

**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**Maternal Child Nursing – 2019**

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

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Fall

**Date of Completion:**

**Faculty:** Kelly Ammanniti, MSN, RN; Brian Seitz, MSN, RN

**Teach Assistant:** Elizabeth Woodyard, BSN, RN, CRN; Monica Dunbar BSN, RN; Cathy Matz BSN, RN

**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 on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, or U". 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, the following week it must be addressed with a comment as to why it is no longer a "U". If the student does not state why the "U" is corrected, then it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. 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

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

Date	Number of Hours	Comments	Make-up (/Date/Time)
9/11/19	3 Lab	Late for Med/Surg Lab	9/11/19

Faculty's Name	Initials
Kelly Ammanniti	KA
Brian Seitz	BS
Elizabeth Woodyard	EW
Monica Dunbar	MD

8/15/19 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 instructor 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

<b>Objective</b>																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/30	9/6	9/13	9/20	9/27	10/4	10/11		10/18	10/25	11/1	11/8	11/15	11/22	11/29	12/6		
<b>Competencies:</b>																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		N/A	N/A	N/A	S	S												
b. Provide care using developmentally-appropriate communication.		N/A	N/A	N/A	N/A	S												
c. Use systematic and developmentally appropriate assessment techniques.		N/A	N/A	S	S	S												
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	N/A	N/A	N/A												
e. Identify stage of growth and development (Erikson's Stages)(List Below)*		S - SE E BE LO W.	S	S	S	S												
	MD	MD	MD	MD	MD													
Clinical Location Age of patient		See Bel ow.																

**Comments:**

Week 2 - Objective 1a : These parents were in young adulthood, in the stage of intimacy vs. isolation.**MD**

Clinical Location = Women's Education Class

Week 3 – Objective 1a ; The little boy who came into the clinic for his check up was 9 months. He is in the stage of Trust vs. Mistrust.**MD**

Clinical Location (Week 3) – Erie County Health Center Immunization and Family Practice

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

Week 4 – Objective 1a: These are new mothers and infants. Mom is in intimacy vs. isolation, the infants in trust vs. mistrust. MD

Clinical Location (Week 4) – Lactation Consultant Nurse

Week 5 – Objective 1a: This is an expecting mother. She is in the role of intimacy vs. isolation. MD

I didn't have offsite clinical , I did have Simulation with Mona Lott.

Week 6 – Objective 1a: I had clinical at the boys and girls club and head start this week. For the boys and girls club the children were mostly school age which puts them in Eriksons fourth psychosocial crisis of industry vs. inferiority. For head start, we dealt with toddlers and preschoolers. Toddlers are in Erikson's stage of autonomy vs. shame and doubt. Preschoolers are in the stage of initiative vs. guilt.

<b>Objective</b>																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)* (Continued)																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/30	9/6	9/13	9/20	9/27	10/4	10/11		10/18	10/25	11/1	11/8	11/15	11/22	11/29	12/6		
<b>Competencies:</b>																		
f. Describe psychological changes in response to the expectant mother's pregnancy. <b>Maternal</b>		N/A	N/A	N/A	N/A	N/A												
g. Discuss prenatal influences on the pregnancy. <b>Maternal</b>		N/A	N/A	N/A	S	N/A												
h. Identify the stage and progression of a woman in labor. <b>Maternal</b>		N/A	N/A	N/A	N/A	N/A												
i. Discuss family bonding and phases of the puerperium. <b>Maternal</b>		S	N/A	S	N/A	N/A												
j. Identify various resources available for children and the childbearing family.		S	S	S	N/A	N/A												
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		N/A	N/A	N/A	N/A	N/A												
l. Respect the centrality of the patient/family as core members of the health team.		N/A	S	S	N/A	N/A												
	MD	MD	MD	MD	MD													

**Comments:**

Week 2 – Objective 1i : This promotes bonding between the pregnant women and their spouse or support person. **Excellent! MD**

Objective 1j : This provides women and their support person with education on what to expect when it comes closer to the time they have to deliver and the labor and delivery process. It also educates them in what's normal and abnormal. It also educates their spouse or support person as well, providing them with tips to help support the pregnant mother. **Awesome! MD**

**Week 4 – Breastfeeding helps the mother accept her role as the infants' mother and helps the infant and mother to bond. The mother has access to the Lactation Consult whenever she needs assistance or has questions. Even when mom and baby are discharged, they still set up appointments to meet with the Lactation Consultant to make sure**

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

mom and baby are doing a good job. The mother can even donate her milk if the infant is not responding to her milk but she is still producing an adequate amount to feed. This is to help mother s who can not produce milk but want their baby to be breastfeed. I think that is a wonderful thing for new mothers. It is an awesome program for new mothers! MD

<b>Objective</b>																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children. (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
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Engage in discussions of evidenced-based nursing practice.		N/A	N/A	N/A	N/A	N/A												
b. Perform nursing measures safely using Standard precautions.		N/A	N/A	N/A	N/A	S												
c. Perform nursing care in an organized manner recognizing the need for assistance.		N/A	N/A	N/A	S	N/A												
d. Practice/observe safe medication administration.		N/A	S	N/A	N/A	N/A												
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		N/A	N/A	N/A	N/A	N/A												
f. Utilize information obtained from patients/families as a basis for decision-making.		N/A	S	N/A	N/A	N/A												
	MD	MD	MD	MD	MD													

