

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

Absence: (Refer to Attendance Policy)

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

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

7/11/25 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
9/24/25	Respiratory Distress	S/RH	N/A	N/A

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
Competencies:								S										
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	NA	S	S		S	NA	S							
b. Provide care using developmentally appropriate communication.		NA	NA	S	NA	S	S	S	S	NA	S							
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	S	NA	S	NA	S	S	NA	S							
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	NA	NA	S	NA	S	S	NA	S							
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	NA	S	NA	S	S	S	S	NA	S							
Clinical Location Age of patient		NA	NA	Bellevue Elem. 1 st gr.	NA	FT OB NEWBORN	BG CLUB 6-12 YR.	MIDTERM	FT ER & ST. MARYS	NA	FRMC OB 1 DAY							
	RH	RH	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 4: Erikson's stage for the school aged child is "industry vs. inferiority." I chose this stage of development because the children are starting to develop a sense of self worth and establish peer groups. It was noticeable with some of the children that they had specific friends that they wanted to be next to. **Good job! 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**

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

Week 6: Erikson's stage for the newborn is "trust vs mistrust." The infant must develop a sense of trust as a foundation to further psychosocial levels to be accomplished. The parents can help the infant learn trust by providing basic needs such as skin to skin, nutrition, warmth, hygiene (diaper changes and bathing needs), and talking to the baby in a calm voice. RH

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

Week 7: Erikson's stage for the school aged child is "industry" which is defined as the child's sense of worth. Children can learn their self-worth from within and their social environment or relationship with others. This group has adult volunteers that the children can interact with and get structure from. The kids ate together in groups by age, and the older kids had to clean the tables when they were done eating before the younger group of kids ate. This helps teach them responsibility to clean up after themselves. It allows them to participate by assisting with "jobs" that need accomplished which will help to give them a sense of worth. Good job. 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: St. Mary's Fair: Erikson's stage for the school aged child is "industry vs. inferiority." The children can feel a sense of self-worth and competence when completing tasks successfully. For the students in grades 3-5 we played Bingo, and the students took pride in playing and were very excited when they won. For the students in K-2 we went around and took volunteers for temp checks or SpO2 checks. We also had a bear, and we allowed a couple students in each class to practice wrapping gauze on the bear's arm or leg. Allowing them to participate and giving them praise for wrapping gauze on the bear gives them a sense of pride. Great job RH

Week 8 Objective 1B: In your group, you developed and communicated with the different ages of students utilizing your knowledge of growth and development along with responding appropriately to their questions. KA/MD/RH/BS

Week 10: Erikson's stage for a newborn baby is "trust vs mistrust." The newborn will develop trust when parents are consistent and dependable when responding to the infant when providing basic needs such as food, comfort, and warmth. The dad immediately comforted the crying baby when I returned her to the room this morning while mom was waking up and getting positioned to breastfeed.

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
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Competencies:																		
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		NA	NA	NA	NA	S	NA	S	NA	NA	S							
g. Discuss prenatal influences on the pregnancy. Maternal		NA	NA	NA	NA	S	NA	S	NA	NA	S							
h. Identify the stage and progression of a woman in labor. Maternal		NA	NA	NA	NA	S	NA	S	NA	NA	S							
i. Discuss family bonding and phases of the puerperium. Maternal		NA	NA	NA	NA	S	NA	S	NA	NA	S							
j. Identify various resources available for children and the childbearing family.		NA	NA	S	NA	S	S	S	S	NA	S							
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		NA	NA	S	NA	S	S	S	S	NA	S							
l. Respect the centrality of the patient/family as core members of the health team.		NA	NA	NA	NA	S	S	S	S	NA	S							
	RH	RH	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

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

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

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

Week 8 Objective 1K: You provided opportunities for students to share their personal experiences related to your presentation topic. KA/MD/RH/BS

