EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Nevaeh Walton

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
9/9/2025	Impaired Skin Integrity	NI/MD	Satisfactory/MD	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: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	S	S	NA	S	S									
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	S	S	S	S									
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	S	S	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	S	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~~ U	~~S~~ NI	S	S	S									
Clinical Location Age of patient		NA	NA	FRMC OB 30 yrs.	FRMC ER 88yrs.	Bellevue Middle School	Boys and Girls Club	MIDTERM	Fisher Titus OB(30)/Saint									
	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. Intimacy versus Isolation; I chose this because this is a stage experience in young adulthood, usually from ages 20-40 years. Successfully navigating this stage is shown by developing strong bonds with partner or family, which was shown during this clinical experience by how many friends and family came to visit her after she gave birth. Excellent! MD

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

1.e.(Week 5) Integrity vs. Despair; I chose this because at this stage individuals reflect on their life and face either acceptance or reject. Choosing not to accept any medications could be part of his acceptance of the natural course of aging and his confidence in the choices his made throughout his life, such as potentially not using a lot of medications in general. MD

1.e.(week 6)-Industry vs. Inferiority. I choose this because at this age children are developing new skills and abilities. Success leads to a sense of industry, or accomplishment, while struggles lead to a sense of inferiority. Hearing and vision screening are especially important because difficulties in these areas can affect learning and self-confidence. Awesome! MD

1.e. (week 7)- Industry vs. Inferiority. I chose this because at this age these kids are learning skills and becoming more confident after succeeding. This club was able to provide activities like dodge ball and freeze tag, that helped build the kids confidence when they won. However, it also upset some of the kids when they lost, which may create feelings of inferiority. Great! MD

1.e. (week 8)- Intimacy vs. Isolation. I chose this because at this stage you are forming meaningful relationships and commitments. During this clinical I witnessed the patient continuing to form emotional bonds with her newborn.

Firelands OB Week 4 – 1a, c, d – You did a wonderful job providing holistic care to the mom and baby you were assigned to this week. You did a great job assessing your assigned mother utilizing developmentally appropriate assessment skills and reporting any abnormal findings. You were able to identify safety measures used to keep newborns stay safe on the OB unit and completed mother newborn verification process whenever returning the newborn to the parents from the nursery. KA

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

ER Clinical Objective 1E: This competency needs addressed with every clinical experience. It was not addressed on your clinical tool this week which turns the rating to an unsatisfactory. Please address this and state how you will work to include this in future submissions. MD

Objective 1. E. - I will work to include this in future admissions by reading over the objectives more carefully before I submit by clinical tool every time in the future before submissions. Thank you for stating how you will be sure to work on this in the future. You are receiving an NI because I still need an Erikson's stage of development for ER clinical. MD

H & V Week 6 – 1a, b, & c – You did a great job utilizing the techniques you learned through your training to complete hearing and vision screenings on the high school students this week. You provided instruction, asked appropriate questions, and communicated with the students utilizing your knowledge of growth and development. BS

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

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

Firelands OB Week 4 – 1k and l – You recognized the uniqueness of the family you were caring for and ensured the opinions and questions were responded to with thoughtfulness and their perspective was validated. You respected the family and their right to make decisions for their infant and ensured they had the necessary information to do so. KA

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

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

H & V Week 6 – 1j, k – You did a great job collaborating with the school nurse and your fellow students to ensure each student was screened in a timely manner and keep the flow going. It was apparent also that the staff at the school were committed to serving the needs of the students. BS

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

***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	S	NA	NA	S	S									
b. Perform nursing measures safely using Standard precautions.		NA	NA	S	S	S	NA	S	S									
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	S	S	S	NA	S	S									
d. Practice/observe safe medication administration.		NA	NA	S	S	NA	NA	S	S									
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	S	S	NA	NA	S	S									
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	NA	S	S	NA	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	S	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. Nausea and vomiting throughout pregnancy as well as low Hgb and Hct may suggest nutrition issues, which could show a limited assess in food, finical resources, or perhaps have a poor health literacy. This is a good connection for all of these! What resources could you provide the patient? MD

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

2g. I could tell at times he had a slight difficult time hearing the nurse when she asked questions. This could possibly lead to him maybe having difficulty understanding discharge instructions or follow up care. This could lead to him having poor health literacy. Absolutely! What additional interventions could you perform to ensure the patient understands the information being provided? MD

2g. (week 6). One social determinant of health that have the potential to influence patient care is lack of financial resources. After having their hearing or vision screened, kids might find out that they need glasses, hearing aids, or medical treatment. If their family lack finical resources this could be a struggle or an added stressor. It could also prolong the time before proper treatment of either vision or hearing is done, potentially causing academic or social delays. Yes! MD

2g. (week 7). One social determinant of health is economic stability. Families may face finical stress that can affect their access to nutritious foods, safe housing, or being able to participate in extracurricular activities. This also could lead to some kids not having regular primary care or any preventative services, like vision or dental. Good! MD

2g. (week 8)- One social determinant of health could be mental health or stress factors. The patient seemed to have a great support system and seemed to be pretty prepared, especially with her being her second pregnancy. One potential stress factor could be her son adjusting to the presence of his new brother. This could create relationship issues and can influence her recovery.