Comments:

<b>Objective</b>																		
3. Summarize the legal, moral and ethical issues related to care of children and the child-bearing 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
	8/30	9/6	9/13	9/20	9/27	10/4	10/11		10/18	10/25	11/1	11/8	11/15	11/22	11/29	12/6		
a. Act with integrity, consistency, and respect for differing views.		S	S	S	N/A	S												
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		N/A	S	S	S	S												
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		S	S	S	S	S												
d. Critique examples of legal or ethical issues observed in the clinical setting.		N/A	S	S	N/A	N/A												
	MD	MD	MD	MD	MD													

**Comments:**

<b>Objective</b>																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgement 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
	8/30	9/6	9/13	9/20	9/27	10/4	10/11		10/18	10/25	11/1	11/8	11/15	11/22	11/29	12/6		
a. Develop one priority nursing diagnosis.		N/A	N/A	N/A	N/A	N/A												
b. Formulate measurable goals for nursing diagnosis. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	N/A												
c. Formulate specific, individualized, and evidence-based interventions. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	N/A												
d. Evaluate plan of care, patient achievement of goal and revising plan when necessary. (noticing, interpreting, responding, reflecting)		N/A	N/A	N/A	N/A	N/A												
e. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		N/A	N/A	N/A	N/A	N/A												
f. Summarize witnessed examples of patient/family advocacy.		N/A	N/A	N/A	N/A	N/A												
g. Provide patient centered and developmentally appropriate teaching.		N/A	N/A	N/A	N/A	N/A												
h. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	N/A												
	MD	MD	MD	MD	MD													

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgement 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
	8/30	9/6	9/13	9/20	9/27	10/4	10/11		10/18	10/25	11/1	11/8	11/15	11/22	11/29	12/6		
i. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	S	N/A												
j. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	S	N/A												
k. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	S	N/A												
l. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	S	N/A												
m. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	N/A												
	MD	MD	MD	MD	MD													

Comments:

<b>Objective</b>																		
5. Collaborating professionally with members of the health care team, child-bearing 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
	8/30	9/6	9/13	9/20	9/27	10/4	10/11		10/18	10/25	11/1	11/8	11/15	11/22	11/29	12/6		
a. Demonstrate interest and enthusiasm in clinical activities.		S	S	S	S	S												
b. Evaluate own participation in clinical activities.		N/A	S	S	S	S												
c. Present at all clinical sites neatly groomed and with appropriate identification and attire (according to school uniform policy).		S	S	S	S	S												
d. Communicate professionally and collaboratively with members of the healthcare team.		N/A	S	S	S	S												
e. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		N/A	N/A	N/A	N/A	N/A												
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		N/A	N/A	N/A	S	S												
g. Consistently and appropriately post comments in clinical discussion groups.		S	S	S	N/A	N/A												
	MD	MD	MD	MD	MD													

**Comments:**

Week 4 Comments for LC clinical include: "Excellent in all areas" MD

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
	8/30	9/6	9/13	9/20	9/27	10/4	10/11		10/18	10/25	11/1	11/8	11/15	11/22	11/29	12/6		
a. Recognize areas for improvement and goals to meet these needs. (List Below)*		S	S	S	S	S												
b. Accept responsibility for decisions and actions.		N/A	S	N/A	N/A	N/A												
c. Demonstrate evidence of growth and self-confidence.		N/A	S	S	S	S												
d. Demonstrate evidence of research in being prepared for clinical.		N/A	S	S	S	S												
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		S	S	S	S	S												
f. Describe initiatives in seeking out new learning experiences.		S	S	S	S	S												
g. Demonstrate ability to organize time effectively.		N/A	N/A	N/A	N/A	N/A												
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		S	S	S	S	S												
i. Demonstrates growth in clinical judgment.		N/A	N/A	N/A	S	N/A												
	MD	MD	MD	MD	MD													

**Comments:**

Week 1 – Objective 6a : I realize that my facial expressions are out of control. And I really need to work on my non-verbal’s because I do not want to offend anyone. I also tend to get emotional when it comes to maternal child nursing and I need to learn to control that in front of my patients. I am going to read the book on related material based on the clinical I am going to. I am hoping this will help me be a little more prepared and a little less surprised. **Great goal! MD**

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

Week 2 – Objective 6a ; Halfway to the clinical site I realized I did not have my student ID badge with me, so I had to turn around and go back home to get my badge. Then when I got to the clinical site I realized that I had brought the wrong paper to get signed by my preceptor. I borrowed my classmates' paper and made a copy and had to cross off her name and write mine. Then we both realized she had also grabbed the wrong paper to get signed by our preceptor. So, what I am doing to correct this problem is setting my stuff up in a separate folder in the order I have clinical with the right paperwork. I already have all my paperwork set up in my clipboard for my next clinical. So after I am done with each clinical I will do this to make sure I have everything I need. I am also going to leave my school ID in my car, so I do not forget it at home again. **This is a fantastic goal for this week. It is important to be organized for all of your upcoming projects. MD**

