

**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)
09/04/2025	3	Hearing/Vision Screening	09/18/2025 BS

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
9/19/2025	Risk for postpartum hemorrhage	S/BS	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:		S	NA	NA	S	NA	S											
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	NA	S	NA	S											
b. Provide care using developmentally appropriate communication.		S	NA	NA	S	S	S											
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	NA	NA	S	NA	S											
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	NA	NA	S	NA	S											
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	NA	NA	S	S	S											
Clinical Location Age of patient		ER, 37	NA	NA	Fr-OB, 19. Bell, HS	Boy & Girl, 5-12	Flu, 18-65											
		BS	BS	BS	BS	BS												

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

Comments:

Week 2 1e: This patient was in the intimacy vs. isolation stage. This is the stage where intimate relationships are formed and where isolation is experienced. The patient tried calling people to pick her up from the ER but told the staff that she didn't really have anyone she's close enough to that would come pick her up. **BS**

Week 2- 1a- Kayli, you did a nice job discussing your patient you took care of during your ER clinical experience and the reason for her ER visit. Great job also of discussing the care that was provided to her in the emergency room. **BS**

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

Week 5 1e: My OB patient was 19 years old, so she was in the intimacy vs. isolation stage. During this stage isolation is experience as well as the forming of intimate relationships. She is in this stage because she is a new mother and in an intimate relationship with the child's father. BS

Week 5 – 1a, c, d – You did a wonderful job providing holistic care to the mom and baby you were assigned to this week. You did a great job assessing your assigned mother utilizing developmentally appropriate assessment skills and reporting any abnormal findings. You were able to identify safety measures used to keep newborns stay safe on the OB unit and completed mother newborn verification process whenever returning the newborn to the parents from the nursery. KA

Week 5 – 1a, b, & c – You did a great job utilizing the techniques you learned through your training to complete hearing and vision screenings on the high school students this week. You asked appropriate questions and communicated with the students utilizing your knowledge in growth and development. KA

Week 6 1e: According to Erikson's Stages, most of the kids were in the industry vs. inferiority stage, this stage is typically from ages 6-11. There were some 12-year-olds in this clinical and they would be part of the identity vs confusion stage. Industry vs. inferiority has to do with feelings of competence when tasks are completed versus the feeling of inferiority due to failure in completing tasks. Identity vs confusion has to do with adolescents developing their own personal identity. Good explanation. BS

Week 6- 1b- You did a great job interacting with the children at the Boys and Girls Club while using developmentally appropriate communication. This can be a chaotic and challenging environment, but your group did well and kept the kids engaged. BS

Week 7 1e- The people coming to get their flu shots during this clinical were anywhere from 18 years old to 65 years old. This puts them in the Intimacy vs isolation (18-40 years) and Generativity vs Stagnation (40-65) stages. Intimacy vs isolation is when young adults are looking for intimate, meaningful relationships. Generativity vs stagnation is when adults are focusing on contributing to the next generation.

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

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

Comments:

Week 2- 1k- You did a nice job discussing a cultural implication that should be considered when planning care for patients. You did a nice job of explaining how these cultural factors could potentially affect her care. BS

Week 5 – 1k and l – You recognized the uniqueness of the family you were caring for and ensured the opinions and questions were responded to with thoughtfulness and their perspective was validated. You respected the family and their right to make decisions for their infant and ensured they had the necessary information to do so. KA

Week 5 – 1j, k – You did a nice job discussing with the school nurse about cultural beliefs of the school system you performed hearing and vision screening in. She discussed the emphasis of community and you were able to observe different aspects of the school that supported this culture as well as resources available for children with hearing and vision deficits in the community. KA

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

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

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

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

Comments:

Week 2 2g: SDOH for this patient were her race, her gender, transportation, financial, addiction. She was an African American female who lacked transportation, couldn't afford a cab, and was struggling with addiction. **Definitely sounds like she has some challenges. BS**

Week 5 2g: SDOH for my OB patient were employment, age, and education. She is currently not employed; she is very young and has little understanding of medical terminology. These can all lead to health issues, or missed health concerns for her or her child. **Nice job, Kayli. BS**

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

Week 5 – 2b, c, d, e –You utilized appropriate precautions on the newborn who had not had their first bath. You did a wonderful job providing a baby bath to the newborn and monitored their temperature before and after bath as well as helped prevent hypothermia by utilizing appropriate warming techniques. You provided the congenital heart screening to the newborn ensuring the pulse oximeter was placed on the corrects limbs and monitored for 1 minute on each site. You did a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. You had the opportunity to administer PO medications to the postpartum mother while on clinical this week. KA

