

**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
9/26/25	Ineffective breathing pattern	S KA	NA	NA

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
Competencies:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		N/A	N/A	N/A	N/A	S	S	S	N/A	N/A	S							
b. Provide care using developmentally appropriate communication.		N/A	N/A	N/A	S	S	S	S	S	N/A	S							
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		N/A	N/A	N/A	N/A	S	S	S	N/A	N/A	S							
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	N/A	N/A	S	S	S	N/A	N/A	S							
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		N/A	N/A	N/A	S	S	S	S	S	N/A	S							
Clinical Location Age of patient		No clinical	No clinical	Empathy Sim	BG Club/Sim Variety of lab	Fisher Triplex CD	Firelands ER (65) and H&V	NA	St. Mary's Activiv	Simulation	Firelands OB							
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA							

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

Comments:

Week 5: The stage of growth and development for this group was industry vs. inferiority because these were school age children. As I was interacting with them, they should a sense of self-confidence while competing and they showed inferiority when they didn't know and got quiet. They also showed a sense of self-worth through the time and starting to find what they are confident with. **Great job identifying the appropriate Erikson's stage for the school-age population. KA**

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

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

Week 6- The stage of growth and development for this group was trust vs. mistrust because we were working with newborns. As for newborns, they identify trust in their parents to provide nourishment and their basic needs they cannot provide for themselves. Also finding comfort in their parents in times of need and identifying who provides this for them. **Nice job! KA**

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- The stage of growth and development for my patient in the ER would be integrity vs. despair. She was in this stage because she was of the age 65 and she is making sense of life with her experience she has had over the many years of life and how she has benefited the people around her and her actions in this world. She was providing me with a lot of insight and advice on life. For my vision and hearing clinical the ages I worked with were school age children and they are in the stage industry vs. inferiority because they are gaining their sense of confidence in themselves and it decreases in times of wrong. At some point these kids showed a lot of confidence and had very outgoing personalities and in time of not knowing things they were quiet and kept to themselves.

Week 7 – 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

Week 7 – 1a – You did a nice job discussing a patient you cared for who fell at assisted living and was having leg pain this week while on clinical in the ER department. KA

Week 8- The stage of growth and development for the St. Mary's group would be school aged which means they are in the stage of industry vs. inferiority. This means they are experiencing they are improving their self confidence and finding confidence in who they are. They are also confident in the knowledge they know. When they don't know some knowledge they get quite and they are very outgoing with their answer and then stay quiet for a little bit this is them showing inferiority. They are also starting to become embarrassed at times when they do something they aren't confident in. **Good job! KA**

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- The stage of growth and development for working with a mother being induced is intimacy vs. isolation. The reason I picked this is because the mother was 24 years old and also because she is building a serious relationship with her significant other and starting a family but on the other hand, she was experiencing isolation because she didn't have any people to support her through this experience.

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

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

Comments:

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

FTMC OB Objective 1 J, K, L: During our day in OB, you were able to 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 – 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

Week 7 – 1k – You identified cultural implications that you observed while you were in the ER on clinical as religion and discussed your observations in your CDG response. KA

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

**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 5: Some SDOH for this group would be the lack of attention span which makes it difficult to educate them. Another SDOH is that they are school-aged kids which makes it hard to educate them on their health when they can't really provide transportation and make appointments as needed to keep up with their health until they are older. It is mainly dependent on their caregiver and what their caregiver considers right and wrong. **Great points! This population depends largely on their caregivers therefore it is important to consider these factors in relation to the family as a whole when wanting to impact the child. KA**

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

Week 6- Some SDOH that I saw was a women smoking during her pregnancy and not having the correct education for smoking while pregnant. Another SDOH is another patient came in thinking she was in labor because she did not have the right education between false labor (Braxton hicks) and active labor. This patient also did not speak English, so it was had to communicate because she did not have an interpreter with her. SO the biggest SDOH between both patient was the lack of knowledge they had while pregnant. **Great identification of concerns that need to be addressed. KA**

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- The SDOH for my ER patient was not being educated on the correct mechanic on how to get up and down from bed or a chair with her walker leading her to have multiple falls. Another SDOH for this patient was not having safety precautions put in place at her assisted living to help her get around to prevent more falls from happening leading to the reason of so many falls have been occurring with her. The SDOH for the children at the hearing and vision clinical would be the lack of control the children have meaning they don't have the control to seek their own health needs like checkups. Some parents don't provide their children with the basic needs of medical care to keep on their health leading to many unknown health issues that occur at young ages in these kids. **Great job! KA**