Week 4 - Objective 6a - My goal for this week is to study my material using a different method of studying. I started using the online resources provided to me with the purchase of my book and outlining the book. I also went to Nick Simonovich and he provided me with an extra resource to help me with pediatric math. I have been struggling these last couple weeks with my quizzes due to personal feelings. I need to push these aside and crack down. **It is important to recognize you are having these feelings in order to continue with improving yourself. You can do it! Keep positive! Great job in seeking help! We are here for you! MD**

Week 5 – Objective 6a – My goal for this week is to study and better understand the fetal and contraction monitor. I had difficulty reading it while in SIM, but this just helped me realize I need more practice in this area. I am going to refer to my book and notes and look up examples of fetal monitoring strips online to get a better idea and to help me recognize. I am also going to make a little cheat sheet for labs to look over while I am studying. I had difficulty with the urinalysis during Sim, I couldn't remember the normal range for the specific gravity. **Great goals! You will get it! Keep up the good work! MD**

Week 6 – Objective 6a - My goal for this week is to improve in my communication with little kids. I do not have any biological children and I am really not exposed to too many small children outside of my family. I am very awkward communicating with adults let alone children. So a goal of mine is to spend more time around toddlers , preschoolers and school age children. So what I am going to do to attempt to achieve this goal is be around my friends children and interact more with them, and my sister in law has smaller children so I am going to attempt to spend some time with her and her children.

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

Firelands Regional Medical Center School of Nursing  
Maternal Child Nursing 2019  
Skills Lab Competency Tool

<b>Skills Lab Competency</b> <b>Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>														
	Adult Head to Toe Assessment (*1, 2, 5, 6)	Meditrech (* 1,2,3, 5, 6)	Pediatric Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (* 1, 2, 6)	(* 1, 2, 3, 6)NAS Scoring	(* 1, 2,6)Happiest Baby on the Block	Pediatric Emergency Triangle (* 1, 2, 6)	(*1,2,3,5)Broselow Tape	Med. Admin. (*1, 2, 3, 4, 5, 6)	APGAR (*2, 3, 4, 5, 6)	Breast Assessment (*1, 2, 3, 4, 5, 6)	(*1,2,3,5,6)Safety	(*1, 2, 3, 4, 5, 6)Pregnancy History	Pain Assessment (*1, 2, 5, 6)	(* 1,,2,6)Circumcision Care
	<b>Date:</b> 8/27	<b>Date:</b> 8/28	<b>Date:</b> 8/28	<b>Date:</b> 8/28	<b>Date:</b> 8/28	<b>Date:</b> 8/28	<b>Date:</b> 8/28	<b>Date:</b> 8/28	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD
<b>Remediation:</b> <b>Date/Evaluation/Initials</b>															

\* Course Objectives

<b>Skills Lab Competency</b> <b>Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>													
	Lochia Assessment (*1, 2, 4)	Immunizations (*1,2,3)	(*1,4,5)Pediatric Lab Values	(*1,4,5)Pediatric Vital Signs	Newborn Assessment (*1, 2, 5, 6)	(*2,5,6)Health Literacy	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	Newborn Bath and Cord Care (*2, 4)	Fundus Assessment (*1, 2, 5, 6)	Breastfeeding and Bottle Feeding (* 1,,2,3, 6)	Leopold's (*1, 2, 3, 5, 6)	Postpartum Assessment (* 1, 2, 6)	Ballard Assessment (*2, 3, 4, 5, 6)	(*1, 2, 5, 6)Skills DayMed/Surg
	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 9/11

Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	U
Faculty Initials	MD													
<b>Remediation:</b> <b>Date/Evaluation/Initials</b>														S 9/11 MD

\* Course Objectives

Comments:

Firelands Regional Medical Center School of Nursing  
Maternal Child Nursing 2019  
Simulation Evaluations

<b>vSim Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>vSim</b>									
	(*1, 2, 3, 5, 6)Maternity Case 5	(*1, 2, 3, 5, 6)Maternity Case 2	(*1, 2, 3, 5, 6)Maternity Case 1	(*1, 2, 3, 5, 6)Maternity Case 3	(*1, 2, 3, 5, 6)Maternity Case 4	(*1, 2, 3, 5, 6)Pediatric Case 2	(*1, 2, 3, 5, 6)Pediatric Case 3	(*1, 2, 3, 5, 6)Pediatric Case 5	(*1, 2, 3, 5, 6)Pediatric Case 1	(*1, 2, 3, 5, 6)Pediatric Case 4
	Date: 9/10	Date: 9/16	Date: 9/30	Date: 10/7	Date: 10/11	Date: 10/28	Date: 11/4	Date: 11/11	Date: 11/18	Date: 11/25
Evaluation	S	S	S							
Faculty Initials	MD	MD	MD							
<b>Remediation:</b> Date/Evaluation/Initials										

\* Course Objectives

**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**Maternal Child Nursing – 2019**  
**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: \_\_\_\_\_