EVALUATION OF CLINICAL PERFORMANCE TOOL

Maternal Child Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Nikki Papenfuss

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
9/16/25	Ineffective thermoregulation	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: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	N/A	S	S	N/A	N/A	S	N/A									
b. Provide care using developmentally appropriate communication.		S	N/A	S	S	N/A	S	S	S									
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	N/A	S	S	N/A	**N/A**	**S**	N/A									
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	N/A	N/A	S	N/A	N/A	S	N/A									
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below and explain reason for choice)***		S	N/A	S	S	N/A	S	S	S									
Clinical Location Age of patient		17/ FTMC ER	NONE	Bellevue Elementary H&V	1 Day Firelands OB	No Clinical	B/G CLUB	MIDTERM	St Mary									
	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 E Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*: I think identity vs role confusion this stage is during adolescence between 12 and 18 years old. During this stage the teen may be developing their personal identity and with the athlete he may be trying to balance his athletic identity along with personal interest. The patient did make the comment that he will wrap his finger good and still be able to play in his upcoming game. I

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

feel that his athletic identity tops what is in his best personal interest. Yes, great job! I am not sure what the maternal/child text says, but the psych book does say this ag range is 12-20, just as a heads up. RH

Week 4 1e:Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)* Industry vs inferiority I think we encouraged a sense of industry when we ask the kids to do the task of letting us know if they hear the beep or even by calling out the shape that they were seeing. Some of the little kids were so excited after the vision screening they seemed to have felt accomplished something. RH

Week 4 – 1a, b, & c – You did a great job utilizing the techniques your learning through your training to complete hearing and vision screenings on the first graders this week. You asked appropriate questions and communicated with the students utilizing your knowledge in growth and development. KA

Week 51e :Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*: During this clinical the stages of growth and development with the baby would be Trust vs Mistrust (infancy) these little ones are developing a sense of who they can trust. So when they are crying and we sooth them. They may start to understand if I cry I get the pacifier or my butt patted or even a diaper change. The nurses noticed the one baby when he would get wet he let them know by getting fussy and then he would get changed. RH

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

Week 7 1e: Identify stage of growth and development (**Erikson's Stages**)**(List Below and explain reason for choice)*** Industry vs inferiority the younger group of kids we met had a better understanding of Bullying they came up with great approaches/solutions. The older age group just thought it was a joke and did not care to go over any of the scenarios. I hope that some of our scenarios and teachings stick with the older kids, and they can see how being nice can help set their future. I had a younger kid say that I was a bully because I wouldn't allow him to get a prize before the game, we had set up for them to do. I had to explain to him that just because he is told no that does not make someone a bully it is setting boundaries and that he may not understand it now but eventually he will. How do you think the older child's behavior related to the Erikson's stage they were in? Good job identifying that there were two different groups at this clinical site. RH

Week 7: 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 8 1e: Identify stage of growth and development (**Erikson's Stages**)**(List Below and explain reason for choice)*** **Per Eriksons stage the kids for their age groups would once again be industry vs inferiority. These kids are beginning to master new skills and should start receiving recognition for their efforts. The little kids were a blast and the more praise we gave them for answering they seem to come out of their shells. They were getting excited to answer the questions. With the kids still learning their voice and who they are.**

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

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: f. Describe psychological changes in response to the expectant mother's pregnancy. **Maternal**		N/A	N/A	N/A	S	N/A	N/A	S	N/A									
g. Discuss prenatal influences on the pregnancy. **Maternal**		N/A	N/A	N/A	S	N/A	N/A	S	N/A									
h. Identify the stage and progression of a woman in labor. **Maternal**		N/A	N/A	N/A	S	N/A	N/A	S	N/A									
i. Discuss family bonding and phases of the puerperium. **Maternal**		N/A	N/A	N/A	S	N/A	N/A	S	N/A									
j. Identify various resources available for children and the childbearing family.		N/A	N/A	S	S	N/A	N/A	S	N/A									
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	N/A	S	S	N/A	S	S	S									
l. Respect the centrality of the patient/family as core members of the health team.		S	N/A	N/A	S	N/A	N/A	S	N/A									
	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 4 – 1j, k – You did a nice job discussing with the school nurse about cultural beliefs of the school system you performed hearing and vision screening in. She discussed the emphasis of community and you were able to observe different aspects of the school that supported this culture as well as resources available for children with hearing and vision deficits in the community. KA

