

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Isabella Riedy

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

7/11/25 KA

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

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
9/25/2025	Ineffective Breathing Pattern	Satisfactory/MD	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:		NA	NA	S	NA	S	NA	S	S									
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	NA	S	NA	S	S									
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	S	NA	S	S									
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	S	NA	S	NA	S	S									
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	S	NA	S	NA	S	S									
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	NA	S	S	S	NA	S	S									
Clinical Location Age of patient		NA	NA	Fisher Titus ER	B/G Club	Fisher Titus OB	NA	MIDTERM	Flu Clinic/St. Mary's									
	MD	MD	MD	MD	MD	MD	MD	MD										

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

Comments:

1 (e) week 4: A stage of growth and development from Eriksons is integrity vs. despair. The reason I chose this specific stage within Eriksons is because many of the patients that I cared for in the emergency room fit this growth and development stage. Almost all of the patients that I cared for were within later adulthood, 65 years of age and older. This is the last stage within Eriksons, it explains that these individuals can often feel satisfaction with their life or despair and meaninglessness. The older individuals that I cared for expressed feelings of regret and lack of meaning within their life now. Demonstrating the emotions of sadness and frustration based on their current situation and overall view on their life. **Excellent! MD**

*End-of-Program Student Learning Outcomes

1 (e) Week 5: A stage of growth and development from Eriksons is industry vs. inferiority. The reason I chose this specific stage of development within Eriksons is because the children that attend the boys and girls club are school aged between 6 to 11 years old. This age group starts to experience failure, low self-esteem, and withdrawal. That falls under the inferiority side of this development stage. The other side involves their beliefs to be able to achieve goals, motivation, and confidence. This is the industry side of this stage and development. An example of Industry that I saw during the boys and girls club clinical experience was when a child successfully completed the activity and was proud of herself for completing it successfully. An example of inferiority that I witnessed during this clinical experience was when a child struggled to understand the activity and another kid took the activity from him and made a comment. He experienced the feeling of failure when it was ripped away without success in completing. These examples show how kids within the same age group can experience both industry and inferiority throughout this time. **How did you encourage the child who did not complete the activity? How did you feel about this? MD**

1 (e) Week 6: A stage of growth and development from Erikson that relates to my clinical experience is generativity vs. stagnation. The age group that is covered within this stage is 40 to 65 years of age. I chose this stage because the patient on the floor during my clinical was within this age and stage of development. Generativity is the concept of being productive, working, raising children, and being involved. Stagnation is the concept of feeling unfulfilled, isolated, unproductive, disconnected, and lacking personal growth. Examples of generativity that I witnessed during clinical was with my patient who is actively parenting and raising her 20-year-old daughter and now her newborn daughter. The parenting styles will differ with each child due to the age gap. With the older child they are now focusing on college and entering adulthood lifestyles. With the newborn baby they are starting back with parenting on safety, feeding, nurturing, and developmental skills. An example of stagnation that I witnessed during clinical was with the same patient who was also experiencing feelings of isolation and disconnection due to having a new baby unexpectedly at an older age.

Excellent! MD

1 (e) Week 8: A stage of growth and development from Eriksons is generativity vs. stagnation. During the flu clinical most individuals that came in to get a COVID or flu vaccine were within the age range of 40-65 years old. This stage focuses on contributing to society. Eriksons theory is supported by these individuals demonstrating proactive steps to maintain their help. Receiving vaccinations is a personal choice and preventative measure to promote optimal health not only for themselves but also for the community and others around them. An example of generativity during this clinical were the individuals getting vaccinated for self-protection and protection of other family members and the community. An example of stagnation would be the individuals that chose not to participate in vaccinations possibly being uninvolved in that realm health promotion. The turnout for the flu clinic did suggest that majority support and promote vaccinations. The hospital environment would have an impact on this since majority receiving the vaccination were healthcare workers along with having specific requirements.

