

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

Absence: (Refer to Attendance Policy)

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

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

7/11/25 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
8/26/2025	Risk for Infection	S/RH	N/A	N/A

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	S	S									
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	NA	S	NA	S	S	S									
b. Provide care using developmentally appropriate communication.		S	NA	NA	S	NA	S	S	S									
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	NA	NA	NA	NA	S	S	S									
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	NA	NA	NA	NA	S	S	S									
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	NA	NA	S	NA	S	S	S									
Clinical Location Age of patient		OB	NA	NA	BG Club	NA	FT OB, 32	MIDTERM	ER FRM.C. 58									
	RH	RH	RH	RH	RH	RH	RH	RH										

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

Comments:

Week 2: Intimacy v. isolation because this stage occurs during young adulthood and focuses on developing meaningful relationships with others or romantic partners and failure to form these relationships could lead to isolation and loneliness. Good job! RH

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

Week 2: 1(a-d)- This week you were able to provide care and communicate with your patients using developmentally appropriate techniques. You were able to care for and communicate with a laboring mother and postpartum mother as well as care for them and a newborn. We discussed safety of the patients in regards to checking bands with mom/baby upon returning the newborn to the room and the different fall risk scale that is used. RH

Week 5: Industry vs. Inferiority because this stage occurs during the school age period ages 6-12 where children start to develop a sense of competence by learning new skills in school and in various social settings. Very nice. RH

Week 5: 1b- You did a great job interacting with the children at the Boys and Girls Club while using developmentally appropriate communication. This can be a chaotic and challenging environment, but your group did well and kept the kids engaged. BS

Week 7: The stage of growth and development my momma was in was Intimacy vs. Isolation which is young adulthood (18-40 years) and my patient was 32 years old. She is maintaining a sense of self identity while forming an intimate relationship with her partner. If failure occurs with the relationship then social isolation could potentially occur. RH

FTMC OB Objective 1 A, B, C, D: This week in OB you had the opportunity to work with a postpartum mother and newborn. You did an awesome job with providing appropriate care and communication for the developmental stage of the patients, and provided systematic and developmentally appropriate assessment techniques. We discussed some of the safety measures of each of them as well such as fall risk of a mom post vaginal delivery and security for the newborn. Great job! MD

Week 8: The stage of growth and development my patient was in was Generativity vs. Stagnation which is ages 40-65 and mine was 58 years old. In this stage individuals tend to focus on creating things that will outlast them like contributing to society in a positive way. In order to feel successful in this stage, the individual would feel a feeling of usefulness and failure of this stage can lead to feelings of a lack of purpose.

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

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

Comments:

Week 2: 1(f-i) We discussed the changes in a woman's body during pregnancy as well as looked at some charting from the OB/GYN office to discuss prenatal care during clinical. The nurses on the unit were able to point out which stages of labor the laboring patients were in. We also discussed the benefits of skin to skin and bonding with not only the mother, but the father as well. RH

Week 2: 1(j, k, l)- We were able to identify various resources that are provided to the family at the entrance of the unit at the ward clerk desk. It was also pointed out that all these resources are given to mothers upon discharge. You were able to provide care while also valuing the patient's values and beliefs. We discussed circumcisions and the choice both mothers made to circumcise their children while in the hospital. RH

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

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

FTMC OB Objective 1 J, K, L: During our day in OB, you were able to assess a postpartum mother and newborn. You were able to identify resources available for her and her newborn. You also were able to discuss the patient's perspective, diversity, and centrality of the patient and family needs as a health team. Awesome job! MD

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	S	S	S									
b. Perform nursing measures safely using Standard precautions.		S	NA	NA	NA	NA	S	S	S									
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	NA	NA	NA	NA	S	S	S									
d. Practice/observe safe medication administration.		S	NA	NA	NA	NA	S	S	S									
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		S	NA	NA	NA	NA	S	S	S									
f. Utilize information obtained from patients/families as a basis for decision-making.		S	NA	NA	NA	NA	S	S	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	NA	S	S	S									
	RH	RH	RH	RH	RH	RH	RH	RH										

**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: Two positive SDOH my patient had that could influence patient care could be that she was employed full time as a teacher, and she had insurance. Both of these SDOH can positively impact patient care because if a patient has a job and insurance, then they are more likely to seek healthcare compared to others who are unemployed with no insurance. There is a better chance that the mom and baby go to the follow up appointments, lactation appointments, etc. when the mom has insurance and a job.