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

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

Week 7: 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

***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.		S	N/A	N/A	S	N/A	N/A	S	N/A									
b. Perform nursing measures safely using Standard precautions.		S	N/A	S	S	N/A	N/A	S	N/A									
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	N/A	S	S	N/A	N/A	S	N/A									
d. Practice/observe safe medication administration.		S	N/A	N/A	S	N/A	N/A	S	N/A									
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		S	N/A	N/A	S	N/A	N/A	S	N/A									
f. Utilize information obtained from patients/families as a basis for decision-making.		S	N/A	N/A	S	N/A	N/A	S	N/A									
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	N/A	S	S	N/A	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 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)*** Noticing: observed patient condition and pain level and noticed family involvement and understanding The patient mother noticed that he was nervous about getting these shots and she tried to console him by holding his hand afterwards patient was a little shaken due to being poked with a decent size needle in each leg. Interpreting would be to evaluate the family ability to follow up care this family seem to understand that they were to return to

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have the sutures removed in 14 business days. Responding provides clear communication on how to treat the injury, they were provided follow up care and seemed to understand when to return and to return if the site showed any redness swelling or odor. Reflecting reflect on if the communication was effective and the care provided was good, before the shots were given the patient and his mother were informed of the medication and why he was getting the medicine they understood and ok'd the shots. This is a great explanation of the situation. Can you list specifically what the social determinates of health are in relation to this patient? Education level, communication barrier, lack of comprehension, etc.? RH

Week 4 2g: 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)*** There was a slight language barrier with one student she spoke Spanish the nurse knew a little Spanish to speak with her but I did not know any Spanish to explain the hearing process to her that could be a slight issue. Also the kids were all so young some of them we had to explain the hearing process a few times until they understood to raise your hand when you hear the beep and then put it down then raise it when you hear another beep. I had a few kids keep their hands raised and I had to tell them to lower their hand in between each beep. There was one little boy that was nervous he thought being at the nurse's office he was getting a shot, we explained to him he was not there for a shot we were just testing his vision he did really good he left with a smile on his face. Clear communication is super important, especially if you have young children who are afraid of getting a shot, when really that is not the reason they are in the nurse's office to begin with. That poor little kiddo was probably so nervous and scared. Using clear (and developmentally appropriate) language helps make the situation calmer and less stressful for the nurses and the children. RH

Week 4 – 2b, c – You were organized throughout the screening and assisted others quickly and efficiently when needed. You helped answer each other's questions and worked as a cohesive unit. Nice job! KA

WEEK 5 2G: 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)*:**For my baby I was able to care for I would say the social determinants of health and or cultural elements would be the parents are young, they have a lot to learn. The father brought in his gamming system to play while they were at their stay instead of embracing the precious first days with the baby. We suspected both parents to be vaping in the room while baby was in the room, you could smell the vape and they kept trying to hide the vape when anyone entered into the room. My class mate informed the nurse and the nurse educated them that Firelands is a smoke free campus that includes vaping and dangers of smoking/vaping around the baby. This is becoming more and more of a common practice with patients. They cannot seem to not vape for the few days they are admitted. This happens on the regular unit as well. It is sad when they are doing it on the maternity ward due to all the exposure to the babies. RH