Week 7 – 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

Week 7 – 2b, c – You had the opportunity to work with Katherine Fleitz RN in the ER and she reported you were satisfactory with demonstrating your knowledge of your nursing responsibilities while on clinical. KA

Week 7 – 2d – You had the opportunity to administer PO and IV medications while on clinical in the ER this week. KA

Week 8- The SDOH this week would be the influence social media has on the younger generation. My topic was cyberbullying, and stranger danger and social media teaches these younger generations that these topics are less serious than they are or it is normalized to experience these things. For their safety we came in to teach these topics and many kids didn't realize because of social media they are at risk. Also, with teaching younger groups there lack of attention made it hard to teach our full topic at times. **Nice job identifying the concerns of social media. KA**

Week 10- Some SDOH this week would be the patient vaping during her pregnancy until the very last trimester. Her lack of knowledge of how it can affecting a newborn could have been the reason she kept vaping. Another SDOH would be the lack of knowledge on the different medications to help with labor, so she chose the epidural right away instead of weighing her options.

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

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

Comments:

Week 5- The only issue observed during this clinical experience was the right to adolescents' privacy because they are being watched by staff the whole time and the only time, they are given privacy is in the bathroom. Other than that, the adolescents are being questioned about home lives, their families and what is being done while they are with staff is being communicated with parents/caregivers.

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

Week 6- With my OB clinical we only had one inpatient the time that we were there and she had a cesarean birth. I didn't see her sign a consent form and I didn't see if she was fully educated on the surgery. The only thing I could really say is her baby came out unresponsive and she wasn't told until she was back in her room so that could be the only issue I seen the whole clinical. It would be not being informed about the care given to her child at the time. Nice job identifying this legal concern. This could be addressed through patient advocacy. KA

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- Some legal issue I saw in the ER was nurses providing patient care and then going to the nursing station talking about certain patient issues or talking about how patients acted toward interventions. This is a violation of HIPAA because they are given out patient information to other nurses not providing care for the patient. In the hearing and vision clinical the issue I saw was the children not getting the right to make a choice. It is important to follow patients' decision on the care provided but in

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

school it was made like they had to do the screening and not given the choice to decline this screening. I agree. HIPAA violations are a huge concern in this setting related to the sheer number of people in and out of the area at any one given time. KA

Week 7 – 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

Week 7 – 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 throughout the day. You also maintained all the standards in the FRMCSN code of conduct while in the ER. KA

Week 8- The issue I saw was balancing individual needs for some students. Some students were very interruptive or could not behave long enough to get through each group and instead of giving that student a time to debrief between group and get refocused they were single them out in front of the whole class or single them out by sitting them away from all their other classmates. At times this may work but like today these students needed time to walk their behaviors off and regroup instead of being singled out. I agree this can be concern. Does it promote a foundation that increases bullying in the classroom? KA

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- The legal/ethnic issue I saw this week was the lack of explain what the doctor was doing while inducing the patient. It seemed as if he would start an intervention and then tell her what he was doing, and he also didn't educate him about what the intervention was going to do for her. He seemed like he was in a rush and that can affect the patients' experience at the hospital as well.

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

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

Comments:

Week 5: The patient-centered and developmentally appropriate teaching we did was to give the students a task to complete and while doing the task it gave them a sense of accomplishment when getting the correct answer. We also gave them a certain task to complete to finish the medical matching game and giving them feedback after letting them make their own choice of where they wanted to put their matching piece. I am glad the medical matching game was a hit. What was your topic? Was it what is a nurse? With the way it sounds like the planned activity benefited the children you worked with. KA

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

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

Week 6- The patient centered and developmentally appropriate teaching we did was postpartum care after her cesarian and what some expected findings would be and what would be signs to let a nurse or provider know of. We also educated her on some of the milestones she should see in her newborns life within the first month of life. Nice job! KA

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- For my 65 year old patient in the ER some appropriate education provided to her was correct body mechanics when using her walker. We educated the patient and had her demonstrate our teaching. We also educated her on some safety precautions to follow back at the assisted living to prevent future falls and injuries to see if that would help decrease her occurrence of falling. Some teaching I did in my hearing and vision clinical that was appropriate was the reasoning of the testing and what we are testing for. This age group they are very interested in why we are doing these screenings and what exactly we were testing for. They followed our commands way better when they were educated on what we were doing and why. Great education provided. KA