Correct! Good job identifying some positives. RH

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

Week 2: 2(a-f)- We were able to identify some evidence-based nursing practice taking place on the unit in regards to the newborn in the nursery with the IV. You performed safety measures when checking bands with the mother and newborn when returning the newborn to the room from the nursery. You were able to perform medication administration while on the postpartum unit. You said it had been a while since you have done it, but you did great! You were able to perform a postpartum assessment with some assistance from faculty and had no issues asking for help when needed. RH

Week 5: Two SDOH I noticed related to this particular clinical experience was learning difficulties and social isolation. I noticed that a lot of these kids had a hard time focusing and had a very little attention span. This could directly have an impact on their academic performance. I also noticed that there were a few kids that would socially isolate themselves and sit alone. This could be related to not having a strong support system at home which then in turn can lead to serious health problems such as depression. Great observations! RH

Week 7: Some social determinants of health for my patient includes being a current smoker, having a history of preterm labor, multiple lengthy hospital stays which puts a burden on finances, and this pregnancy was also unplanned as she has 3 other kids at home who are all older. All of these SDOH can play a role and impact the health and care that my patient receives. Good observations of your patient's history and how that could impact her health. RH
FTMC OB Objective 2 A-F: This week we had conversations on evidenced-based practices, performed standard precautions, organize care and recognized when assistance was needed, and utilize information for decision making for our post vaginal delivery patient and newborn. You also were able to assist with discussing medication administration for the mother and calculate medications for the patients. Great job! MD

Week 8: I noticed that my patient was a daily drinker which is a social determinant of health that will impact his health. Another SDOH is that my patient recently lost his job and insurance, so he has been rationing his medications and skipping doses. His noncompliance with his medications and not taking them as prescribed will directly influence the patient care he receives.

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

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

Comments:

Week 2: I did not necessarily see any legal or ethical issues on the OB unit. What I did see though was that if the nurse did not have the consent from the mom, then that intervention was not done. For example, one of the moms refused the Tdap vaccine therefore it was not given to her because they did not have her consent to do so. On the other hand, one of the moms wanted the Tdap vaccine so I made sure she had consented and signed the paper prior to me administering the vaccine. **This is the same for the hepatitis B vaccine as well. If interventions are done without consent, it is absolutely a legal and ethical issue. RH**

Week 2: 3(a-c)- **You did a great job acting with integrity and respecting differing views, maintaining HIPAA, and following the Student Code of Conduct. RH**

Week 5: I did not particularly see any legal or ethical issues in this school setting. However, some ethical issues that could occur in the education setting could be problems relating to cheating, socioeconomic background, bullying, and even school uniforms all can play into potential ethical issues. **Good job thinking of some examples even though you did not personally see them. RH**

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

Week 7: I did not necessarily witness any legal/ethical issues while being on the unit. However, some legal/ethical issues that could arise in this setting could be violating HIPPA and going against what a patient wants. For example, not getting consent from a patient before doing a procedure or giving an immunization could definitely make for a legal/ethical problem. **Good job brainstorming possibilities of legal and ethical issues since you did not witness any. RH**

FTMC OB Objective 3 A, B, C: Great job with acting with integrity and respecting different views on care of the patients we had this week in clinical! You were also able to respect health and medical information and followed the Student Code of Conduct policy! MD

Week 8: My nurse was discharging a patient and providing him with discharge instructions and the patient refused to sign the papers so then my nurse did the appropriate thing and wrote that the pt refused and she told him that he has the right to do so. An ethical/legal issue could have arose if my nurse did not handle the situation in the way she did.

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

**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: When performing a head-to-toe assessment on my patient specifically when I got to the GU system, I educated her that burning with urination is not typically concerning after birth and is a normal finding that will typically resolve on its own. RH

Week 2: 4(b, c)- You were able to chart your head to toe assessment on a postpartum mother. We discussed as a group the couple who advocated for themselves while in the c-section who wanted to do skin to skin with the mother and father immediately following birth. RH

Week 5: I educated the groups on PPE. I went through what it is used for, why we use it, and how to properly put the PPE on. For a hands on learning activity, I passed out shoe covers, hair nets, and masks for the kids to put on and to take home with them. I bet the kids loved this. RH