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

Week 7 2g 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)*** These kids came from all different households the one little girl I had the pleasure of speaking with went to school with my daughter in 1st grade as we talked I learned that her and her three other siblings lived with their grandmother she helps raise them. They attend the boys and girls club to get help with their homework, and this gives their grandmother a little break before their mother picks them up and takes them home. This gives the kids a meal before they go home and cuts the cost of childcare. Listening to this little girl touched home we also have an extended family household. Many children who are at the B/G club do not have food once they go home or they have just snacks at home, so it is important that they are eating so they can have some dinner. Does the grandmother live with the mother and children? So it is a multiple family home? RH

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Week 8 2g 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)*. Some social determinants of health would be with the catholic school being a private school they may have limited access to some public health programs such as free lunch for all the kids. They offer free or reduced-priced meals for families that are eligible. Families that may be struggling financially may be to embarrassed to ask the school for help paying lunch.. Cultural elements that have the potential to influence patient care this is a private school with a faith-based education. Their religious beliefs may influence their decision around mental health interventions, or reproductive health.**

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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	N/A	S	S	N/A	S	S	S									
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		S	N/A	S	S	N/A	S	S	S									
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		S	N/A	S	S	N/A	S	S	S									
d. Critique examples of legal or ethical issues observed in the clinical setting. **(List Below)***		S	N/A	S	S	N/A	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 Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*: Nurses speaking extremely loud about a negative situation they experienced and then carrying on and on. Nurses cursing loudly with patients in surrounding rooms. Nurses speaking/yelling patient in room one ALTs are negative (honestly, I am not sure that was the test) mind you room 1 has 4 family visitors and directly across from the nurse's station. I understand we are all adults but you need to remain professional during your whole shift. When my nurse was upset about a situation that happened before I got there she should have took some time to decompress not air all the business for the whole ER to hear. They should incorporate the quiet signs that Firelands Regional Medical Center utilizes for areas this would help keep the nurses mindful of their noise level. They need to do rounding with their nurses to let them know that this behavior is not acceptable and to be mindful of your surroundings you never know who is listening. These are great examples of legal/ethical issues that you witnessed while at your ER clinical. The quiet signs would be a good idea to implement for them. RH

Week 4 3d: Critique examples of legal or ethical issues observed in the clinical setting. (List Below)* I didn't experience any legal or ethical issues in this clinical setting they have a great flow on how things go to make sure everything runs smoothly for the kids. I don't know if you would have called it an ethical issue there was one little girl that her primary language was Spanish and they had to ask her, her name in Spanish which I felt bad that I didn't know Spanish to explain to her how the hearing process worked, but she picked up on what to do quickly. Sometimes (depending on the school district) there is an interpreter that is with the student all day that helps with the language barrier. If there were no accommodations for this student in the school system, that could absolutely be a legal or ethical issue, because how would that student understand what was being taught to them if it is not in a language they understand? RH

Week 4 – 3a, b, c – You were professional and considerate with all the screenings you provided. You made sure to keep student privacy and follow HIPPA regulations throughout the day. You also maintained all the standards in the FRMCSN code of conduct while at the school. KA

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Week 5 3d: Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*: We got to watch a c-section this patient Spanish speaking and the department provided her and her family with the translator to ensure the patient knew what was going on every step of the way. We had another baby that had to stay in the nursery because he wasn't quite ready to be sent home and the mother was sick so they did have her distance herself when she visited the baby. It was nice to see how accommodating the unit was with the mom and baby. I did notice that one of the parents did decline twice to get their baby vaccinated with the Hep B vaccine. These are all great examples. RH

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

Week 7 3d Critique examples of legal or ethical issues observed in the clinical setting. **(List Below)*** A legal issue I would say is child safety and supervision. It is controlled chaos. The kids were everywhere, if the teachers were not paying attention the kids could have ran off without anyone knowing. I think the school needs to up their security cameras for better tracking I think it just would provide better safety. Cameras are a great idea! I am not sure how they would wire them in that building since it is so old, but it could definitely be done. RH

Week 7: 3a,c- At the Boys and Girls Club, you acted with integrity, consistency, and respect for differing views and perspectives. BS