Objective																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children encompassing cultural sensitivity and diversity. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Engage in discussions of evidenced-based nursing practice.		NA	NA	NA	NA	S	NA	S	S	NA	S							
b. Perform nursing measures safely using Standard precautions.		NA	NA	S	NA	S	NA	S	S	NA	S							
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	S	NA	S	NA	S	S	NA	S							
d. Practice/observe safe medication administration.		NA	NA	NA	NA	S	NA	S	S	NA	S							
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	NA	NA	S	NA	S	S	NA	NA							
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	NA	NA	NA	S	NA	S	S	NA	S							
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*		NA	NA	S	NA	S	S	S	S	NA	S							
	RH	RH	RH	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 4: Families might have limited income and lack insurance that would cover vision or hearing tests for their children if they are referred out because they didn't pass the screening we did at this school today. The nurse explained that people in their area sometimes must travel towards the Cleveland area to get a provider that is covered with their insurance which makes it difficult if they are on Medicaid for limited income. One of the students that I screened doesn't understand English and Spanish is her

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

primary language. It may be difficult to find a provider that speaks Spanish to get the most accurate results. Being Spanish speaking as a first language can be difficult, but hopefully most offices have an interpreter service available to use for these situations. 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 6: A positive SDOH for the baby and mother is that they have a good support system. The pregnancy was unexpected, and the mother is 49 yr old. The support system at the hospital consisted of the husband, an older sibling who is 20 years old, and the mother’s sister. The mother’s sister lives in Columbus and picked up there 20 yr old daughter who doesn’t drive from school in BG to be there at the hospital after the baby was born. This is a great positive SDOH! RH

FTMC OB Objective 2 A-F: This week we had conversations on evidenced-based practices, performed standard precautions, organize care and recognized when assistance was needed, and utilize information for decision making for our post cesarean patient and newborn. You also were able to assist with the maintenance of an IV for the mother and calculate medications for the patients. Great job! MD

Week 7: A SDOH for these students is that they may come from low-income families or they may not have family available to be with them after school. The BG club gives these students a safe place to go after school where they are fed a nutritious snack and then have structured activities for the kids. The mentors are there to help the kids develop a sense of worth, assist with academics, physical skills, and life skills. This is also a supervised and safe space for the kids rather than being home alone with no supervision or out walking around Sandusky waiting for a parent to get home. RH

Week 8 St Mary’s fair: I think a positive SDOH for a lot of the students throughout all grades is that a lot of them said their parents are nurses or someone else in their family is a nurse. In most cases the students probably have access to health insurance and medical care if one or more of their parents are nurses. Also, their parents or family members have health care knowledge to guide them when it is appropriate to seek medical attention, to follow HCP instructions, preventative measures, etc. That is a great SDOH. RH

Week 10: One positive SDOH for this newborn is that her parents are married giving her an excellent support system. This is positive because they are both actively involved in her care. They can support each other to hopefully lessen the strain of sleep deprivation and adjust easier to a new life with a newborn. Dad was very hands-on with the baby’s care while mom was resting this afternoon. This allows mom to not be as overwhelmed and stressed. Babies can sense when mom or another caregiver is stressed which can cause the baby to be fussy. If mom is getting adequate rest, it will be beneficial for mom’s milk production, physical and emotional recovery, and easier for her to care for the baby and for herself. Another positive SDOH is that mom is a STNA. Although she works in a nursing home caring for elderly, she has experience in healthcare and health literacy to help her care for the baby.

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	NA	S	S	S	S	NA	S							
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		NA	NA	S	NA	S	S	S	S	NA	S							
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		NA	NA	S	NA	S	S	S	S	NA	S							
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		NA	NA	S	NA	S	S	S	S	NA	S							
	RH	RH	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 4: In a first grader's perspective, the ethical issue of honesty was observed. Some of the students, when doing the hearing test raised their hand as if they heard the beeping, but I was not playing any tone at that time. Another student kept looking at me and it had appeared as if she was watching me for clues as to when to raise her hand. When I noticed this I redid the test and I didn't look at her for a response until she put her hand up first. **It is always interesting to see what students will do to make sure they pass during these screenings.** 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

