

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2021**

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

Faculty: Kelly Ammanniti, MSN, RN; Monica Dunbar MSN, RN; Brian Seitz, MSN, RN
Elizabeth Woodyard, MSN, RN

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 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 Plans
- 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
Brian Seitz	BS
Elizabeth Woodyard	EW
Monica Dunbar	MD

5/11/2021 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

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
	8/27	9/3	9/10	9/17	9/24	10/1	10/8		10/15	10/22	10/29	11/5	11/12	11/19	11/26	12/3		
Competencies:	NA	NA	NA	S	S NA	S												
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.	NA	NA	NA	S	S NA	S												
b. Provide care using developmentally-appropriate communication.	NA	NA	NA	S	S NA	S												
c. Use systematic and developmentally appropriate assessment techniques.	NA	NA	NA	S	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	S NA	S												
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*	NA	NA	NA	S	S NA	S												
Clinical Location Age of patient	NA	NA	NA	S	S NA													
		BS	EW	EW	EW													

Comments:

Week 4 my clinical experience was at the elementary school with children ranging from 6-8 years of age. The Erikson's stage of is industry vs inferiority.

Week 4 - 1b - You did a great job communicating with the 1st graders and 3rd graders. You were able to alter your explanation and communication techniques to help the different ages understand the screening and what was going on. KA

WK5: Audra, keep in mind, this is a Clinical Tool, do not evaluate yourself for lab or theory or SIM. This week should be NA throughout your tool. EW

Week 5 - Skills lab for pregnancy and postpartum scenario. After Mona deliveries her baby I would say trust b vs mistrust. The infant will need to develop trust with her parents. — Age is newborn.

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

Week 6 My patient was a 38 year old woman who gave birth to her 5th child her stag of development per Erikson's stage of development is intimacy vs isolation . Stage is from 19 years to 40 .

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
	8/27	9/3	9/10	9/17	9/24	10/1	10/8		10/15	10/22	10/29	11/5	11/12	11/19	11/26	12/3		
Competencies:	NA	NA	NA	NA	S NA	S												
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal																		
g. Discuss prenatal influences on the pregnancy. Maternal	NA	NA	NA	NA	S NA	S												
h. Identify the stage and progression of a woman in labor. Maternal	NA	NA	NA	NA	S NA	S												
i. Discuss family bonding and phases of the puerperium. Maternal	NA	NA	NA	NA	NA	S												
j. Identify various resources available for children and the childbearing family.	NA	NA	NA	NA	NA	S												
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.	NA	NA	NA	S	S NA	S												
l. Respect the centrality of the patient/family as core members of the health team.	NA	NA	NA	S	S NA	S												
		BS	EW	EW	EW													

Comments:

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
	8/27	9/3	9/10	9/17	9/24	10/1	10/8		10/15	10/22	10/29	11/5	11/12	11/19	11/26	12/3		
a. Engage in discussions of evidenced-based nursing practice.	NA	NA	NA	NA	S NA	S												
b. Perform nursing measures safely using Standard precautions.	NA	NA	NA	S	S NA	S												
c. Perform nursing care in an organized manner recognizing the need for assistance.	NA	NA	NA	S	S NA	S												
d. Practice/observe safe medication administration.	NA	NA	NA	NA	S NA	S												
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.	NA	NA	NA	NA	S NA	S												
f. Utilize information obtained from patients/families as a basis for decision-making.	NA	NA	NA	S	S NA	S												
		BS	EW	EW	EW													

Comments:

Week 4 - 2f - After performing the hearing and vision screening assessments on the children you appropriately identified who passed and who needed to be rechecked for potential vision or hearing issues at a later date based on your findings. KA

Objective																		
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
	8/27	9/3	9/10	9/17	9/24	10/1	10/8		10/15	10/22	10/29	11/5	11/12	11/19	11/26	12/3		
a. Act with integrity, consistency, and respect for differing views.	NA	NA	NA	S	S NA	S												
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.	NA	NA	NA	S	S NA	S												
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"	NA	NA	NA	S	S NA	S												
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*	NA	NA	NA	S	S NA	S												
		BS	EW	EW	EW													

Comments:

Week 4 Some of the issues I can see is when doing hearing and visions screening most of the time the children came down as a group. Other children could hear and see the child getting their screening and sometimes difficult to do the hearing screening because of the background noise.