Firelands OB Week 4 – 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

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

H & V Week 6 – 2b, c – You were organized throughout the screening and assisted others quickly and efficiently when needed. You did a great job working with your fellow students to ensure each student was screened appropriately and answering any questions they had. Nice work! BS

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

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	S	S	S									
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		NA	NA	S	S	S	S	S	S									
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		NA	NA	S	S	S	S	S	S									
d. Critique examples of legal or ethical issues observed in the clinical setting. **(List Below)***		NA	NA	S	S	S	S	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. One ethical issue I observed was the potential for judgment in caring for a postpartum patient who tested positive for THC and nicotine use. While staff were all very professional and I did not see any judgement from any of them, I could see how easily stigma could influence the quality of care that patient may receive. This is absolutely true. How would you address this if you found this was occurring? MD

3.d. While at this clinical I observed the patient refuse any pain medication for this pain. Older adults may downplay symptoms, but there could still be hidden injuries or health risks. Nurses have to respect the patient's autonomy while also preventing the patient from being harmed, which can be both a legal and ethical issue. Absolutely! Patient advocacy is so important! MD

3. d. (week 6). One ethical issue I could have potentially seen was the lack of maintain confidentially when discussing results. While at this clinical everyone was very good at keeping student information private, but I could see that this could be a potential issue at other places. For example, if as student's friend was curious on what their friend got compared to themselves. Legally student health information must be protected, but ethically it also builds trust between the nurse and the student. You are absolutely correct! MD

3.d. (Week 7). While there I noticed the kids really like to talk and share things about their lives. This could potentially lead to the kids talking about sensitive information such as family issues health concerns. This could lead to the staff potentially to the ethical issues of having to balance the kids trust with the duty to protect them. This is so true. What would you do if this happened to you? MD

3.d. (week 8)- One potential example of legal or ethical issues that could happen on the OB floor is a heath care provider pressuring a mother to breast feed when she expresses that she wants to formula feed. This undermines the principle of autonomy. In this potential scenario, the mother's choice should be respected and supported without judgment.

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

Firelands OB Week 4 – 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

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

H & V Week 6 – 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. BS

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

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

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

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

Comments:

4.d. Although the patient planned to bottle feed, I provided education on breast engorgement management, including avoiding breast stimulation. This can help her manage some of her discomfort during her postpartum period. Great! MD

4d. Since this patient refused pain medication, he might not feel pain as intensely, so one teaching point is to give him education of other signs of injury like dizziness, confusion, or difficulty walking. This could help him better recognize signs complications. Excellent education! MD

4d.(Week 6). One way I did this was by using age appropriate language. I explained the purpose of the hearing and vision screening by using simple and reassuring terms. I said something like, "We are checking how well you can see the board or hear your teacher so we can make sure nothing is getting in your way of learning". This can help them feel more involvement and included. Great! MD

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

4d.(Week 7). One way I did this was by using simple language and visual aids when explaining what activity, we would like them to do. When explaining how the game worked, we demonstrated where they would stand and the game was played simply. When they were later confused on another game some of us join the game ourselves to help give a better visual example for them. Awesome! MD

4d. (week 8) (St. Marys)-One way I did this was by explaining the process of CPR in a way that was easy to understand for the younger groups of kids that we presented to. I also gave them a visual demonstrated of what to do in order to help them better comprehend. When it was their turn to practice we were able to provide one on one teaching and hands on learning to the kids too.

Firelands OB Week 4 -4b, d - You did a nice job documenting the postpartum assessment in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessments accurately. You kept up on your charting and ensured 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

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

H & V Week 6 – 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 middle schoolers as needed on the screening process and ensuring they were able to perform it correctly so the results would be valid. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. BS

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

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

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

Firelands OB Week 4 – 4f, g, h, I, j – You utilized information from your patient's chart as well as from your assessment to create a care map that correlated the patient's diagnostic tests, medications, medical treatments, nutritional needs, and nursing interventions to their disease process. You were knowledge 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

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

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

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

Firelands OB Week 4 – 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 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

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

Firelands OB Week 4 Objective 5G: This week you completed a care map and not a CDG. This competency is an NA for this week. MD
ER Clinical Objective 5A: You were marked excellent in all areas by your nurse with the comment "Foley catheter, female with success! Removed IV good technique." Marcie Caporini, RN. Great job! MD

ER Clinical Objective 5 B, C, F: 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. Great job! MD