Week 7 – 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

Week 7 – 4a, c – You did a great job identifying the top nursing interventions for your patient this week. You were able to describe a situation of patient advocacy in the ER setting that you witnessed with your nurse and you advocating for your patient to have privacy while changing into her gown before the healthcare provider assessed her. KA

Week 8- The teaching we chose was to give an information lecture about our topic and then we involved a poster board activity to involve the students. This was appropriate for our age group because during the lecture it was short enough to keep their attention span and by involving them by asking questions and after letting them use the knowledge they just learn to help participate in an activity. They really seem to retain the knowledge we taught them to correctly participate in the activity. Also with the lack of attention span they have had an activity made them interact with us more overall. Great job teaching the students this week at St Mary's! KA

Week 10- The teaching we did was teaching her that there was meconium that leaked with her water so there is going to be a code pink standby call for her baby but doesn't mean there is anything wrong it just a precaution just incase the baby aspirates it. We also taught her nonpharmacological ways to breathe through her contractions till she got the epidural.

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

**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

Week 7 – 4f, g, h – You did a nice job discussing the diagnostics, medical treatments, and medications that were performed on the patient you discussed in your CDG and how they related to their diagnosis. KA

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

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

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

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

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, 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

Week 7 – 5a – You described the new technology you were able to see in action while on clinical in the ER as ECK lead. Your nurse was able to discuss their usage and how to apply them to a patient. You worked with Katherine Fleitz RN in the ER and she marked you as satisfactory in all areas. KA

Week 7 – 5f – You did a nice job writing a concise SBAR report related to your patient this week in the ER. I would include a full set of vital signs in your SBAR since you were the initial assessor of the patient. Nice recommendations for your patient upon their discharge. KA

Week 7 – 5g – You thoroughly and thoughtfully responded to all required CDG questions related to your ER experience. You included an in-text citation and a reference to support your ideas. Terrific job sharing your ideas and experiences. Keep up the excellent work! KA

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

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

Comments:

Week 5: An area I could improve on is finding a better way of assisting younger people with tasks and not treating them as if they are too little to know certain things. A goal is to provide education for certain age group with the correct way of how they learn and I will do this by working with my young family and helping them with task and using the correct teaching methods that corresponds to their age group within the next week. Practice makes perfect. Working with different age groups and interacting with them is a great way to learn how to adapt your teaching for different developmental levels. KA

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

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

Week 6- An area I could improve on is caring for the newborn and better understanding of newborn assessments. I know some parts of how to assess newborns, but I am not confident in being able to do it without being walked through it. My goal to improve this skill would be to watch the videos provided on newborn care again and practice it on my baby until I feel confident enough for my next OB clinical. Great idea! Practice makes perfect. KA

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 6 – 6e – Your clinical tool was submitted late. Remember your clinical evaluation tool is due by Friday at 0800. Please make sure to make a comment on how you will prevent receiving a U in this competency in the future. KA

I will prevent myself from getting another U in the future by going over requirements for my evaluation tool and looking overdue dates for each assignment again to refresh my memory. I will then follow the due dates and requirement to make sure all assignment are turned in by the appropriate times. I will do this for each clinical week until the end of the semester .

Week 7- An area I could improve on from this week is refreshing my memory and going over old skills I have learn previously to gain confidence on the floor when an opportunity comes to perform these skills. I had a lack of confidence working with IV's in my ER clinical because it has been a while since I been able to work with these skill on the clinical floor. I will look over the skills I feel less confident in by next clinical so I am able to preform these skills without questioning myself. Great idea. This is always a good skill to practice and refresh when you have done it in awhile. KA

Week 7 – 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

Week 7 – 6e – You were identified as being actively engaged while in the ER. You actively demonstrated your knowledge and nursing skills while participating in clinical. You demonstrated excellent professionalism and communication skills. KA

Midterm – You are satisfactory in clinical at midterm. You have had a variety of clinical experiences and have had the opportunity to complete all competencies in the first half with the except of 5d and 5e. These skills relate to documenting an navigating the in the HER. You should have the opportunity to achieve both of these competencies when you are in clinical in OB at FRMC. Keep up the nice job. You have done great this semester managing your clinical and course work and being a new mother. Be proud of everything your have accomplished and finish the course strong. KA

Week 8- The improvement for myself this week would be to be a little more patient while working with these younger group. I noticed I was expecting them to be very attentive but at time it was very hard to even get 5 minutes of there attention. My goal is to understand how hard it can be to focus on times especially with feeling excited. So, I will work on being more understandable with my next clinical. Great idea. This is also a part of emotional intelligence which we have been working on throughout the semester. KA

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

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 this week would be to ask more questions while the nurse is doing care so I have a better understanding of what they are doing and why. A goal to improve this is to ask at least one question every time an intervention is done so the nurse know I'm interested in learning. My nurse worked very fast and she did not explain much so it was intimidating to ask questions but that's the reason I am there so more questioning on things I'm unsure about would help my learning experience.