ER Clinical Objective 1A-D: This week in the ER you were able to provide care appropriate for the patient, communicate effectively, provide appropriate assessments, and describe safety measures for the patients you cared for. Great job! MD

BG Club Objective 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

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 cesarean and security for the newborn. Great job! MD

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

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

Comments:

ER Clinical Objective 1 K, L: This week you valued your patient's perspective on disease processes along with how diversity played a role in the care they received. You also provided respect for the patient and family. Great job! MD

BG Club Objective 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 witness a cesarean birth of a mother of advanced maternal age and identify resources available for her. 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

*End-of-Program Student Learning Outcomes

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

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

Comments:

2 (g) Week 4: Factors associated with social determinants of health that would have a potential to influence patient care include economic stability and healthcare access. Economic stability: patients with limited income may struggle to access necessities, transportation, and healthy food/living. Struggling to afford and access these needs can negatively impact their ability to receive healthcare, medications, and appointments. Healthcare access: depending on insurance and/or income an individual's access to primary care can delay or prevent proper treatment and interventions. This creates a negative impact on patient care. **This is absolutely true! What kinds of resources and support could you provide the patient? MD**

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

2 (g) Week 5: A factor associated with social determinants of health that has the potential to influence patient care is health literacy. In healthcare, staff typically use medical terminology that can be unfamiliar to the patient and their families. Without simple, short, clear, and appropriately provided education, it may not be understood and can lead to poor outcomes and confusion. This can lead to nonadherence with medication and treatment, negatively affecting the patients' health. **Yes! How would this impact your practice? How did you incorporate this knowledge to the BG Club? MD**

2 (g) Week 6: Factors associated with social determinants of health that have the potential to influence patient care is health literacy and social and community context. This was evident in my clinical experience this week. The patient was experiencing a geriatric pregnancy and both her and her husband could experience struggles with health literacy and social and community context. They have an older daughter that is currently in college, creating a large age gap between the children. As we know, healthcare changes constantly. Due to their children's larger age gap this could create issues with health literacy and social and community context. Due to their unique situation terms may be different and difficult to follow and understand. Education along with clear and simple communication is always essential, especially in this situation. Their support systems could have shifted, making this lifestyle transition more difficult. The families' dynamics will also change due to welcoming a new baby. Support, education, and providing resources to parents and their older daughter can make this transition a little easier for them. **These SDOH can definitely be a challenge! A lot as changed! MD**

2 (g) Week 8: Factors associated with social determinants of health that have the potential to influence patient care is education quality. Education quality can influence patient care and decision making. Affecting the way, one understands concepts and information regarding specific topics. During the flu vaccination clinical each individual had the choice to receive or to not receive their vaccinations. Individuals that showed up had made that personal decision to receive the flu and/or COVID vaccine(s). This goes for employment as well, every individual that works for a company that requires specific vaccinations has that choice to be employed through them. A problem that can negatively impact a patient's health and care can be misunderstanding and being misinformed regarding preventative measures. We see a lot of this now due to social media and social norms that are changing due to trends.

ER Clinical Objective 2 A-F: This week you discussed EBP in nursing, performed standard precautions, observed/gave care in an organized manner, observed safe medication administration with appropriate dosage calculations, and you were able to obtain information for proper decision-making. **Awesome! MD**

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 cesarean patient and newborn. You also were able to assist with the maintenance of an IV for the mother and calculate medications for the patients. **Great job! MD**

Objective																		
3. Summarize the legal, moral and ethical issues related to care of children and the childbearing family. (2,6,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Act with integrity, consistency, and respect for differing views.		NA	NA	S	S	S	NA	S	S									
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		NA	NA	S	S	S	NA	S	S									
c. Follow the standards outlined in the FRMCSN policy, “Student Code of Conduct”		NA	NA	S	S	S	NA	S	S									
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		NA	NA	S	S	S	NA	S	S									
	MD	MD	MD	MD	MD	MD	MD	MD										

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

Comments:

3 (d) Week 4: An example of a legal and ethical issue that I observed in the clinical setting was a patient being discharged from the emergency room a couple of days ago, being placed on multiple medications, and advised to refer to primary care and a specialist. The patient had explained that they do not have the appropriate income to be able to afford any of the medication or appointments, as well as stating that they do not have any insurance. They came in again after being discharged from the emergency room the other day in worse condition and ended up being admitted due to the extent of health. This could be an ethical and legal issue depending on the resources that were given to the patient during the first emergency room visit. Depending on whether they were offered the generic versions of medication, resources of programs available, and referrals to assistive aids. **This is heartbreaking and happens more often than not. MD**