Week 5 – 2b, c – You were organized throughout the screening and assisted others quickly and efficiently when needed. You helped answer each other's questions and worked as a cohesive unit. Nice job! KA

Week 6 2g- The main social determinant of health that I noticed with the kids at the Boys and Girls club was the lack of a stable household. A lot of the children talked about living with either their siblings, their aunts/uncles, or their grandparents. Most of the kids that disclosed this information stated that they switch between multiple houses. This can lead to lack of trust in people, a lost sense of control, and other things that can affect these kids. **Yes, unfortunately this is true for many children. It seems inconceivable for those who grew up in a typical family situation, but it is normal for many. BS**

Week 7 2g- The social determinant of health that would apply to the people in this clinical would be insurance and financial. Some people may wish to receive the flu vaccine but do not have insurance to cover it, leading them to pay out of pocket which can be expensive. Paying out of pocket may not be a problem for everyone but it can certainly cause someone who wished to receive the vaccine into not getting it due to the expense.

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

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

Comments:

Week 2 3d: An ethical issue that I witnessed was patients being asked to walk down the hall, in front of other patients, to preform a urinalysis. Patients were exposed in their gowns and staff walked with them to the bathroom and carried the cups for the urine sample. I feel this can be very uncomfortable for the patients. **Yes, being in the hospital can definitely test/jeopardize one's dignity! BS**

Week 5 3d: An ethical issue that I experienced was the patient vaping in her hospital room. The patient had admitted to vaping and smoking marijuana during pregnancy. The vape was seen in the patient's hand and in the bed when checking on her and her baby. The room smelt strongly of marijuana but was never actually seen. This is an ethical issue because the baby should not be inhaling either vape or marijuana. But both are legal, and the patient has the right to choose to do these. All we were able to do was educate the patient on the health of the baby and that Firelands has a no smoking policy. **Wow! That's some bold behavior, right in her room? Not judging but that seems pretty wild to me! BS**

Week 5 – 3a, b, c – You were professional and considerate with all the care you provided. You made sure to keep patient privacy and follow HIPPA regulations through the day. You also maintained all the standards in the FRMCSN code of conduct while on the OB unit. **KA**

Week 5 – 3a, b, c – You were professional and considerate with all the screenings you provided. You made sure to keep student privacy and follow HIPPA regulations throughout the day. You also maintained all the standards in the FRMCSN code of conduct while at the school. **KA**

Week 6 3d- The topic that my group discussed was Stranger Danger. An ethical issue that came up was when the kids were asking their "what if" questions. A few kids brought up the topic of guns. This is concerning because it was the 2nd and 3rd graders bringing this up. They stated things like "if I got kidnapped my papa would pew-pew them." I was unsure of what to say to these statements because it seems that guns are around them or talked about around them enough that they feel uncomfortable talking about it with other people outside of their home.

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

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

Week 7 3d- An ethical issue during this clinical would be people overhearing other's medical history. Everyone stands in a line and are close together making it very easy to hear other people's medical history. This may make people uncomfortable and may interfere with them telling the whole truth when asked things like "have you ever had a reaction to the vaccine".

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

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

Comments:

Week 2- 4a,c- Great job providing a list of interventions you and your nurse completed while taking care of patients. You also did a nice job discussing an example of patient advocacy you witnessed while on clinical.

Week 5 4d- In order to provide patient centered care, I asked her if she was comfortable with her partner being in the room during assessments, I always checked her name and date of birth and followed all the rights of medications. Teaching I provided was talking to her about the benefits of getting up and moving postpartum. I talked to her about the risks of clots and how moving around can greatly decrease that risk. I also talked to her about reporting an increase in vaginal bleeding and if she experiences on clots during that bleeding. Great education points. Considering her other behaviors, I would bet she was in need of this education. BS

Week 5 -4b, d - You did a nice job documenting the postpartum assessment in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessments accurately. You kept up on your charting and ensured documented documentation was completed in real time. You provided patient education that was focused on the parents' concerns and answered all of the questions appropriately. KA

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

Week 5 – 4b, d – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You then helped alphabetize and document the information further on the required ODH documentation forms. This was a terrific help to the school nurse. You did a nice job educating the high schoolers as needed on the screening process and ensuring they were able to perform it correctly so the results would be valid. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. KA