***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	You did a nice job listing all the abnormal assessment findings, lab findings, and risk factors for your patient. I was slightly confused by the patient having nasal flaring and retractions while still have a 0 respiratory rate. I am assuming that the 0 was initial and then the other symptoms occurred as the patient started breathing. Do you know the patient's gestation? Was the newborn post-term? If so that would be a risk factor. KA
	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	You did a nice job listing the patient's nursing priorities and highlighting the problem with the highest priority. You set a realistic goal. You highlighted the pertinent information. You included pertinent complications and signs and symptoms the nurse should assess for related to your nursing priority. KA
	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	2	You did a nice job listing nursing interventions relevant for the nursing priority. Interventions were prioritized, were realistic, and were individualized. All except your review lab data intervention were timed. I would consider including an intervention related to
	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	APGAR scoring and educating the caregivers related to signs and symptoms of respiratory distress since this is your focus. KA
--	--	----------------	-----------------	----------------	-------------	---	---

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	You did a great job reassessing all highlighted information in the assessment section. You stated you would continue the patient's plan of care. KA
	Complete 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 			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: Nice job satisfactorily completing your care map. See comments above for suggestions to improve your care maps in the future. KA

Total Points: 44/45

Faculty/Teaching Assistant Initials: KA

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2025
Skills Lab Competency Tool

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills														
	Adult Head to Toe Assessment (*1, 2, 5, 6)	Breastfeeding and Bottle Feeding (*1, 2, 3, 6)	Breast Assessment (*1, 2, 3, 4, 5, 6)	Circumcision Care (*1, 2, 6)	Broselow Tape (*1, 2, 3, 5)	Leopold's (*1, 2, 3, 5, 6)	APGAR (*2, 3, 4, 5, 6)	Breast Self-Exam (*1, 4, 5, 6)	Pediatric Vital Signs (*1, 4, 5)	Pediatric Lab Values (*1, 4, 5)	C-Section Care (*1, 2, 5, 6)	Health Literacy (*2, 5, 6)	Safety (*1, 2, 3, 5, 6)	Postpartum Assessment (*1, 2, 6)	Newborn Bath and Cord Care (*2, 4)
	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
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 & 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	S
Faculty Initials	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
Remediation: Date/Evaluation/Initials	NA	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: 9/11 & 9/18	Date: 9/22	Date: 9/25 & 10/2	Date: 10/6	Date: 10/16 & 10/17	Date: 10/23 & 10/30	Date: 11/3	Date: 11/4 & 11/5	Date: 11/18	Date: 11/18	Date: 11/21	Date: 11/21	Date: 9/15
		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	U	S	S								S
Survey	S		S		S								S
Faculty Initials	KA	KA	KA	KA	KA								KA
Remediation: Date/Evaluation/ Initials	NA	NA	S	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: Abbi Foote

OBSERVATION DATE/TIME: 9/15/25

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

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Foote (C), Papenfuss (A), Shelley (M)

GROUP #: 9

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/18/2025 1000-1130

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. Patient requests mountain dew. Recognizes the need for FHM. Recognizes FSBS of 225 (high). UA results- + for THC, glucose, nitrates.</p> <p>Mona CO feeling dizzy and lightheaded. VS reassessed. Notices low BP and rising HR. Bleeding discovered. Begins fundal massage. Notices uterus is firming up in response to fundal massage. BP reassessed, and improving.</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 for FSBS. Interprets contractions on the FHM. FSBS- 225, interpreted as being high. Patient assisted to left side to promote comfort. Interprets UA results as abnormal.</p> <p>HR interpreted as being high, BP low. Fundus recognized as boggy. Recognize need to massage fundus. Interprets need to weigh pads. BP interpreted to ne improving. Recognizes heavy bleeding.</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>Name and DOB verified. Patient questioned about contractions/pain. VS, assessment. Patient questioned about drug/THC use, past pregnancies, history of gestational diabetes (GD), prenatal care, usual dietary choices. Urine sent to lab. FHM applied. Patient assisted to left side. Obtains additional information in preparation to call the HCP. Call to HCP (Great job with report!). Orders received for nifedipine, acetaminophen, IV fluids, US to verify dates. Orders read back. Call to request US. UA results received. Medications prepared. Call to HCP to report UA results and to question nifedipine order. Order clarifies, medications prepared, allergies confirmed. Medications administered.</p> <p>Patient CO being dizzy, BP assessed. Perineal area assessed. Notices blood, calls for help. Fundal massage initiated. Call to HCP, order received for methylergonovine. Patient identified, methylergonovine prepared and administered. Keep needle cover on until ready to administer.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: 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 use of calcium channel blockers to stop contractions. Discussed the importance of SBAR communication when calling the provider. Also</p>