Week 8 3d: Critique examples of legal or ethical issues observed in the clinical setting. (List Below)* **I am not really sure I seen any examples of legal or ethical issues I do think that it is weird that they connected all of the schools together at one point there was just the one brick school then they added on the rest over the years and added in door corridors to connect all the school ages. There are a lot of exits and a lot of hidden stairs that kids could get lost or sneak out if they really wanted to. I guess that could be the legal or ethical issue.**

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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	N/A	N/A	S	N/A	N/A	S	N/A									
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		N/A	N/A	S	S	N/A	N/A	S	N/A									
c. Summarize witnessed examples of patient/family advocacy.		S	N/A	N/A	S	N/A	N/A	S	N/A									
d. Provide patient centered and developmentally appropriate teaching.		S	N/A	S	S	N/A	S	S	S									
e. Analyze the involved pathophysiology of the patient's disease process. **(noticing, interpreting, responding)**		S	N/A	N/A	S	N/A	N/A	S	N/A									
	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 4D Provide patient centered and developmentally appropriate teaching. We had a patient come in because he tripped over a kitted fell fractured his ankle and obtained an open wound on his forearm. I educated this patient on why he was getting the tetanus shot due to him receiving an open wound when he fell and injured his ankle. Since he couldn't remember when his last tetanus shot was we were giving him this shot to be safe. Patient understood and I was able to give him his shot. I informed him that his arm may be sore for the next few days but it will go away. Great educational point for your patient! This vaccine is one of people's least favorites because it causes the arm to be sore for quite a few days and is unpleasant. RH

Week 4 D: Provide patient centered and developmentally appropriate teaching.: I had to explain the process to the kids for the hearing that when they hear the beep that we need the to raise their hand so that we know that they can hear the beeps. Some kids we had to explain it a couple of times, but they got the hang of it. RH

Week 4 – 4b, d – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You then helped alphabetize and document the information further on the required ODH documentation forms. This was a terrific help to the school nurse. You did a nice job educating the

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first graders as needed on the screening process and ensuring they were able to perform it correctly so the results would be valid. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. KA

Week 5 – 4d Provide patient centered and developmentally appropriate teaching.: I want to believe that I taught the baby that baths are nice. But patient centered and developmentally appropriate teaching. I let the parents know that the baby had a bath and did very well. I was able to pass meds and educated a mother that she was getting her Ibuprofen for her pain and that her baby will go back in 4 hours to do another hearing screening test. I love that you taught the baby to loves baths! That is one of my favorite parts of the clinical experience. RH

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

Week 7 4d: **Provide patient centered and developmentally appropriate teaching.:** With our project we did have to adjust our teaching for each age group. Each of the age groups rotated through the three classrooms. I would like to believe that we taught the kids that being nice pays off better than being mean. I think we connected with the little kids they were prize oriented, but the older kids could have cared less about anything we had to say. Is there anything you would do differently now know that is how they were reacting to your teaching? RH

Week 7: 4d- As you no doubt noticed at the Boys and Girls Club, when providing teaching to kids of various ages, we must continually adjust our approach based on their developmental level. BS

Week 8 4d: **Provide patient centered and developmentally appropriate teaching.: My group had a blast teaching the kids about cyberbullying and stranger danger. I was able to educate kids about cyberbullying, and I think that we all learned new things with this project. The little kids are very educated on social media platforms, and they are very aware of bullying and cyberbullying. They came up with some great ideas about avoiding an individual that would be bullying them on the internet. I feel that they did take some good information from our presentation.**