Week 6 4d- In order to provide developmentally appropriate teaching to the kids during this clinical, me and my partner created different scenarios based on the different age groups. For the younger kids we asked things like “if a stranger offered you candy from their car what would you do” and for the older kids we focused more on if they were walking alone or what to do when someone tries to contact them through social media. Great plan, Kayli. BS

Week 6- 4d- As you no doubt noticed at the Boys and Girls Club, when providing teaching to kids of various ages, we must continually adjust our approach based on their developmental level. BS

Week 7 4d- In order to provide developmentally appropriate teaching to the people in this clinical, I allowed them to ask questions and have an open conversation if they chose to do so. Generally, the people at this clinical knew what vaccines they wanted to get and knew about their medical history, like any reactions to the vaccines. They were allowed to choose which vaccine they wanted, and which arm they preferred to receive it in.

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

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

Comments:

Week 2- 4f,g,h- You did a nice job discussing the diagnostic and medical treatments that were performed for your patient(s). Nice job also explaining the medications administered to your patient and their role in treating her priority problems. BS

Week 5 – 4f, g, h, I, j – You utilized information from your patient's chart as well as from your assessment to create a care map that correlated the patient's diagnostic tests, medications, medical treatments, nutritional needs, and nursing interventions to their disease process. You were knowledgeable on clinical and were able to discuss how these aspects interrelated and if you did not have an answer you looked the information up to assist you with making the connections. KA

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.		S	NA	NA	S	S	S											
b. Evaluate own participation in clinical activities.		S	NA	NA	S	S	S											
c. Communicate professionally and collaboratively with members of the healthcare team.		S	NA	NA	S	NA	S											
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	S	NA	NA											
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	S	NA	NA											
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		S	NA	NA	S	NA	NA											
g. Consistently and appropriately post comments in clinical discussion groups.		S	NA	NA	S	NA	NA											
		BS	BS	BS	BS	BS												

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

Comments:

Week 2- 5f- Nice job on your SBAR report with the information you were provided. Some patients are not very forthcoming with their information, and it sounds like your patient fits in this category. BS

From your assigned ER nurse: Kayli Collins: Marked satisfactory in all areas. "Great work today with your straight cath!" Kayla Hodgkinson, RN

Week 5 – 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 had the opportunity to see a cesarean birth. You communicated and collaborated with the OB staff professionally and worked together to ensure the patients received the

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

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

Week 5 – 5a, c, d – You did a great job showing interest and enthusiasm while at the school this week. You asked questions throughout the day to seek out new information while on clinical. You communicated and collaborated with the school nurse and school staff professionally and worked together to ensure the students received the appropriate care. KA

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

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

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

Comments:

Week 2 6a: I feel I can improve in my confidence during med passes. I know how to give IV medications, but I got nervous during the clinical. I did give the medications safely, but I don't want to become so nervous or shaky while doing so. To improve this I will review how to give medications before clinicals to prevent any anxiety during med passes. You just need a little time, Kayli. Comfort with certain aspects of nursing comes with experience. Once you gain that confidence, anxiety with medication administration will be a thing of the past! BS

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

Week 3- 6d,e- You received U in these competencies for coming to clinical with an incomplete uniform. Please respond below regarding how you will prevent this in the future. BS

Week 3 – 6d,e- remediation- In order to prevent this from happening in the future I will make sure that I have everything out of my car the next time it breaks down. I'll look ahead on my schedule and make sure I grab everything I could possibly need for the upcoming clinical/simulation/class.

Week 5 6a- Something that I can improve on is communication with my patient concerning emotions. Postpartum patients are at risk for postpartum depression, I knew I needed to assess this with my patient, but I was unsure of how to ask. Kelly was in the room with me during my BUBBLE LE assessment and helped me with the emotions section. The second assessment I did on my patient I was able to ask about her emotions on my own, but I still felt very awkward when asking. To improve this, I will start my assessments by asking the patient how they are feeling so that they feel more open to having a conversation if there are any concerns. Great idea. There are topics that are more difficult or awkward to bring up or discuss, and this is one of them. Like you mention, having a plan to address them can make it go a little easier. With time, addressing them gets a little easier and you will gain comfort addressing them. BS

Week 5 – 6c, d, e, f, g, h, I – Your thought process and time management skills have grown from previous semesters. You came to clinical ready and prepared to learn. You were enthusiastic and willing to learn whatever your faculty and staff was able to teach you. You answered call lights promptly and helped staff whenever they asked for assistance. You were organized and timely with your care and documentation and delivered all your care with an ACE attitude. Terrific job! KA