<ul style="list-style-type: none"> • Commitment to Improvement: E A D B 	<p>discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of needle safety to prevent accidents. Discussed the importance of providing education to patients.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Identify social determinates of health and provide education and resources for pregnancy (1, 3, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the PPH. (1, 2, 4, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the 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): Escobedo (C), Foote (A), Grosswiler (M)

GROUP #: 5

SCENARIO: Shoulder Dystocia and Newborn Care

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

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2,5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Pain assessment: rating, Obtain vitals Cervical exam upon initial assessment Pain reassessment while medication nurse is hanging antibiotics but before nubain administered. Pain reassessment after nubain Repeat vitals Repeat cervical check and notice water broke and patient is progressing. Inquire about color and odor of fluid when water broke Notice baby is stuck and begin HELPERR maneuvers APGAR 1 minute: 9 Newborn assessment not done. Does weigh baby and length Check on mom after medication of baby was complete.</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 Offer nubain as pain relief option due to not wanting an epidural Interpret fetal monitor as accelerations before nubain administration Interpret change on fetal monitor after nubain administration</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>Discussion of birth plan with patient. education on other pain management options (nubain, laughing gas)</p> <p>Education provided for GBS status and how penicillin is treatment for this.</p> <p>Medication administration- penicillin. Verify name/DOB, verify allergies, hang primary fluids below secondary fluids. Does not program pump for antibiotic. Nubain- provide education on side effects. Use of 10mL syringe to pull up medication from vial and administer. It would be easier and more accurate for measuring if using a smaller syringe. Correct dose administered, correct needle used, correct technique, use of needle safety. Please be aware of an open needle, even a blunt needle, when drawing up medications/wasting medications.</p> <p>Call for help, McRoberts position, suprapubic pressure, evaluate for episiotomy, rotational maneuvers, remove posterior arm, hands and knees</p> <p>Place baby in warmer after delivery, put hat on baby, suction nose and mouth, dry off babe. Offer skin to skin once APGAR is done.</p> <p>Education on breastfeeding and bottle feeding</p> <p>Education on safe sleep while in the hospital and at home</p> <p>Medication administration for baby: education on erythromycin ointment and vitamin K provided by group. Verify name/DOB, scan patient, scan medication, correct dose, correct needle size used, correct technique, use of needle safety.</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 scenario and interventions performed. Group identified communication used throughout simulation and how it was improved. Team identified strengths and area of improvement. Discussion of proper syringe to use when getting medication from a multidose vial (smaller amount, smaller syringe should be used for accuracy). Medication error of not programming pump for penicillin discussed. Group instructed on how to program pump and why this is considered a medication error.</p> <p>Emotional intelligence questions asked putting student in patient and support person point of view and how a nurse could help them feel better in this situation. Students reflect on their own emotions during this simulation and how emotions played a part in the actions/interventions in this 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)* 2. Identify risk factors and implement appropriate nursing interventions upon completion of focused nursing assessment. (1, 2, 3, 4, 5)* 3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)* 4. Identify and implement appropriate nursing interventions in which heat loss occurs in infants. (1, 2, 5)* 	<p>You are unsatisfactory in this scenario. Please refer to remediation assignment for further instructions. RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: 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. Is unable to select and/or perform nursing skills.</p> <p>Reflecting: 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> <p>You have completed the remediation assignment related to proper medication administration and medication errors that pertained to your group's performance in this simulation. Your assignment was completed satisfactorily, therefore you are now satisfactory for this simulation. RH</p>
--	--

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Abbi Foote

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. 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>

<ol style="list-style-type: none"> 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)* <p>*Course Objectives</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>
---	---

/e360/apps/v9/releases/1701549781/public/upload/firelands/media/dropbox/141977-2025mcnweek10clinicaltoolabbifoote.docx

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: _____