SDOH factors that B&G club try to address with the services they provide to the community. KA

Week 6: 2g- Some social determinants of health that had the potential to impact patient care for my patient were access to car, and economic stability. Having access to a car is important for patient care because it is how he will transport to his doctor's appointments. Since being in wreck, he mentioned that his car is in the shop and being evaluated as to whether or not it is going to be totaled. This leads to financial stability, he was stating how he doesn't know if he'll be able to buy another car, so he is really hoping that they are able to fix it. Great job recognizing these SDOH factors. Patients are in and out of the ER so quickly that sometimes these are overlooked. KA

Week 6 – 2b, c – You had the opportunity to work with Amber Farrell RN in the ER and she reported you were excellent with demonstrating your knowledge of your nursing skills and responsibilities while on clinical and had multiple opportunities to perform different nursing skills in the ER. KA

Week 6 – 2d – You had the opportunity to administer PO medications to your patient while on clinical this week in the ER. KA

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

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

Comments:

Week 4: 3d- An example of legal or ethical issues I observed in the clinical settings was that CPS had to get involved with my infant patient because his mother had tested positive for opiates being in her system. They granted custody to the grandfather, and the mother is not allowed to have contact with the baby until her drug screen comes back clean. KA

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 throughout the day. You also maintained all the standards in the FRMCSN code of conduct while on the OB unit. KA

Week 5: 3d- An example of legal or ethical issues that could have happened at my clinical at the boys and girls club could be that a student goes missing. This would be a legal and ethical issue because the staff at this club is to ensure the safety of all the students until their parents pick them up. However, children like to hide and sneak around so I believe that this issue could arise. Great job identifying a potential concern. KA

Week 5: 3a,c- At the Boys and Girls Club, you acted with integrity, consistency, and respect for differing views and perspectives.

Week 6: 3d- legal or ethical issues I observed in the clinical setting was I overheard a nurse tell a patient that it was okay to take whatever medications they brought with them. This can be a legal or ethical issue because if these medications aren't documented and we do not know what they are taking then they can have adverse interactions with each other, and the family or patient can sue. Definitely a concern. Especially if the patient takes medication that negatively affects their health while in the ER. KA

Week 6 – 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 throughout the day. You also maintained all the standards in the FRMCSN code of conduct while in the ER. KA

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

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Develop and implement a priority care map and/or plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	NA	S	NA	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	NA	NA											
c. Summarize witnessed examples of patient/family advocacy.		NA	NA	S	NA	S	NA											
d. Provide patient centered and developmentally appropriate teaching.		NA	NA	S	S	S	NA											
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	S	NA											
	KA	KA	KA	KA	KA	KA												

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

Comments:

Week 4: 4d- One way I provided appropriate centered teaching was when a mother and father asked when we would bathe their baby, we educated them that this would take place after 24 hours post-birth to protect their skin. KA

Week 4 -4b - You did a nice job documenting the aspects of newborn care you completed. I know your nurse did most of the charting since the patient had specialized care. You kept up on your charting and ensured documentation was completed in real time. KA

Week 5: 4d- One way I provided appropriate centered teaching during my clinical was teaching the children how to perform CPR, and then helping them demonstrate it. Great job providing good quality education to the children that can benefit them in the future. KA

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

Week 5: 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 6: 4d- One way I provided centered and developmentally appropriate teaching was that I explained to a patient that they were getting Zofran along with their morphine to prevent nausea that morphine commonly causes. Nice job with medication education. KA

Week 6 - 4a, c - You did a great job identifying the top nursing interventions for your patient this week. You discussed how they responded to intervention and if it was effective or not. You were able to describe a situation of patient advocacy in the ER setting that you witnessed this week while on clinical. Your example discussed how the husband advocated for his wife to receive medication to help with her anxiety. KA

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

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

Comments:

Week 4 – 4f, g, h, I, j – You utilized information from your patient's and the mother's charts as well as from your assessment to create a care map that correlated the patient's diagnostic tests, medications, medical treatments, nutritional needs, and nursing interventions to their disease process. You were 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

Week 6 – 4f, g, h – You did a nice job discussing the diagnostics, medical treatments, and medications that were performed on the patient you discussed in your CDG and how they related to their diagnosis. KA

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

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

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

Comments:

Week 4 – 5a, 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 were able to see the specialized care for a newborn with primary pulmonary hypertension while on clinical this week! You observed cardiorespiratory monitoring, newborn ng care, and gavage feedings. 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**