Week 5 – 6c, d, e, f, g, h, I – You came to clinical ready and prepared to learn. You were enthusiastic and willing to learn whatever your faculty and staff was able to teach you. You were organized and timely with your hearing and vision screenings and documenting the findings on the provided forms. You delivered all your care with an ACE attitude. Terrific job! KA

Week 6 6a- Something I want to improve on is quick thinking. I wasn't prepared for all the "what if" questions from the kids, so when they came up with wild scenarios I stumbled on my words. By the end of the clinical, me and my partner would ask the kids what they think they should do during these wild scenarios instead of trying to come up with answers to satisfy them. You never know what they're going to say or ask. It sounds like you were able to think on your feet and came up with a good alternative. Good thinking! BS

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

Week 7 6a- Something I want to improve on is not reacting when an IM injection hits a patient's bone on insertion. This is something that startled me when it first happened, I just reminded myself that when patients are very thin that it is possible to hit bone. It only happened with a few people and I know it will take more practice to get used to the feeling.

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

Student Name: K. Collins			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: Week 5							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Nice job listing abnormal observation and assessment findings based on your patient experience this week. Several abnormal findings were identified and listed. Nice job reviewing and including pertinent risk factors related to your priority problem of risk for postpartum hemorrhage.
	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	Four high priority nursing problems were identified. Risk for postpartum hemorrhage was appropriately selected as the top priority problem. Relevant assessment data was highlighted pertinent to the priority problem. Three potential complications were identified, each supported with signs and symptoms to monitor for.
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3		
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Nursing interventions related to the top priority were listed. Interventions were appropriately prioritized. Each listed intervention included a frequency and a rationale. All listed interventions were individualized and realistic to the patient situation.
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

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

Reference

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

<p>Total Possible Points= 45 points 45-35 points = Satisfactory 34-23 points = Needs Improvement* < 23 points = Unsatisfactory*</p> <p>*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.</p> <p>***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. ***</p> <p>Faculty/Teaching Assistant Comments: Kayli, Excellent work on your care map! Well done! BS</p>	<p>Total Points: 45/45 Satisfactory BS</p> <hr/> <p>Faculty/Teaching Assistant Initials: BS</p>
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Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2025
Skills Lab Competency Tool

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

* Course Objectives

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

* Course Objectives

Comments:

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

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

* Course Objectives

Comments:

The student has satisfactorily completed the assigned vSim and met the established objectives by obtaining at least 80% on the scenario (including SBAR), and post-simulation quiz by the due date and time.

vSim Objectives

9/22/2025 vSim Maternity Case 1

1. Performs focused antepartum assessment of patient with severe preeclampsia. (1, 2, 4)*
2. Recognizes signs and symptoms of severe preeclampsia (hypertensive disorders). (1, 2)*
3. Communicates severe preeclampsia to the interprofessional team. (1, 2, 3, 5)*

4. Administers prescribed antihypertensive medication (magnesium sulfate). (1, 2, 3, 5)*
 5. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)*
- * Course Objectives

10/6/2025 vSim Maternity Case 4

1. Select physical assessment priorities based on individual patient needs. (1, 2)*
 2. Recognizes signs and symptoms of umbilical cord prolapse. (1, 2, 5)*
 3. Performs emergent nursing management strategies for umbilical cord prolapse. (1, 2, 3, 4, 5)*
 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)*
- * Course Objectives

11/3/2025 vSim Pediatric Case 3

1. Identify and describe patient history, physical assessment findings, and diagnostic information related to dehydration.
 2. Prioritize and implement evidence-based nursing interventions that are culturally and situation appropriate for the pediatric patient.
 3. Implement clinical orders, patient safety measures, and provide education using therapeutic and confidential communication for the pediatric patient and family members.
- *Course Objectives

11/18/2025 vSim Pediatric Case 1

1. Select physical assessment priorities based on individual patient needs. (1, 2)*
 2. Recognize signs and symptoms of seizure activity. (1, 2)*
 3. Demonstrate appropriate nursing interventions for a patient experiencing a seizure. (1, 2, 3, 4, 5, 6)*
 4. Demonstrate therapeutic communication skills when interacting with children and their families. (1, 3, 5, 6)*
 5. Discuss how social determinants of health can influence the management of a chronic illness. (2, 3)*
- * Course Objectives