Week 4 - 3a - You did a wonderful job treating all school nurses, school staff, and children with courtesy and respect. KA

Week 5 Mona said she smokes marijuana although this has become most of the normal in this society, she is still pregnant and can affect her baby. Smoking is marijuana is still illegal.

Week 6 It came up in our debriefing during the C-Section the employees were talking about their family and upcoming week end personal things instead of engaging more with the mom and father at the time of her delivery. Supposed to be a joyful occasion for mom and dad not an ordinary day at the office.

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
	8/27	9/3	9/10	9/17	9/24	10/1	10/8		10/15	10/22	10/29	11/5	11/12	11/19	11/26	12/3		
a. Develop and implement a priority care plan utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)	NA	NA	NA	NA	NA	NA												
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)	NA	NA	NA	NA	NA	S												
c. Summarize witnessed examples of patient/family advocacy.	NA	NA	NA	S	S NA	S												
d. Provide patient centered and developmentally appropriate teaching.	NA	NA	NA	S	S NA	S												
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)	NA	NA	NA	NA	S NA	S												
		BS	EW	EW	EW													

Week 4 - 4d - You did an excellent job educating the children on the hearing and vision examines and what was expected of them. You were able to adapt your explanation easily between the 1 st graders and 3rd graders. KA

Objective # 4a: Develop and implement a priority care plan utilizing the nursing process and clinical judgment. (1,2,6)*	Students Name: Date:
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis:
Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points Comments:
Goal and Outcome (6 points total) Goal Statement (1) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)	Total Points Comments:
Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)	Total Points Comments:
Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/modify/terminate (1) Signature (1)	Total Points Comments:
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plan	Total Points for entire care plan = Comments:

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
	8/27	9/3	9/10	9/17	9/24	10/1	10/8		10/15	10/22	10/29	11/5	11/12	11/19	11/26	12/3		
f. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)	NA	NA	NA	NA	S NA	S												
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)	NA	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	NA	S NA	S												
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)	NA	NA	NA	NA	NA	S												
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)	NA	NA	NA	NA	S NA	SS												
		BS	EW	EW	EW													

Comments:

Objective																		
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
	8/27	9/3	9/10	9/17	9/24	10/1	10/8		10/15	10/22	10/29	11/5	11/12	11/19	11/26	12/3		
a. Demonstrate interest and enthusiasm in clinical activities.	NA	NA	S	S	S NA	S												
b. Evaluate own participation in clinical activities.	NA	NA	S	S	S NA	S												
c. Present at all clinical sites neatly groomed and with appropriate identification and attire (according to school uniform policy).	NA	NA	NA	S	S NA	S												
d. Communicate professionally and collaboratively with members of the healthcare team.	NA	NA	NA	S	S NA	S												
e. Document assessment findings, interventions, and outcomes accurately in the electronic health record.	NA	NA	NA	NA	S NA	S												
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)	NA	NA	NA	NA	S NA	S												
g. Consistently and appropriately post comments in clinical discussion groups.	NA	NA	S	S	S NA	S												
		BS	EW	EW	EW													

Comments:

Week 4 - 5a - You were positive and showed interest in the hearing and vision screening process and asked appropriate questions. 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
	8/27	9/3	9/10	9/17	9/24	10/1	10/8		10/15	10/22	10/29	11/5	11/12	11/19	11/26	12/3		
a. Recognize areas for improvement and goals to meet these needs. (List Below)*	NA	NA	S	S	S NA	S												
b. Accept responsibility for decisions and actions.	NA	NA	NA	S	S NA	S												
c. Demonstrate evidence of growth and self-confidence.	NA	NA	NA	S	S NA	S												
d. Demonstrate evidence of research in being prepared for clinical.	NA	NA	NA	S	S NA	S												
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.	NA	NA	NA	S	S NA	S												
f. Describe initiatives in seeking out new learning experiences.	NA	NA	S	S	S NA	S												
g. Demonstrate ability to organize time effectively.	NA	NA	NA	S	S NA	S												
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.	NA	NA	S	S	SS NA	S												
i. Demonstrates growth in clinical judgment.	NA	NA	NA	S	S NA	S												
		BS	EW	EW	EW													

Comments:

Need to be sensitive on how someone might be feeling physically and emotionally. Realized this while wearing the pregnancy belly . EW

Week 4 Have a patience when communicating to children they may not understand what is being said. Need to rephrase instructions to their understanding. EW

Week 5 Need to just slow down it is not a race. Need to take a deep breath with all the information I have swimming in my head just relax and do what feels normal so next time I will not feel rushed when doing a scenario.