Week 6: An example of an ethical issue observed was that when the nurse was going through the admission process with an incoming patient for a scheduled induction, she was refusing all vaccines offered to her and the baby. The mother would turn to the father to make the decision on the vaccines. They did allow Vitamin K and the antibiotic ointment for the eye to be given at birth. The nurse educated them that even though they say no now to the other vaccines, if they research them and they want to get them, they can decide to get them later if they choose to. The father made a negative comment about getting info. The nurse then educated about making sure the info they research comes from reputable sources such as their pediatrician's website. At one point the patient asked the nurse what her opinion was on the Tdap vaccine, but the nurse answered without giving her opinion. This avoided persuading the patient one way or another to get the vaccine and didn't make the patient feel judged if she didn't go with what the nurse suggested. **Great job by that nurse to avoid inserting her opinion and making sure the information the patients were receiving were from reputable sources.** RH

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

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

Week 7: An example of an ethical issue that was observed was that students were playfully not keeping their hands to themselves and calling each other names. Although to kids it's funny and they think it is innocent to do so (the younger group of kids) it can develop into bullying. It also can create low self esteem for the kid that is being teased. Adults can't be by every kid 100% of the time to hear what is being said or done. The one teacher did educate two of the students to keep their hands to themselves. When I witnessed them calling another student names, I reminded them that it wasn't nice to say that. **It can be uncomfortable to say something or correct the kids, but you are right it can lead to bullying and low self esteem to the one who is being called names. Good job correcting them. 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 Fisher Titus ER: A legal aspect that occurred while on this clinical is that a patient was court ordered to seek medical attention because CPS was notified by the patient's school nurse when the parents did not have her evaluated after a syncopal episode with LOC. Nurses have to be respectful and not judge the parents in this situation, and also be able to recognize any signs of abuse or neglect that should be reported. After we had triaged the patient, the bedside nurse was talking to the PA and we were told that this isn't the first time CPS has been involved. The PA wanted to talk to the patient alone to see if she could get any further information because the father was answering all the questions during the assessment. **Great job identifying that the nurse needs to remain respectful and nonjudgmental of the situation, but as mandated reporters, we do need to report when something seems "off". RH**

Week 8 Objective 3A-C: You were professional and considerate with all students and staff you came in contact with. You made sure to keep student privacy throughout the day. You also maintained all of the standards in the FRMCSN Code of Conduct while at the school. KA/MD/RH/BS

Week 10: Another newborn on the unit was jittery, and the pediatrician believes it was because the mom admitted to vaping while pregnant but stated she recently stopped. The mom is breastfeeding the infant so it could be an ethical issue regarding the care of the baby if the mom is lying and continues to vape while breastfeeding. If the mom continues to vape or is using other substances while breastfeeding, it could harm the baby.

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Develop and implement a priority care map and/or plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	NA	NA	NA	S	NA	S	S	NA	S							
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		NA	NA	S	NA	NA	NA	S	NA	NA	S							
c. Summarize witnessed examples of patient/family advocacy.		NA	NA	NA	NA	S	NA	S	S	NA	S							
d. Provide patient centered and developmentally appropriate teaching.		NA	NA	S	NA	NA	S	S	S	NA	S							
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	NA	NA	S	S	NA	S							
	RH	RH	RH	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 4: The procedure for the testing was given in simple instructions that a younger child would understand. I couple students voiced they were scared, and I explained to them that it was ok to be scared, but the test is easy and nothing we were doing would be scary or hurt. I had a student who didn't speak English well, so the school nurse tried to get a translator to work on her phone. That program wouldn't work, and the student said she could do it. We told her to tell us what the pictures were in Spanish or English, and we monitored for consistency with each picture. The school nurse also allowed her to point to the image on the master key rather than saying what the picture was if it was difficult for her. I had another student appeared to have sensory impairment because she came into the room wearing headphones. I allowed her to keep the headphones on during the vision testing if she wanted to, but she chose to remove them. **Sometimes the smaller children can be scared since there are so many adults and so much going on, it can be overwhelming. RH**