3 (d) Week 5: An example of an ethical issue I observed during my clinical experience involved navigating inappropriate language and behavior among the children. I felt uncomfortable when the children acted out inappropriately. Although the staff were present and aware of the behavior, the teacher to student ratio was unbalanced, and they were doing their best to handle the situations. I found myself contemplating whether I should intervene or allow the staff to handle the children as a group since they are familiar with them. I chose not to address or correct any behavior as I wanted to stay professional and respectful. I put my trust in the staff and had some conversations with the other adults to help manage the situation appropriately. This experience was a good reminder of maintaining professionalism, boundaries, and cultural competence within my role as a student. **Great learning experience for sure! Unfortunately kids today are exposed to so much inappropriate content. How would you encourage students to limit screen time or limit their ability to have this content exposure? MD**

3 (d) Week 6: An example of an ethical issue that I observed during my clinical experience involved a patient's health history. The patient was admitted due to having a scheduled cesarean section. When looking at the mom's health history it was noted that she had multiple past abortions throughout her lifetime. This could be a potential ethical issue due to the topic of abortion and the different societal opinions. Of course, this was just within her history and did not change the quality of care that she received. Staff that cared for this patient would see this history but that did not change how care was provided. It is essential within healthcare that if there ever are topics that are seen or brought up that create opinions that quality and equal care is always provided. I never noticed any side conversations, comments, or anything brought up

*End-of-Program Student Learning Outcomes

regarding this history. Staff provided quality care, education, and support to this patient as they would for any other patient and this is how it should always be. **Absolutely! It is so important to promote this always! MD**

3 (d) Week 8: A possible example of an ethical issue that could happen during the flu clinic regards autonomy and consent. The specific flu clinic that the clinical took place was through the main hospital. This facility requires all staff to receive a flu vaccination by specific dates each year. While COVID vaccinations used to be required, they are no longer and are optional for all employees. The reason for the requirement of flu vaccinations is to protect ourselves and others within the hospital environment. While there are some circumstances that waive individuals from needing to obtain certain vaccinations, majority need to receive it. For an individual to receive a vaccination they must make that decision to receive the vaccination and voluntarily consent to it. All employees are given this information at the time of hire and have the decision not to be a part of the company that holds these policies. So, while it is ultimately their decision, an individual may feel pressured or left at no choice in receiving vaccinations due to facility policy. This could be an ethical issue due to threatening the individual's autonomy.

ER Clinical Objective 3 A-C: Great job acting with integrity, respecting privacy, and following the Student Code of Conduct! MD

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

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

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

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

Comments:

4 (d) Week 4: During this clinical I educated a patient on fall prevention measures at home. A patient came in from falling home due to having things set up too high and not taking proper precautions. I ensured to educate on removing kitchen mats and rugs throughout the home as they can be a fall hazard. Additionally, I educated to place all everyday necessities at a level that is reachable. Explaining that reaching and climbing, especially when already using an ambulatory device is dangerous and can cause life threatening falls. Suggesting that maybe a friend and/or family member could help her go around her house and adjust things as needed before staying home alone again.

This is wonderful education! MD

4 (d) Week 5: During this clinical I educated early school aged students on the topic "what is a nurse". As a group we came up with activities for the kids to participate in to learn what a nurse is and the frequent tasks that they complete. My activity consisted of a kid friendly definition of what a nurse is, along with a pin the supplies on the nurse activity. This activity included two laminated nurses with Velcro dots attached to them, along with little laminated supplies that could stick to where the nurse would use the item. For example, some supplies included a face mask and stethoscope. The kids were to place where the nurse would put the mask and stethoscope on the nurse. When they placed an item on the nurse, we went over what the item was and how/when the nurse would use the item. *That is a great idea! MD*

*End-of-Program Student Learning Outcomes

4 (d) Week 6: During this clinical I had the opportunity to educate a postpartum patient on what to expect following birth. During clinical my patient expressed that she was feeling exhausted and just wanted to rest. I acknowledged her feelings and reassured her that she will be able to get some rest however, assessments will be performed frequently in the beginning and then more spaced throughout the stay. I explained the purpose of the assessments including vital signs, fundal assessment, incision healing, hygiene, voiding, pain levels, and fluids. Explaining that our goal is to prevent complications and ensure optimal health. I ensured to support the patient and answer any questions that she had for all of us students. **Excellent! MD**

4 (d) Week 8: During this clinical I had the opportunity to educate children on CPR and the Heimlich maneuver. During the St. Mary's clinical our group had the topic of teaching CPR and the Heimlich. Our activity consisted of a brief presentation explaining what CPR and the Heimlich maneuver is along with demonstrating and practicing each activity. We had two mannequins that could be used for chest compressions and head tilting to open the airway for rescue breaths, along with one mannequin that the Heimlich maneuver could be performed on. All age groups did a good job of actively listening and being eager to practice each maneuver. At the end we asked if there were any questions and answered accordingly.