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

Week 6 It has been about a year and a half since I pulled medication from pixes system, scanned name tags and followed through with added it into to MAR I was a little rusty and needed to be reminded. The second time went a little smoother. Thank you Liz for being patient and understanding I appreciate your help.

Week 4 - 6h - You had a wonderful ACE attitude while on clinical! You and your classmates volunteered to stay after clinical to complete the hearing and vision screenings of the class we were on versus leaving on time. The nurses were very appreciative of your commitment to finish the screenings even though you could have left. Terrific job! KA

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

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2021
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)	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)	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)	Ballard Assessment (*2, 3, 4, 5, 6)	Pediatric Vital Signs (*1, 4, 5)
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	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								
	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)	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Meditach (*1, 2, 3, 5, 6)
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
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:

Week 1 – You completed the online self-study portion of lab satisfactorily and actively participated in all in person lab components. You were able to demonstrate your knowledge and skills related to the Maternal Child Nursing lab areas covered. Keep up the good work! BS

Head-to-Toe Check-off – You satisfactorily demonstrated a head-to-toe assessment on the manikin without difficulty. BS

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2021
Simulation Evaluations

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	EMF Simulation (*1, 2, 3, 5, 6)	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)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Empathy Belly Simulation (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)
	Date: 9/20	Date: 9/23	Date: 9/27	Date: 10/	Date: 10/	Date: 10/11	Date: 10/	Date: 11/8	Date: 11/	Date: 11/22	Date: 11/29	Date: 12/1	
Evaluation	S	S											
Faculty Initials	EW	EW											
Remediation: Date/Evaluation/Initials	NA	NA											

* Course Objectives

Firelands Regional Medical Center School of Nursing
Faculty Manual

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: GROUP 7

OBSERVATION DATE/TIME: 9/16/21

SCENARIO #: PPH

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING:					
• Focused Observation:	E	A	D	B	<p>1st half: Information seeking regarding pain, contractions, VS, bleeding, gestational diabetes. Recognized deviation of pain and contractions from normal expectations of 33 weeks. Noticed the lack of prenatal care. Observed partner at bedside and need to ask private questions.</p> <p>2nd half: Assessment initiated and noted HR elevated, noticed bleeding, and assessed fundus, noticed boggy, and questioned last void.</p>
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	

<p>INTERPRETING:</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>1st half: Able to interpret pt. cues of premature labor, interpreted premature bleeding related to sexual intercourse. Gestational diabetes noted and interpreted need for FSBS. Interpreted the lack of prenatal care as putting the fetus at risk and that education was needed. Due to the desire to ask private questions, interpreted the need to have partner leave the room.</p> <p>2nd half: Interpreted data and made sense of pt. complaint to assess for PPH. Prioritized and gave PRN medications and reassessed pt. accordingly including fundal assessment and vital signs assessment.</p>
<p>RESPONDING:</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>1st half: responded to pt. complain with VS, UA, EFM, and positioning to left side; responded to data regarding bleeding and sexual intercourse by noting internal monitoring would not be done. FSBS done. Calm and clear in communication with each other and collaborated with care and interpretation of strips. SBAR with HCP and RB including asking questions as to why the meds were ordered. Explained orders to pt. and the rationale and provided education and importance of prenatal care. Calmly and clearly asked the partner to leave the room to ask private questions including living situation, need for baby box, postpartum depression, and prenatal care. IVF initiated, Procardia given, and pt. reassessed.</p> <p>2nd half: Fundal massage initiated after data interpreted. VS obtained, pad weighed, skin assessed. Decision to call HCP made. Medications being prepared before doctor called as its noted they are PRN for bleeding. Methergine given with z track as HCP was called but without aspiration. Hemabate given with z track but without aspiration. LOC assessed.</p>
<p>REFLECTING:</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Reflection on patient data produced education regarding diet, drug use, and prenatal care as well as assessment of pt. living condition.</p> <p>All areas must be evaluated as developing or higher to be satisfactory for the simulation.</p>

SUMMARY COMMENTS:	Very nice job with the education and interventions! You were timely.
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E = exemplary, A = accomplished, D = developing, B = Beginning

Based off of Lasater's Clinical Judgment Rubric

FDC/fb/5/2021 Reviewed

/home/main/code/e360/apps/v9/releases/1633008132/public/upload/firelands/media/dropbox/97936-HowesWeek61.doc

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2021
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: _____