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

Week 6 – 5a – You didn't have the opportunity to work with new technology, but was able to perform the new skills of administering bolus IV fluids. Great job! You worked with Amber Farrell RN in the ER and she marked you as excellent in all areas. KA

Week 6 – 5f – You did a nice job writing a concise SBAR report related to your patient this week in the ER. Since the patient was in an MVA it would be pertinent to include a full set of vital signs in your report and not just the patient's pain rating. Also, the patient's lung sounds/respiratory effort should be included since the patient is having chest pain. You were able to get your concern and recommendation across well even with this missing information. Nice job! KA

Week 6 – 5g – You thoroughly and thoughtfully responded to all required CDG questions related to your ER experience. You included an in-text citation and a reference to support your ideas. You went above and beyond the required work count. Terrific job sharing your ideas and experiences. Keep up the excellent work! KA

Objective																		
6. Critique own strengths and areas for improvement modifying behaviors accordingly to achieve personal and professional goals. (7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Recognize areas for improvement and goals to meet these needs. (List Below)*		NA	NA	S	S	S	NA											
b. Accept responsibility for decisions and actions.		NA	NA	S	S	S	NA											
c. Demonstrate evidence of growth and self-confidence.		NA	NA	S	S	S	NA											
d. Demonstrate evidence of research in being prepared for clinical.		NA	NA	S	S	S	NA											
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	NA	S	S	S	NA											
f. Describe initiatives in seeking out new learning experiences.		NA	NA	S	S	S	NA											
g. Demonstrate ability to organize time effectively.		NA	NA	S	S	S	NA											
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	NA											
i. Demonstrates growth in clinical judgment.		NA	NA	S	S	S	NA											
	KA	KA	KA	KA	KA	KA												

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

Comments:

Week 4: 6a- An area for improvement from this clinical would be that I did not have much confidence when handling the baby. I believe that this will come with more time. I will improve this goal by practicing handling the babies with each clinical, and reminding myself to be gentle. Nice goal! You did a great job handling and holding the baby for your lack of experience. Practice makes perfect! KA

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

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 were able to teach you. You were organized and timely with your care and documentation and delivered all your care with and ACE attitude. Terrific job! KA

Week 5: 6a- An area for improvement from this clinical would be that I had a hard time getting the 3rd-4th graders to actively listen. Instead, they were yelling and being disruptive. I would like to improve on being more assertive and using my voice to open up when I know something is wrong. I will continue to work on this each clinical by speaking up when I feel like I should educate further. Communicating with different age groups will get better with time and practice. KA

Week 5: 6e- Professional behavior was observed throughout your time at the Boys and Girls Club this week. BS

Week 6: 6a- An area for improvement from this clinical would be that I had a hard time keeping up with patients since they being admitted and discharged so quickly because the waiting room and floors were full. I will work on this by writing an SBAR report for each person as they are admitted and crossing them off as they are discharged so that I can keep track better. I will work on this each clinical moving forward. Nice job. You can use the SBAR template to help guide you in your practice. KA

Week 6 – 6e – You were identified as being actively engaged while in the ER. You actively demonstrated your knowledge and nursing skills while participating in clinical. You demonstrated excellent professionalism and communication skills. KA

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

Student Name: Jameson Lee		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: 4							
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	You did a nice job identifying all abnormal assessment findings, diagnostic studies, and risk factors for the newborn you cared for. You should always include a pulse ox when stating the patient is on oxygen. A full set of vital signs should be included versus just stating tachypnea, tachycardia, and desaturation since his hr, rr, and pulse were abnormal. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You listed multiple nursing priorities for your newborn and highlighted the highest priority. Your goal statement was appropriate, and you highlighted all pertinent findings in the noticing section to support your nursing priority. You listed appropriate complications and the signs and symptoms the nurse would assess the patient for. When highlighting your risk factors you should have included infant of type II DM mother (insulin dependent), LGA, mother tested positive for opiates, and mother reports smoking marijuana in your highlighted information. KA
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job listing the pertinent nursing interventions and ensuring they were timed, realistic, and individualized. The only intervention I would consider adding is place infant under radiant warmer prn to maintain temperature greater than 97.8. Also remember your assessments go first and several were placed later in your prioritization. KA
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria	3	2	1	0	Points Earned	Comments
13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting 14. List all of the highlighted reassessment findings for the top nursing priority. 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 	>75% complete	50-75% complete	<50% complete	0% complete	3	You did a nice job reassessing all highlighted elements and identifying you would continue the plan of care. KA
	Complete			Not complete	3	