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

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 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 6: I did not develop any teaching for the patients that I observed, but I observed the bedside nurse providing the following education to multiple patients. The bedside nurse provided education to the postpartum mom on cues the baby would show when hungry, breastfeeding techniques, and assisted her the first time she attempted to nurse. The bedside nurse provided education to an outpatient on signs of preterm labor, be cautious with lifting, increasing fluids, monitoring her BP at home with her history of preeclampsia, taking medications as prescribed and keeping her follow up appointment next week. Another patient was given education on vaccines. Since you observed and were able to witness this education, I am changing this to an “S.” Try to keep this competency in mind while at clinical so you can be proactive and assist with the education or even look some up to provide to the patient next time. RH

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

Week 7: We taught the students ways they can stay physically active at home. I made a poster board that had pictures of different ways to stay physical such as riding a bike, jump rope, building an outdoor obstacle course, throwing a balloon in the air, playing a bean bag toss game and if they didn’t have bean bags, they could use a rolled-up pair of socks, etc. I educated them that if they are watching TV they could stand up and do jumping jacks or run in place during commercial breaks. These are all great ideas. 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 St Mary’s Fair: During this clinical we planned different activities based on the age group of the students to explain to them what a nurse is. We told all students what a nurse is, some things a nurse does, and some equipment that nurses use. We had a thermometer, stethoscope, and a SpO2 meter that we explained to them how to use them and what information we obtain from them. For grades 3-5 we played Nursing Bingo that consisted of different health related pictures on the Bingo cards. For grades K-2 instead of Bingo we had a bear, and we allowed a couple students in each class to wrap gauze on its leg or arm. We also played an audio video of a heartbeat so they could hear what that sounds like. In one of the K-2 grade classes, a student asked us how we get babies out of stomach’s when they are born. We all just laughed and were speechless. I eventually said “the doctor does it” because we didn’t know how else to appropriately answer that question. I hope that child went home and asked someone about that because I am not sure I would know how to answer that on the spot either. Great job improvising! RH

Week 10: The nurse placed a heat pack on the newborn’s foot and then walked away to get something from the other side of the nursery. The dad asked if that was put on there to help with the heel stick. I told him yes and that it would promote blood circulation in the foot making it easier to obtain the blood sample for the PKU test and bilirubin test.

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

FTMC OB Objective 4 F, G, H, I, J: During our clinical day we were able to obtain this objective with a newborn who received resuscitation measures post cesarean delivery. We were able to correlate blood glucose and temperature challenges the newborn was experiencing due to the traumatic delivery. You also did a great job putting pieces together with an advanced maternal age mother and complications. Awesome job! MD

Objective																		
5. Collaborating professionally with members of the health care team, childbearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	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	NA	S	S	S	S	NA	S							
b. Evaluate own participation in clinical activities.		NA	NA	S	NA	S	S	S	S	NA	S							
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	NA	S	NA	S	S	S	S	NA	S							
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	NA	NA	NA	N/A	NA	NA	S							
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	NA	NA	NA	N/A	NA	NA	S							
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA	NA	NA	NA	NA	NA	S	S	NA	S							
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	NA	NA	NA	NA	N/A	S	NA	S							
	RH	RH	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 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

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

FTMC OB Objective 5 A, B, C, F: During this clinical experience you were able to evaluate your participation in activities and communicate professionally with the care you provided your patients with the nursing staff. You demonstrating awesome enthusiasm in clinical with excitement with witnessing a cesarean birth and different interventions for the mother during the post-operative period. The OR team was excited about your enthusiasm during the operation and were happy to assist with your learning! You also were able to witness a newborn resuscitation. Amazing job this week! MD

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

Week 8: ER comment- marked excellent in all areas. "Eager to learn and asks good questions." Hannah Roth, RN

Week 8 Objective 5A-B: You did a great job showing interest and enthusiasm while at the school this week. You asked questions throughout the day to the students to enhance their learning on the presentation topic. You communicated and collaborated with the staff professionally and worked together to ensure the students received accurate information. KA/MD/RH/BS