11/21/2025 vSim Pediatric Case 4

1. Select physical assessment priorities based on individual patient needs. (1, 2)*
 2. Identifies developmentally appropriate and culturally competent nursing interventions based on patient care needs. (1, 2, 4)*
 3. Prioritizes patient safety measures and appropriate nursing interventions for a patient with an acute sickle cell pain crisis. (1, 2, 3, 4, 5)*
 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)*
- * Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Camp (A), Collins (M)

GROUP #: 6

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/11/2025 1500-1630

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Noticed VS appear WNL. Notices rhythm on fetal monitor. Patient requests drink, states she is peeing a lot. Notices contractions on fetal monitor, and that they should not occur at 33 weeks. Inquires about pain. Recognizes need for FSBS. UA results obtained, THC present.</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. VS reassessed.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Prioritizes need for VS, interprets VS to be normal. Interprets accelerations on fetal monitor. Interprets need to reposition patient. Prioritizes need for FSBS. Interprets BS of 225 to be high.</p> <p>HR interpreted as being high, BP low. Fundus recognized as boggy. Recognize need to massage fundus. VS assessed. Interprets need to weigh pads. BP interpreted to be improving.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Nurse enters room, identifies patient, begins assessment, VS. Applies fetal monitor. Inquires about pregnancy history/complications-gestational diabetes. Patient asks for a mountain dew and cheeseburger. Call to HCP to update. Call to HCP to report FSBS, HCP inquires about prenatal care. Questions patient about prenatal care and diet R/T gestational diabetes. Education provided about the importance of prenatal care while pregnant. Call to HCP to report</p>

	<p>lack of prenatal care. Orders received for IV fluid, Nifedipine, US to verify due date, acetaminophen. Call to obtain US. Medications prepared, allergies confirmed, patient questions blood pressure medication. Call to HCP to question nifedipine order, clarification provided. Nifedipine prepared and administered. IV fluids initiated. Call to HCP to report results of UA, ordered to provide education about THC use. Education provided.</p> <p>Calls for help when bleeding is discovered. Call to HCP to report PPH. Order received for methylergonovine. Assessment nurse initiates conversation with patient while massaging fundus. Allergies confirmed, methylergonovine administered.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> Evaluation/Self-Analysis: E A D B Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could</p>

<p>2. Identify social determinates of health and provide education and resources for pregnancy (1, 3, 4, 5)*</p> <p>3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the PPH. (1, 2, 4, 5)*</p> <p>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)*</p> <p>*Course Objectives</p>	<p>be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Camp (A), Collins (M)

GROUP #: 6

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/25/25 1500-1630

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2,5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Pain assessment: rating, location, radiation, duration, description</p> <p>Obtain vitals</p> <p>Cervical exam after calling healthcare provider but before nubain administration</p> <p>Pain reassessment after nubain administration</p> <p>Cervical exam repeated</p> <p>Notice baby is stuck and begin HELPERR maneuvers</p> <p>APGAR 1 minute: 9</p> <p>Newborn assessment: thorough assessment with reflexes (rooting, sucking, Babinski, plantar, palmer)</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>Offer some pain relief options since patient does not want an epidural</p> <p>Interpret vitals as WDL</p> <p>Interpret fetal monitor as accelerations</p> <p>Prioritize pain medication</p> <p>Interpret change in cervical exam</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>Discuss birth plan with mother about pain relief options</p> <p>Educate mother on what accelerations are on fetal monitor and what that means for baby</p> <p>Call healthcare provider for update on patient and ask about nubain administration</p> <p>Educate about nubain and impact on baby</p>

	<p>Medication administration. Verify name/DOB, verify allergies, (nubain) verify pain assessment prior to administration, correct dose, correct needle used, correct technique, use of needle safety. (penicillin) hang primary bag below secondary bag of fluids, prime tubing correctly, program pump, provide education on why this medication is being given</p> <p>Call healthcare provider when realize mom is ready to push (call for help), eval for episiotomy, McRoberts position, suprapubic pressure, rotational maneuvers, hands and knees, remove posterior arm</p> <p>Newborn care: dry off immediately after birth, swaddle babe, offer skin to skin, put in warmer “eww”</p> <p>Medication administration for baby- provide education about medications to be given to baby, scan baby, scan medications, correct dose, correct needle used, correct technique, use of needle safety.</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 identified good communication used throughout the scenario and identified it as a strength. Each member was able to provide area of improvement for future simulations. Emotional intelligence questions asked in relation to patient point of view and support person point of view. Questions also asked about student emotions and how that impacted their actions in their 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>You are satisfactory in this scenario! 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</p>

<p>D= Developing 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>and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2025
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date: _____