Week 5: 4d- As you no doubt noticed at the Boys and Girls Club, when providing teaching to kids of various ages, we must continually adjust our approach based on their developmental level. BS

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

Week 7: My patient had told me that she had sore nipples related to breastfeeding. Therefore, I educated her on applying the nipple cream to help relieve some of the nipple pain she was experiencing. I also educated her on pain management interventions to alleviate some of the mild cramping such as alternating ibuprofen and Tylenol, utilizing warm blankets, and being in a comfortable environment. **Great job using pharmacological AND nonpharmacological options while educating your patient. RH**

FTMC OB Objective 4 C: Great job analyzing pathophysiology of your mother's vaginal delivery and the newborn's potential complications! MD

Week 8: My patient kept saying that he feels fine and does not understand why he has to be admitted to the floor. Therefore, I educated him on why he was staying and the reasons he was being transported up to 4P.

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

**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: 4(h-j)- During the clinical day you were able to complete a care map that discussed the patient's diagnostic tests, medications, and medical treatment. We also were able to discuss nutrition when passing out meal trays to patients. RH

FTMC OB Objective 4 F-J: During our clinical day we were able to obtain this objective with a postpartum mother and newborn on their discharge day. We were able to determine what types of diagnostic test, pharmacotherapy, medical treatment, nutritional needs, and growth and developmental level of the patients. Awesome job! MD

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

**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: 5(a, b, c, e, g)- This week you showed excitement about being able to see a vaginal delivery. You did great with the postpartum assessment. You were able to professionally communicate with the staff on the unit. You were able to navigate meditech when finding information for your care map. RH

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

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

FTMC OB Objective 5 A, B, C, F: During this clinical experience you were able to evaluate your participation in activities and communicate professionally with the care you provided your patients with the nursing staff. You demonstrating awesome enthusiasm in clinical with excitement with witnessing an epidural placement and discharge instructions. The nursing staff were happy to assist with your learning! Amazing job this week!

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	NA	S	S	S									
b. Accept responsibility for decisions and actions.		S	NA	NA	S	NA	S	S	S									
c. Demonstrate evidence of growth and self-confidence.		S	NA	NA	S	NA	S	S	S									
d. Demonstrate evidence of research in being prepared for clinical.		S	NA	NA	S	NA	S	S	S									
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		S	NA	NA	S	NA	S	S	S									
f. Describe initiatives in seeking out new learning experiences.		S	NA	NA	S	NA	S	S	S									
g. Demonstrate ability to organize time effectively.		S	NA	NA	S	NA	S	S	S									
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		S	NA	NA	S	NA	S	S	S									
i. Demonstrates growth in clinical judgment.		S	NA	NA	S	NA	S	S	S									
	RH	RH	RH	RH	RH	RH	RH	RH										

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

Comments:

Week 2: An area for improvement could be feeling more confident when providing care to the mom and baby even though it is all new to me. For my next OB clinical at Fisher Titus, I need to go into the clinical with a little bit more confidence since I got 1 out of my 2 OB clinicals done and got to do some things such as a newborn assessment, newborn bath, and got to see 2 vaginal deliveries. I will rewatch the postpartum assessment video, newborn assessment video, and newborn bath video again all prior to my next clinical to refresh myself. This is a great plan! Sometimes the first clinical can be a little overwhelming as well, so now you are more prepared and you can go in with more confidence because you have done it already! RH

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

Week 2: 6(c, e, f, g)- You were nervous for medication administration on the newborn, but you were able to talk through the process with me and you did great! You maintained professional behavior while on clinical throughout the day. During the clinical day, you asked good questions to further your knowledge of the pregnant and postpartum patient. You were able to organize your time efficiently to care for your patient as well as see births during the day. RH

Week 5: An area for improvement could be having a better organized way to keep all the kids focused and in their desks. I noticed that there was a lot of distractions with kids running around the classroom and talking over other people while trying to teach them about PPE. A way I could keep it more organized could be by providing the kids with positive reinforcement for rule-following since there was not a lot of rule following going on. **Trying to keep that many children interested and focused for any length of time can be a challenge!** RH

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

Week 6: 6(e)- This was changed to a “U” due to late submission of your clinical tool this week. Please address this “U” and state how you will prevent getting another in the future. If this is not addressed, it will remain a “U” until it is addressed. RH