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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	N/A	N/A	S	N/A	N/A	S	N/A									
g. Correlate the pharmacotherapy in relation to the patient's disease process. **(noticing, interpreting, responding)**		S	N/A	N/A	S	N/A	N/A	S	N/A									
h. Correlate the medical treatment in relation to the patient's disease process. **(noticing, interpreting, responding)**		S	N/A	N/A	S	N/A	N/A	S	N/A									
i. Correlate the nutritional needs/diet in relation to the patient's disease process. **(noticing, interpreting, responding)**		N/A	N/A	N/A	S	N/A	N/A	S	N/A									
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. **(noticing, interpreting, responding)**		N/A	N/A	N/A	S	N/A	N/A	S	N/A									
	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(f, g, h) Great job explaining the diagnostic tests, pharmacotherapy, and medical treatment to your patient in your CDG this week. Did you get to observe the finger reduction/being put back in place? RH . I did not get to see his finger reduction/being put back in place unfortunately. I was just curious, that would have been a neat experience. RH

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

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

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	N/A	S	S	N/A	S	S	S									
b. Evaluate own participation in clinical activities.		S	N/A	S	S	N/A	S	S	S									
c. Communicate professionally and collaboratively with members of the healthcare team.		S	N/A	S	S	N/A	S	S	N/A									
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		N/A	N/A	N/A	S	N/A	N/A	S	N/A									
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		N/A	N/A	N/A	S	N/A	N/A	S	N/A									
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		S	N/A	N/A	S	N/A	N/A	S	N/A									
g. Consistently and appropriately post comments in clinical discussion groups.		S	N/A	N/A	S	N/A	N/A	S	N/A									
	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)- Marked satisfactory in all areas. “Don’t just observe, participate in learning. You do fine.” Natalie Gilbert, RN

Week 2: 5(b, c, f, g)- You did a great job staying positive and interactive with your clinical even though you said your preceptor was not the best. Once reminded of the key at the bottom of each competency, you did a good job evaluating yourself in regards to your clinical experience. The SBAR you provided in your CDG this week was so well written, great job! RH

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

Week 4 – 5a, c, d – You did a great job showing interest and enthusiasm while at the school this week. You asked questions throughout the day to seek out new information while on clinical. You communicated and collaborated with the school nurses and school staff professionally and worked together to ensure the students received the appropriate care. KA

Week 5 – 5a, c, d, e, f, – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You were able to see a cesarean delivery while on clinical this week! You communicated and collaborated with the OB staff professionally and worked together to ensure the patients received the appropriate care. You did a nice job navigating the EMR and gathering information on your patient to ensure you could provide appropriate care throughout your clinical day. You provided hand off report to the appropriate nurse when leaving clinical at the end of shift. KA

Week 7: 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**

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	N/A	S	S	N/A	S	S	S									
b. Accept responsibility for decisions and actions.		S	N/A	S	S	N/A	S	S	S									
c. Demonstrate evidence of growth and self-confidence.		N/I	N/A	S	S	N/A	S	S	S									
d. Demonstrate evidence of research in being prepared for clinical.		S	N/A	S	S	N/A	S	S	S									
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		~~S~~ U	~~N/A~~ S	S	S	N/A	S	S	S									
f. Describe initiatives in seeking out new learning experiences.		S	N/A	S	S	N/A	S	S	S									
g. Demonstrate ability to organize time effectively.		S	N/A	S	S	N/A	S	S	S									
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		S	N/A	S	S	N/A	S	S	S									
i. Demonstrates growth in clinical judgment.		S	N/A	S	S	N/A	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 6a Recognize areas for improvement and goals to meet these needs.(List Below)* I need to work on my confidence and not let this negative experience impact me. I will start my next clinical more confidant and be a better go getter by my next clinical date on September 11th. Good job remaining positive and not letting this impact your other clinicals this semester. RH

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

Week 2: 6(e)- This was changed to a "U" because you had to resubmit your tool after properly evaluating yourself, therefore making your tool late. Please address this "U" and state how you will prevent getting another "U" in the future. This will remain a "U" until it is addressed. RH
Week 3: 6e: I will make sure that I evaluate myself accordingly ensuring that I understand the clinical tool before filling it out and turning it in. I completely skipped over the colors at the bottom of the charts that indicate what needs to be filled out for each clinical experience. I will ensure that I slow down and pay attention. RH