ER Clinical Objective 5G: This week you were to provide a CDG based on your experience in the ER. You wrote a great CDG that met the requirements for satisfactory submission based on content and word count. However, this competency is an unsatisfactory based on the lack of reference and in-text citation. Please be sure to include these items on all CDGs. In addition, please write a response with how you will include this in future CDG posts. MD

Objective 5G- I will look over the objectives of the CDG more carefully and make sure that I have an in-text citation every time it's needed. I will double check every time before I post in the future. Don't forget the reference too! MD

H & V Week 6 – 5a, c, d – You did a great job showing interest and enthusiasm while at the school this week. You asked questions throughout the day to seek out new information while on clinical. You communicated and collaborated with the school nurse and school staff professionally and worked together to ensure the students received the appropriate care. BS

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

MIDTERM Objective 5G-You are receiving an unsatisfactory rating due to not having the opportunity to submit another CDG. Once you submit your CDG for FT OB clinical that meets all of the criteria for a satisfactory submission this rating will change. MD

***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)***		NA	NA	S	S	S	S	S	S									
b. Accept responsibility for decisions and actions.		NA	NA	S	S	S	S	S	S									
c. Demonstrate evidence of growth and self-confidence.		NA	NA	S	S	S	S	S	S									
d. Demonstrate evidence of research in being prepared for clinical.		NA	NA	S	S	S	S	S	S									
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	NA	S	S	S	S	S	S									
f. Describe initiatives in seeking out new learning experiences.		NA	NA	S	S	S	S	S	S									
g. Demonstrate ability to organize time effectively.		NA	NA	S	S	S	S	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	S	S	S	S	S									
i. Demonstrates growth in clinical judgment.		NA	NA	S	S	S	S	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. One area for improvement is that I am still getting comfortable explaining health concepts clearly and in patient friendly language. I will practice explaining one health topic a week in simple terms to practice explaining these concepts better to patients so that they can have a better understanding. This is a great plan! Let me know if you need any assistance! MD

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

6. a. One area of improvement would be in my SBAR delivery for handoffs and reporting. I will practice delivery SBAR once a week and consider what went well and what could be more precise next time. Awesome! MD

6.a. I want to improve my ability to give age-appropriate explanations so students clearing understand the purpose of screenings without feeling nervous. I could do this by practicing scenarios where I practice explaining a health concept or procedure in different ways depending on the target age group three times this week. Great plan! MD

6.a. I want to improve on giving health education based on each child developmental level and keeping them engaged throughout. I could do this by learning a new age-appropriate teaching technique five times this week. Excellent! MD

6.a. I want to improve my confidence and communication skills when providing education to postpartum patients. I can do this by reviewing postpartum education materials including discharge teaching points on newborn care three times this week.

Firelands OB Week 4 – 6c, d, e, f, g, h, I – Your thought process and time management skills have grown from previous semesters. You came to clinical ready and prepared to learn. You were enthusiastic and willing to learn whatever your faculty and staff was able to teach you. You were organized and timely with your care and documentation and delivered all your care with and ACE attitude. Terrific job! KA

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

H & V Week 6 – 6c, d, e, f, g, h, I – You came to clinical ready and prepared to learn. You were enthusiastic and displayed an ACE attitude while at the Bellevue Middle School. You were organized and timely with your hearing and vision screenings and documenting the findings on the provided forms. Terrific job! BS

BG Club Objective 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! MD

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

Student Name: Nevaeh Walton	**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: 9/9/2025, Impaired Skin Integrity		

	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	

	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	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.
The care map will be graded "needs improvement" if missing either the in-text citation or reference, but not both. Reference provided, in-text citation missing. This care map is a NI. MD
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:
Unfortunately, due to the missing in-text citation, your care map is automatically graded NI. Please add this to the care map so it can be regraded. MD
In-text citation provided on resubmission. Your care map is now satisfactory. MD

Total Points: 45/45 Needs Improvement due to missing in-text citation. MD
45/45 Satisfactory MD

Faculty/Teaching Assistant Initials: MD 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: 8/20	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**
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)	Meditech (* 1,2,3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date: 8/20	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**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: 8/26**
		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: SCENARIO: Empathy Simulation

STUDENT NAME: OBSERVATION DATE/TIME: 8/26/2025

REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy. Great job. I enjoyed seeing your pregnancy photo!
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Simulation Objectives:** 1. Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)* 2. Describe how patient-centered care is dependent on past medical history, cultural history, and social history. (1, 2, 3, 4)* 3. Describe your psychological and social response to the simulation and how it impacts the care provided to the pregnant patient and child-bearing family. (1, 5, 6)* **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

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) * • 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. 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.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	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.
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	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.
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)*	**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

*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	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	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) * • 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	Communicate birth plan with mom and offer various options for pain 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 • Commitment to Improvement: 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 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)***	**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

4. Identify and implement appropriate nursing interventions in which heat loss occurs in infants. (1, 2, 5)*	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: _____