Week 7: An area where I want to improve on would be being more comfortable feeling a patient’s fundus. I did get to feel my patient’s fundus today, but it was a little bit difficult to feel. Moving forward, I will do my best to palpate a fundus in simulation if that is possible since I do not have any more OB clinicals unfortunately. **Good plan! If you are interested in shadowing the OB floor for more experience (if this is where you would like to work after graduation) HR is great about allowing students to shadow for a day. If you want to shadow at Fisher Titus, Monica can help with that as well. Just let us know!** RH

Acknowledging and addressing the U that I received on my clinical tool from last week (week 6) due to my tool not being submitted into my drop box. Moving forward, I will be sure to triple check my drop box that my tool submitted so that this does not happen to me again and so that I do not receive another U in the future. **Good plan, thank you** RH

FTMC OB Objective 6 D-I: I am so proud of you for being prepared for clinical, exhibiting professional behavior, actively seeking out new learning experiences, your organization, and growth in clinical judgment! You did an awesome job displaying an ACE attitude in clinical this week! Keep up the amazing work! MD

MIDTERM-Amazing job during the first half of the semester! I am so proud of you and the progress you have made! Be sure to look for opportunities to continue growing. RH

Week 8: I did not really feel comfortable at all being in the ER. I did not like not knowing the environment, not knowing the rooms, not knowing where things were at, and not being familiar with the staff. I also did not necessarily like the fact that I was alone and did not have another student with me. A goal to improve could be just trying to be more familiar and more comfortable with new environments and not to feel so nervous in order to have a better experience.

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

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

Student Name: A. McNulty		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: 2							
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	1. What about patient's fundal assessment? Good list of assessments included 3. What was the patient's G/P? This can be a risk factor for some post-partum complications.
	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	7. Great list of potential complications and signs/symptoms of each.
	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	
	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	
	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:</p>	<p>Total Points: 45/45</p> <hr/> <p>Faculty/Teaching Assistant Initials: RH</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	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* 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)	Meditch (*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	RH	RH	RH	RH	RH	RH	RH	RH	RH	
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

* 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: 9/18	Date: 9/22	Date: 10/2	Date: 10/6	Date: 10/17	Date: 10/30	Date: 11/3	Date: 11/5	Date: 11/18	Date: 11/18	Date: 11/21	Date: 11/21	Date: 9/11
		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	S									S
Survey	S		S										S
Faculty Initials	RH	RH	RH	RH									RH
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A									N/A

* 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: SCENARIO: Empathy Simulation

STUDENT NAME: A. McNulty

OBSERVATION DATE/TIME: 9/11/2025

<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>You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.</p> <p>Great job.</p> <p>I enjoyed seeing your pregnancy photo!</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p>Simulation Objectives:</p> <ol style="list-style-type: none">1. Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)*2. Describe how patient-centered care is dependent on past medical history, cultural history, and social history. (1, 2, 3, 4)*3. Describe your psychological and social response to the simulation and how it impacts the care provided to the pregnant patient and child-bearing family. (1, 5, 6)* <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>Comments</p> <p>You are satisfactory for this simulation.</p>

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): McNulty (C), Phillips (A), Schafer (M)

GROUP #: 11

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/18/2025 1330-1500

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. Inquires about pain. Pain rated 4/10. Notices rhythm on fetal monitor. Recognizes contractions on fetal monitor, and recognizes that they should not occur at 33 weeks. Patient requests mountain dew. FSBS obtained. UA results obtained, THC present, glucose, nitrates.</p> <p>Mona CO feeling dizzy and lightheaded. VS assessed. Notices low BP and rising HR. Bleeding discovered. Legs elevated. Begins fundal massage. Notices uterus is firming up in response to fundal massage. BP 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>Prioritized sending urine sample to lab for analysis. Interprets contractions on the FHM. FSBS-225- interpreted as high.</p> <p>Prioritizes assessing fundus, bleeding discovered. Prioritizes elevating legs.</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>Urine sent to lab. Applies FHM. Patient assisted to her left side. Patient requests mountain dew, water offered. Nurse suggests something without caffeine. Patient verbalizes increased hungry and thirst. Water provided. FSBS results discussed with patient. Obtaining UA results prior to phoning HCP. Call to HCP with FSBS and UA results. Order received for IV fluid and to find out pregnancy history. Prenatal care and pregnancy history obtained. UA results, THC use discussed with Mona. Call to HCP with pregnancy history and confirmed contractions. Orders received for US to verify dates, nifedipine, acetaminophen. Orders read back. Patient identified, allergies confirmed, IV fluid initiated. Pain reassessed, medications prepared, patient identified, allergies confirmed, BP assessed. Acetaminophen administered. Nifedipine not administered. Call to US, confirms 33 weeks gestation. Call to HCP with UA results and informed of holding nifedipine. Instructed to administer nifedipine. Nifedipine administered.</p> <p>HR interpreted as being high, BP low. Fundus recognized as boggy. Recognize need to massage fundus. Interprets need to weigh pads. BP interpreted to be improving. Calling for help (this is</p>