Week 4 6a: Recognize areas for improvement and goals to meet these needs.(List Below)*: This clinical experience went well I believe. I feel I connected well with the kids and made some kids smile. Something I feel I could improve on is not to show up a hour early make sure that I read my times better. There are a lot of specific times for the clinicals this semester, being aware of start times is important. At least you were early and not late! RH

Week 4 – 6c, d, e, f, g, h, I – You came to clinical ready and prepared to learn. You were enthusiastic and willing to learn whatever your faculty and staff was able to teach you. You were organized and timely with your hearing and vision screenings and documenting the findings on the provided forms. You delivered all your care with and ACE attitude. Terrific job! KA

Week 5 6a. Recognize areas for improvement and goals to meet these needs.(List Below)*:Room for improvement and goals: Improvement will be to ensure to think before I speak . Goal would be to remember to be mindful and utilize my filter before I say things, also at my next OB experience I would like to care for mom to get that experience. My next OB clinical is October 15th, I am pretty excited for this! We will be sure to pass this along so you can have the experience of caring for a new mom! RH

Week 5 – 6c, d, e, f, g, h, I – Your thought process and organizational skills have grown from previous semesters. You came to clinical ready and prepared to learn. You were enthusiastic and willing to learn whatever your faculty and staff was able to teach you. You were timely with your care and documentation and delivered all your care with and ACE attitude. Terrific job! KA

Week 7 6a Recognize areas for improvement and goals to meet these needs.(List Below)* areas of improvement would be to become better at programing the IV pump and hanging a secondary bag. I plan on attending open lab to practice this along with watch the videos that are provided online. Great idea! If you ever want more practice and the lab is not open, we are more than happy to open it for you for more practice. RH

Week 7: 6e- Professional behavior was observed throughout your time at the Boys and Girls Club this week. BS

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 6a Recognize areas for improvement and goals to meet these needs.(List Below)* I feel this clinical went well one of my goals will be to shadow a school nurse I think I would like to work with kids after school they are full of so much information. Improvement I could work on would be taking the stairs more often so I would not be so winded walking up one flight of stairs. No my actual improvement would be to pack a lunch! I have always been horrible about packing but today it would have help so much to have food. I think I have come along way this clinical I honestly could not think of anything for improvement areas I showed up on time, came prepared, I helped bring in the boxes of goodie bags that were to be given to the classes .

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

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

Student Name: Nikki Papenfuss	**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: 5		

	Criteria	3	2	1	0	Points Earned	Comments
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	All criteria met. RH
	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. RH
	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	Two interventions do not have frequency (80% so no points lost here, but be aware for future care maps so you do not lose points in this area)
	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	

	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	Love that you used a referral to lactation in your reassessment area. This is a great way to start thinking since the latch/feeding has not improved, this would be the next steps to take.
	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.
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

Faculty/Teaching Assistant Initials: RH

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)	Meditech (* 1,2,3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date: 8/20 & 8/21	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 10/20**
Evaluation	S	S	S	S	S	S	S	S	S	
Faculty Initials	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: 9/25**
		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

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

STUDENT NAME(S) AND ROLE(S): Foote (C), Papenfuss (A), Shelley (M)
GROUP #: 9
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/18/2025 1000-1130