Reference

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

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: You did a nice job satisfactorily completing your care map. Please see comments above for areas to improve on in the future. KA

Total Points: 42/45

Faculty/Teaching Assistant Initials: KA

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

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

* Course Objectives

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

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 3 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/11 & 9/18	Date: 9/22	Date: 9/25 & 10/2	Date: 10/6	Date: 10/16 & 10/17	Date: 10/23 & 10/30	Date: 11/3	Date: 11/4 & 11/5	Date: 11/18	Date: 11/18	Date: 11/21	Date: 11/21	Date: 9/19
		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	U									S	
Survey	S		S									S	
Faculty Initials	KA	KA	KA									KA	
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 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 methyletergonovine (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</p>

	appropriate time to do this). Methylergonovine prepared and administered, Mona educated.
<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 A= Accomplished D= Developing 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>*Course Objectives</p>	<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>

--	--

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Jameson Lee

OBSERVATION DATE/TIME: 9/19/25

<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 style="color: red;">You reflected on many aspects of your time caring for the newborn simulator. Your responses were thoughtful and reflective on how you felt and you compared your experience to caring for a real newborn.</p> <p style="color: red;">Great job.</p> <p style="color: red;">I enjoyed seeing your photo!</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p style="color: red;">Simulation Objectives:</p> <ol style="list-style-type: none"> 1. Identify common challenges associated with caring for a newborn and how to empathize with the 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 newborn patient and childrearing family. (1, 5, 6)* <p style="color: red;">Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>Comments</p> <p style="color: red;">You are satisfactory for this simulation.</p>

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Brummett (A), Fox (M), Lee (C)

GROUP #: 1

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/25/25 0700-0830

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
<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, description</p> <p>Obtain vitals</p> <p>Medication nurse reassesses pain prior to pain medication administration</p> <p>Assess IV site prior to medication administration</p> <p>Cervical exam prior to nubain administration</p> <p>Cervical exam after nubain administration. Identify that water broke. Ask about odor, consistency, color, amount, and verify time.</p> <p>Notice baby is stuck and start HELPERR maneuvers to deliver baby</p> <p>APGAR 1 minute: 9</p> <p>Newborn assessment on baby: thorough newborn assessment including reflexes (sucking, rooting, Babinski)</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 vitas as WDL</p> <p>Offer nubain for pain relief due to not wanting epidural</p> <p>Interpret fetal monitor as accelerations</p> <p>PCN administered prior to delivery</p> <p>Interpret that water broke and has cervical change after nubain administration</p> <p>Interpret early decelerations after medication 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>Verify birth plan/visitors with patient</p> <p>Medication administration: offer education on nubain prior to administration. Verify name/DOB, verify allergies, scan pt, scan medications. Education on GBS status and antibiotics. Hang primary and secondary fluids correctly (secondary bag above primary bag). Call healthcare provider prior to nubain administration per order. Nubain administration with correct needle, correct technique, correct dose, use of needle safety.</p> <p>Call healthcare provider after medication administration/cervical recheck. Update with ROM and new cervical change</p> <p>Call healthcare provider when patient states she needs to push. Asks for new orders. Stops oxytocin.</p> <p>Evaluate for episiotomy, put in McRoberts position, provide suprapubic pressure, attempt to remove posterior arm, roll patient on hands and knees, rotational maneuvers</p> <p>Newborn care: dry off, put on hat, skin to skin with mom, put under warmer if needed</p> <p>Medication for newborn: erythromycin and vitamin K. education provided to mother prior to administration. Vitamin K administration: use of correct needle size, correct location, use of needle safety, incorrect dose administered.</p> <p>Call healthcare provider with update on delivery and self-report medication error with vitamin K. Due to recognition of medication error, a “D” is given for evaluation rather than “B”</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, communication, and proper interventions (HELPERR). Team identified medication error and discussion about how this could have been prevented. Each member identified a 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 also identified their emotions throughout 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>You are unsatisfactory in this scenario. Please refer to remediation assignment for further instructions. 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</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)* 2. Identify risk factors and implement appropriate nursing interventions upon completion of focused nursing assessment. (1, 2, 3, 4, 5)* 3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)* 4. Identify and implement appropriate nursing interventions in which heat loss occurs in infants. (1, 2, 5)* 	<p>attend to less pertinent data. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</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. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered.</p>
---	---

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: _____