ER Clinical Objective 4 A, C, E: This week in your CDG you were able to determine a care plan based on noticing and interpreting and then how you would respond to the situation. You were also able to describe witnessed advocacy, and analyze what was going on with your patient. Great job! MD

BG Club Objective 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

FTMC OB Objective 4 C, E: Great job analyzing pathophysiology of your mother's cesarean and the newborn's resuscitation potential complications! You also did a great job witnessing examples of patient advocacy with the mother during her times of nausea and vomiting by recognizing the need for further assistance with a different nausea medication. MD

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
f. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	S	NA	S	NA									
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	S	NA	S	NA									
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	S	NA	S	NA									
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	S	NA	S	NA									
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	S	NA	S	NA									
	MD	MD	MD	MD	MD	MD	MD	MD										

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

Comments:

ER Clinical Objective 4 F-H: For this clinical, you were able to provide information correlating diagnostics, medications, and medical treatment for your patient you saw in your CDG. Great job! MD

FTMC OB Objective 4 F-J: During our clinical day we were able to obtain this objective with a newborn who received resuscitation measures post cesarean delivery. We were able to correlate blood glucose and temperature challenges the newborn was experiencing due to the traumatic delivery. You also did a great job putting pieces together with an advanced maternal age mother and complications. 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
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a. Demonstrate interest and enthusiasm in clinical activities.		NA	NA	S	S	S	NA	S	S									
b. Evaluate own participation in clinical activities.		NA	NA	S	S	S	NA	S	S									
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	NA	S	NA	S	NA	S	S									
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	NA	S	NA	S	NA									
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	NA	S	NA	S	NA									
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA	NA	S	NA	S	NA	S	NA									
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	S	NA	S NA	NA	S	NA									
	MD	MD	MD	MD	MD	MD	MD	MD										

**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:

ER Clinical Objective 5 A: For this clinical you were marked satisfactory in all areas with the comment "Isabella was eager to learn and comfortable in patient's room!" by Alison Hay, RN. Great job! MD

ER Clinical Objective 5 B, C, F, G: This week you were able to evaluate your own participation in clinical, communicate professionally with team members, and clearly communicate care in the form of an SBAR on your CDG. You also provided a CDG that met all of the requirements for being satisfactory. Great job! MD

*End-of-Program Student Learning Outcomes

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

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 a cesarean birth and different interventions for the mother during the post-operative period. The OR team was excited about your enthusiasm during the operation and were happy to assist with your learning! You also were able to witness a newborn resuscitation. Amazing job this week! MD

FTMC OB Objective 5G: This week you submitted a Care Map and did not submit a CDG. This competency is an NA. MD

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

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

Comments:

6 (a) Week 4: An area of improvement during this clinical experience would be time management and providing care efficiently. During this clinical I was nervous and scared to make a mistake. I was hesitant when performing tasks that I do know how to do but I wanted to make sure I was doing it 100% correctly. This made me perform slower than ideal for an emergency room pace. Throwing off the nurse's time management and timing of task completion. My goal is to improve my time management skills and have confidence when performing tasks, especially in front of others. To ensure that I complete these goals I will continue to watch the clinical task advance

*End-of-Program Student Learning Outcomes

videos. I will ensure to make and bring clinical papers that will help organize and prioritize patient care. Lastly, I will practice clinical tasks at home with items that mock tools and items used during clinical to try and meet my goals. **Great idea! MD**

6 (a) Week 5: An area of improvement during this clinical would-be therapeutic communication with children. I feel as if therapeutic communication with children is more difficult when compared to adults. There were times that I just did not know what to say in response to some questions and behavior. I had an extremely hard time coming up with a response at all. My goal is to improve my therapeutic communication with children. I plan to reach this goal by continuing to work with children through babysitting, volunteering, and being around family. By doing this I will continue to become more comfortable and learn how to speak with children. I can practice, listen, reflect, and grow with my therapeutic communication skills through practice and exposing myself to environments that aid in growth of these skills. **This can be a challenge for sure! The more practice the better you will feel! MD**