Objective																		
6. Critique own strengths and areas for improvement modifying behaviors accordingly to achieve personal and professional goals. (7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Recognize areas for improvement and goals to meet these needs. (List Below)*		NA	NA	S	NA	S	S	S	S	NA	S							
b. Accept responsibility for decisions and actions.		NA	NA	S	NA	S	S	S	S	NA	S							
c. Demonstrate evidence of growth and self-confidence.		NA	NA	S	NA	S	S	S	S	NA	S							
d. Demonstrate evidence of research in being prepared for clinical.		NA	NA	S	NA	S	S	S	S	NA	S							
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	NA	S	NA	S	S	S	S	NA	S							
f. Describe initiatives in seeking out new learning experiences.		NA	NA	S	NA	S	S	S	S	NA	S							
g. Demonstrate ability to organize time effectively.		NA	NA	S	NA	S	S	S	S	NA	S							
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		NA	NA	S	NA	S	S	S	S	NA	S							
i. Demonstrates growth in clinical judgment.		NA	NA	S	NA	S	S	S	S	NA	S							
	RH	RH	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 4: I think some students could tell when to raise their hand during the hearing screening because they waited for me to look at them. To improve, I can ask the student to turn around in the chair so they can't see me. When I noticed the students doing this today, I didn't turn my head to look at them (I watched from the corner of my eye) until they put their hand up. This is a good idea. RH

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

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 an ACE attitude. Terrific job! KA

Week 6: When counting the baby's HR, I didn't recognize at first that the number that I got was out of range. I will review normal fetal heart rate range. Counting baby heart rate can be difficult due to how fast it is. Practice might help as well and we are always willing to open the lab if you want to practice on one of the sim manikins. RH

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

Week 7: An area for improvement from this week would be to keep the kids engaged in the activity that you have planned. The kids had different ideas as to what they wanted to do and it became chaotic at times. A goal would be to speak up and learn ways to try to keep them focused to the activity planned. Boys and Girls club is coordinated chaos. The kids are so hyper and ready to run around and play, sometimes it is hard to reign them in to do an activity or to sit still for long. 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: Fisher Titus ER: An area for improvement is that I was talking through the steps of giving an IM injection with the ER nurse before we went into the room to administer it. I asked the nurse to confirm that the needle needed to be aspirated before injecting the medication and she told me no. To improve, I will look at notes from previous semesters and review IM administration. Good job being prepared and making sure you were confident in the procedure before entering the room. Better to discuss and get the nerves out of your system while in the hallway rather than in front of the patient. RH

Week 8 Objective 6A-I: You came to the school ready and prepared to present your topic. You were enthusiastic and willing to share what you learned about your presentation topic to the students. You were organized and timely with your presentation throughout the day. You delivered all presentations with an ACE attitude. Awesome job! KA/MD/RH/BS

Week 10: An area for improvement would be the newborn assessment. This was my first time doing an assessment on a newborn. To improve, I will review skin assessment findings.

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

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

Student Name:		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:							
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	
	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	Great signs and symptoms listed for each complication.
	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	Very thorough and specific list of interventions!
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

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

Reference

An in-text citation and reference are required.

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

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

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	
Faculty Initials	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	

* 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: 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:
		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							S	
Survey	S		S		S							S	
Faculty Initials	RH	RH	RH	RH	RH							RH	
Remediation: Date/Evaluation/ Initials	N/A	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): Perez (M), Porcher (A)

GROUP #: 12

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/18/2025 1500-1630

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Noticed VS appear WNL. 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. Patient requests cheeseburger. UA results obtained, THC present, glucose, nitrates. FSBS- 225.</p> <p>Mona CO feeling dizzy and lightheaded. VS assessed. Notices low BP and rising HR. Bleeding discovered. Legs elevated. Begins fundal massage. Notices uterus is firming up in response to fundal massage. BP reassessed.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>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. UA results interpreted as abnormal. FSBS- 225- interpreted as abnormal.</p> <p>HR interpreted as being high, BP low. Fundus recognized as boggy. Recognize need to massage fundus. BP interpreted to be improving.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Nurse enters room, identifies patient, begins assessment, VS. Urine sample sent to lab. FHM applied. Call to lab for UA results. Ice chips offered. Patient assisted to left side. Call to provider to update UA results. HCP asks about history and possible gestational diabetes. Order to obtain FSBS. Patient questions about prenatal care. Call to provider about FSBS and prenatal care. Order for US to verify dates, IV fluid, nifedipine, acetaminophen. Orders read back. Medications prepared, patient questions nifedipine, nurse to call HCP. Call to HCP to question nifedipine.</p> <p>Fundus immediately massaged when bleeding discovered. Call to HCP to report bleeding, boggy fundus, high HR, low BP. Order received for methylergonovine. Mona asks for her wife. Call to wife to ask her to come in. Methylergonovine prepared and administered.</p>