	<p>an emergency- when you hear this you need to enter room to help). Pad weighed- 600 g. Call to HCP to report PPH. Order for methylergonovine. Call to patient's wife to update her on the PPH. Try to be reassuring when giving news to family members. Patient identified, medication 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. Discussed the role of calcium channel blockers in preventing contractions. 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 an "all hands on deck" approach to emergent situations. Discussed the importance of providing education to patients.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of "developing" or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Identify social determinates of health and provide education and resources for pregnancy (1, 3, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the PPH. (1, 2, 4, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the 	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response Is hesitant or ineffective in using nursing skills</p> <p>Reflecting: Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

health team. (1, 3, 5, 6)*	
*Course Objectives	

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): McNulty (M), Phillips (C), Schafer (A)

GROUP #: 11

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/25/25 1330-1500

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
NOTICING: (1,2,5) *						
• Focused Observation:	E	A	D	B		Obtain vitals
• Recognizing Deviations from Expected Patterns:	E	A	D	B		Pain assessment: location, duration, rating, description
• Information Seeking:	E	A	D	B		Contraction assessment: frequency, length, Leopold's assessment
						Cervical exam done upon initial assessment
						Inquire/discuss birth plan with patient.
						Verify patient name/DOB
						Repeat vitals and pain assessment after nubain administration
						Notice change in fetal strip after nubain administration
						Repeat cervical exam. Notice change in exam and water broke.
						Notice baby is stuck and start HELPERR maneuvers
						APGAR 1 minute: 10
						Reassess mom after delivery, reassess vitals, update on baby status

					Newborn assessment: thorough assessment (sucking, rooting, Babinski)
INTERPRETING: (2,4) *					<p>Interpret vitals as WDL</p> <p>Interpret fetal strip as accelerations</p> <p>Prioritize antibiotics</p> <p>Offer nubain as pain relief option to stick within mom birth plan</p> <p>Interpret fetal strip as decelerations after nubain administration</p>
<ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 					
RESPONDING: (1,2,3,5) *					<p>Inquire/discuss birth plan with patient while offering some other options for pain relief</p> <p>Education provided about GBS status and why antibiotics are needed</p> <p>Penicillin administration: verify name/DOB, scan medication, scan patient,</p> <p>Call healthcare provider prior to nubain administration.</p> <p>Nubain administration: education provided to patient and support person, correct dose, correct needle size, correct technique, use of needle safety. Identified that student missed scanning patient and medication and states they would have prior to medication administration.</p> <p>Education provided to patient and support person about risk for shoulder dystocia (risk factors that could lead to that, expectations for delivery, possible interventions)</p> <p>Call healthcare provider when mom needs to push</p> <p>Call for help, McRoberts, suprapubic pressure, evaluate for episiotomy, rotational maneuvers, hands and knees, remove posterior arm</p> <p>Immediately after birth dry off baby, put under warmer, offer skin to skin</p> <p>Ask for consent for vitamin K and erythromycin ointment for baby</p> <p>Vitamin K and erythromycin ointment administration: correct dose, correct needle size, correct technique, use of needle safety. Apply ointment correctly</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 					
REFLECTING: (6) *					<p>Group self-reported they did not identify patient with two identifiers when entering the room while simulation was still happening.</p> <p>Group self-reported they did not scan medications/patient prior to first medication pass and said they should have prior to doing medication administration.</p> <p>Team identified communication was significantly improved from previous simulation. Team stated they</p>
<ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 					

	<p>took feedback from previous simulation and worked more as a team this time to improve efficiency and flow of the simulation. 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 A= Accomplished 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>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 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: Focuses on the most relevant and important data useful for explaining the patient’s condition. 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. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. 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: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered.</p>

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2025
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date: _____