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
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	Noticed VS appear WNL. Inquires about pain. Patient requests mountain dew. Recognizes the need for FHM. Recognizes FSBS of 225 (high). UA results- + for THC, glucose, nitrates. Mona CO feeling dizzy and lightheaded. VS reassessed. Notices low BP and rising HR. Bleeding discovered. Begins fundal massage. Notices uterus is firming up in response to fundal massage. BP reassessed, and improving.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Prioritizes the need for FSBS. Interprets contractions on the FHM. FSBS- 225, interpreted as being high. Patient assisted to left side to promote comfort. Interprets UA results as abnormal. HR interpreted as being high, BP low. Fundus recognized as boggy. Recognize need to massage fundus. Interprets need to weigh pads. BP interpreted to ne improving. Recognizes heavy bleeding.
RESPONDING: (1, 2, 3, 5) * • 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	Name and DOB verified. Patient questioned about contractions/pain. VS, assessment. Patient questioned about drug/THC use, past pregnancies, history of gestational diabetes (GD), prenatal care, usual dietary choices. Urine sent to lab. FHM applied. Patient assisted to left side. Obtains additional information in preparation to call the HCP. Call to HCP (Great job with report!). Orders received for nifedipine, acetaminophen, IV fluids, US to verify dates. Orders read back. Call to request US. UA results received. Medications prepared. Call to HCP to report UA results and to question nifedipine order. Order clarifies, medications prepared, allergies confirmed. Medications administered. Patient CO being dizzy, BP assessed. Perineal area assessed. Notices blood, calls for help. Fundal massage initiated. Call to HCP, order received for methylergonovine. Patient identified, methylergonovine prepared and administered. Keep needle cover on until ready to administer.

REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the use of calcium channel blockers to stop 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 needle safety to prevent accidents. 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

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: N. Papenfuss OBSERVATION DATE/TIME: 9/25/25

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 photos!
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): Papenfuss (M), Shelley (A)
GROUP #: 9
SCENARIO: Shoulder Dystocia and Newborn Care
OBSERVATION DATE/TIME(S): 9/25/25 1000-1130

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
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	Ask about pain but no formal pain assessment done Obtain vitals Continue to head t toe assessment Cervical check after calling healthcare provider but before administering nubain Leopold's position assessed Identify change in fetal strip after nubain admin Reassess vital signs after nubain administration Cervical check done. Notice changes in cervix and that water broke Notice baby is stuck and use HELPERR maneuvers APGAR 1 minute: 9 Newborn assessment: thorough assessment (sucking, rooting, palmer, Babinski) Assess mom postpartum
INTERPRETING: (2,4) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Offer nubain as pain relief due to not wanting epidural Interpret vitals as WDL Interpret fetal strip as accelerations Interpret fetal strip as early decelerations after nubain administration
RESPONDING: (1,2,3,5) *	Call healthcare provider prior to administering nubain medication. Good SBAR provided but not all data collected prior to calling

• 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	Nubain administration: provide education on medication, verify allergies, correct dose, incorrect needle size used, use of needle safety, inserts needle at 45 degree angle rather than 90 degree angle. Penicillin administration: education provided about why patient is getting medication and what GBS is, hang secondary fluid above primary fluid, program pump correctly Calling healthcare provider with update on fetal strip changes from accelerations to early decelerations Call healthcare provider with second update after nubain administration Prepare infant warmer with multiple blankets, hat, wristband, suction, and stethoscope for delivery When patient wants to start pushing put patient in McRoberts, call healthcare provider for help, suprapubic pressure, evaluate for episiotomy, hands and knees, rotational maneuvers, remove posterior arm Dry baby off immediately after birth and place on warmer. Suction mouth and nose Erythromycin ointment: administers to baby correctly, does not provide education prior to administration Vitamin K administration: provide education prior to administration, correct location, correct technique, correct needle size, correct dose, insert at 45 degree angle rather than 90 degree angle. Use of needle safety.
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Group discussion of scenario and interventions performed during the simulation. Group identified good communication throughout simulation and said it was a strength that they kept each other in the loop throughout. Medication nurse acknowledged she used the wrong size needle for the nubain injection but stated she did not want to waste resources and administered the medication anyway. She was encouraged to next time change the needle so she was using the correct needle. Review of proper IM injection also reviewed at this time. Group stated they were trying to think ahead and anticipate next steps so they were more prepared for the simulation, which showed with some of their interventions. 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.
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**	**You are satisfactory in this scenario! RH** 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. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to

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)***	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. 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: _____