6 (a) Week 6: An area of improvement during this clinical would be recalling medical-surgical content which is also essential in maternal-child nursing. Many of the disease processing and complications that are introduced in medical-surgical can happen to mom and baby in maternal-child. Since that course was a couple semesters ago I sometimes find it challenging to recall all the details. While I know the material from the course, it is good to have a reminder of the smaller details, especially within the main topics. My goal is to restrengthen my knowledge regarding the medical-surgical content. To reach my goal I will review the medical-surgical content by going back through notes, practicing textbook questions, and using simple nursing videos to help with memorization. **This is an awesome idea! MD**

6 (a) Week 8: An area of improvement during this clinical event would be organization. During the flu clinical it took me a decent amount of time to organize and get comfortable with administering vaccinations. At the beginning I was stressed and felt watched. This caused me to become unorganized and rushed. My goal is to stay confident and organized even while feeling eyes on me, to not feel rushed and perform care efficiently. I know that when I feel like this, mistakes can be made. It is important to have a clear and steady mind, not being afraid to clarify information. To reach this goal I plan to remind myself by taking deep breaths and clearing my mind before starting a task. Along with ensuring to gather all information before starting to ensure an understanding.

ER Clinical Objective 6 B-I: You did amazing in clinical meeting all of this objective! Keep up the fabulous work! MD

BG Club Objective 6 B-I: This week you were to address all of these competencies since they all related to you and how you felt you did during your clinical experience. You achieved satisfactory in all areas related to your professionalism, ACE attitude, growth, time management, organization, seeking out new experiences, growth in decisions and self-confidence. Great job! MD

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

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! MD

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

Student Name: Isabella Riedy				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: 9/25/2025 Ineffective Breathing Pattern							
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	All criteria met. MD
	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	All criteria met. MD
	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	All criteria met. MD
	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	All criteria met. MD
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. MD
	15. Evaluation includes one of the following statements: - 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. Both included. MD

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

The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*

***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

*****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *****

Faculty/Teaching Assistant Comments:

Total Points: 45/45 Satisfactory MD

Faculty/Teaching Assistant Initials: MD

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: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD
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)	Meditch (*1, 2, 3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 10/20
Evaluation	S	S	S	S	S	S	S	S	S	
Faculty Initials	MD	MD	MD	MD	MD	MD	MD	MD	MD	
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: 9/18	Date: 9/22	Date: 10/2	Date: 10/6	Date: 10/16 & 10/17	Date: 10/23 & 10/30	Date: 11/3	Date: 11/4 & 11/5	Date: 11/18	Date: 11/18	Date: 11/21	Date: 11/21	Date: 9/30
		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	MD	MD	MD	MD									MD
Remediation: Date/Evaluation/Initials	NA	NA	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): Palagyi (A), Riedy (M), Walton (C)

GROUP #: 8

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/18/2025 0830-1000

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Noticed VS appear WNL. Inquires about pain. Notices rhythm on fetal monitor. Recognizes contractions on fetal monitor, and recognizes that they should not occur at 33 weeks. Pain rated 4/10. Patient requests mountain dew and cheeseburger. UA results obtained, THC present, glucose, nitrates. 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.
Focused Observation:	E	A	D	B	
Recognizing Deviations from Expected Patterns:	E	A	D	B	
Information Seeking:	E	A	D	B	
INTERPRETING: (2, 4) *					Prioritizes the need to apply fetal monitor. Prioritizes the need to obtain FSBS- 225- recognized as high. Interprets that contractions at 33 weeks is not normal. 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.
Prioritizing Data:	E	A	D	B	
Making Sense of Data:	E	A	D	B	
RESPONDING: (1, 2, 3, 5) *					Nurse enters room, identifies patient, begins assessment, VS. Assists patient to left side. Call to lab for UA results. Inquires about pregnancy history and history of GD. Call to HCP to report FSBS and UA results. Orders received for LR, nifedipine, and acetaminophen and read back. Also for US to verify due date. UA results discussed with patient, education provided on GD and THC use. Patient identified, medications prepared, allergies confirmed, acetaminophen administered. Patient requests confirmation of the nifedipine order. IV fluid initiated. Call to HCP to question nifedipine order, explanation received. Fundus immediately massaged upon discovery of bleeding. Calls to team for assistance. Call to provider to report low BP, high HR, bleeding, dizziness, boggy uterus. Good report. Order received for methylergonovine. Patient identified, allergies confirmed, Methylergonovine prepared and administered. BP reassessed. Call to patient’s wife to update.
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) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of the scenarios. Discussed the use of calcium channel blockers to stop contractions. 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.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Identify social determinates of health and provide education and resources for pregnancy (1, 3, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the PPH. (1, 2, 4, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)* *Course Objectives	You are Satisfactory for this scenario! BS Lasater Clinical Judgement Rubric Comments: 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 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 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 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