<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the role of calcium channel blockers in preventing contractions. Discussed the importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary A= Accomplished D= Developing B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Identify social determinates of health and provide education and resources for pregnancy (1, 3, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the PPH. (1, 2, 4, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)* <p>*Course Objectives</p>	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Perez (A), Porcher (M)

GROUP #: 12

SCENARIO: Shoulder Dystocia and Newborn Care

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

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2,5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Pain assessment: rating, location, Inquire about birth plan/pain control options Obtain vitals Did not perform cervical exam prior to administration of nubain Notice change in fetal strip after nubain administration Notice baby is stuck and starts using HELPERR maneuvers APGAR 1 minute: 10 Pain reassessment after deliver. Reassess vitals APGAR 5 minute: 9</p>
<p>INTERPRETING: (2,4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Interpret vitals as WDL Interpret fetal strip as accelerations Offer nubain as pain relief due to patient not wanting epidural Prioritize pain medication Interpret change in fetal strip as decelerations and due to head compression</p>
<p>RESPONDING: (1,2,3,5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B 	<p>Education about pain management options Call healthcare provider prior to nubain administration Nubain administration: scan patient, scan medications, verify name/DOB, verify allergies, correct dose, correct needle size, correct technique, use of needle safety. Penicillin administration: education on why patient needs antibiotics, hang primary bag below secondary</p>

<ul style="list-style-type: none"> • Being Skillful: E A D B 	<p>bag, program pump correctly</p> <p>Call healthcare provider with update on patient status</p> <p>Call for help, McRoberts, suprapubic pressures, hands and knees, eval for episiotomy, rotational maneuvers, remove posterior arm</p> <p>Dry baby off and place under warmer immediately after birth. Suction nose and mouth</p> <p>Offer skin to skin with mom</p> <p>Provide education on postpartum topics to mom after delivery (appropriate amount of bleeding, when to call provider about bleeding, baby respiratory signs/symptoms)</p> <p>Vitamin K and erythromycin administration: correct technique for eye ointment, correct dose for vitamin K, correct needle size, correct technique for IM injection, use of needle safety</p> <p>Call healthcare provider with update of delivery and baby assessments.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Group discussion of scenario and interventions done during the simulation. Group stated they believed their communication was improved from last scenario and they worked well together in both roles. They find it difficult that they have no charge nurse assigned, but feel they both fill the role equally during the simulation. Emotional intelligence questions asked in relation to patient point of view and support person point of view. Questions also asked about student emotions and how that impacted their actions in their scenario.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 	<p>You are satisfactory in this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p>

<p>2. Identify risk factors and implement appropriate nursing interventions upon completion of focused nursing assessment. (1, 2, 3, 4, 5)*</p> <p>3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)*</p> <p>4. Identify and implement appropriate nursing interventions in which heat loss occurs in infants. (1, 2, 5)*</p>	<p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Michelle Porcher

OBSERVATION DATE/TIME: 10/26/2025

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

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Michelle Porcher OBSERVATION DATE/TIME: 10/16-17/2025 SCENARIO: Escape Room

CLINICAL JUDGMENT	OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Responded to safety issues by correcting each of them to provide a safe environment for the patient's care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient's respiratory distress by providing the patient with the ordered breathing treatment.</p> <p>Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p> <p>Scenario Objectives:</p>	<p>You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! KA/MD/RH/BS</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p>

1. Utilize the concepts of growth and development to identify concerns with patient safety and provide appropriate interventions to address safety concerns. (1, 3, 5)*
2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1, 2, 5)*
3. Collaborate with members of the healthcare team to provide safe, holistic, and comprehensive patient care. (1, 2, 4, 5, 6)*
4. Utilize SBAR communication in interactions with members of the health team. (5)*

*Course Objectives

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

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: _____