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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME:

OBSERVATION DATE/TIME:

REFLECTING: (6)*

- | | | | | |
|------------------------------|----------|---|---|---|
| • Evaluation/Self-Analysis: | E | A | D | B |
| • Commitment to Improvement: | E | A | D | B |

You reflected on many aspects of your time caring for the newborn simulator. Your responses were thoughtful and reflective on how you felt and you compared your experience to caring for a real newborn.

Great job.

I enjoyed seeing your photo!

SUMMARY COMMENTS:

E = exemplary, A = accomplished, D = developing, B = Beginning
Based off of Lasater's Clinical Judgment Rubric

Simulation Objectives:

1. Identify common challenges associated with caring for a newborn and how to empathize with the childrearing family. (1, 2, 6)*
2. Describe how patient-centered care is dependent on past medical history, cultural history, and social history. (1, 2, 3, 4)*
3. Describe your psychological and social response to the simulation and how it impacts the care provided to the newborn patient and childrearing family. (1, 5, 6)*

Developing to accomplished is required for satisfactory completion of this simulation.

Comments

You are satisfactory for this simulation.

*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): Palagyi (C), Riedy (A), Walton (M)

GROUP #: 8

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/25/25 0830-1000

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
NOTICING: (1,2,5) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Obtain vitals Pain assessment: type, rating, description, Obtain thorough history on patient and verify information that was given from report. Very detailed assessment on mom and baby. Leopold's position assessment. Cervical check. Pain reassessment after nubain administration. Ask about contractions. How long, how frequent, how strong Notice change in fetal strip after nubain administration Repeat cervical exam. Notice change. Notice water breaks. Water breaks: asks about color, consistency, odor, and amount APGAR 1 minute: 9 Newborn assessment: thorough assessment (sucking, palmar grasp)
INTERPRETING: (2,4) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interpret vitals as WDL Interpret fetal monitor as accelerations and identify baseline fetal heart rate Prioritize pain medication Interpret change in fetal strip as early decels and identifies that baby is coming (relates to head compression)
RESPONDING: (1,2,3,5) *	Communicate birth plan with mom and offer various options for pain

• 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	relief Provide education on risk factors for shoulder dystocia and what possible interventions may take place during birth Call healthcare provider prior to nubain administration Nubain administration: provide education on potential side effects, does not scan medication, does not scan patient, does not check name/DOB, correct dose administered, correct needle size, correct technique, use of needle safety. Penicillin administration: scan medication and scan patient, verify patient/DOB, verify allergies, hang secondary above primary fluids. Pump programmed to correct rate and amount of fluid to be administered, but not programmed to be penicillin. This bypasses all safety measures in place by the pump/facility and is not appropriate nursing practice. Education provided to patient and sister about change in fetal strip and what it means for labor process Call healthcare provider with updated cervical exam and water breaking Call for help, call healthcare provider with update, roll to hands and knees, evaluate for episiotomy, McRoberts position, suprapubic pressure, remove posterior arm, rotational maneuvers Offer skin to skin to mother immediately after birth, dry baby off, suction mouth and nose, Provide education to mom about vitamin K and erythromycin ointment prior to administering. Vitamin K administration: verify name/DOB, correct dose, correct needle size, correct technique, use of needle safety Call healthcare provider with update, great SBAR provided with all assessment findings
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B	Team discussion of scenario and interventions performed. Group identified good communication between each other throughout simulation. Team was able to identify areas for improvement for next

• Commitment to Improvement: E A D B	simulation. team identified missed scanning of medications and patient prior to one medication administration but did do so for all other med administrations. Great education provided to patient and support person in regards to what to expect during delivery. 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. Each team member identified an area of personal improvement and something they did well.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: 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)*	You are satisfactory in this scenario! RH Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. 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. 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. Is hesitant or ineffective in using nursing skills. 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.

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: _____