EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Cora Meyer

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

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

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

7/11/25 KA

Absence: (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
8/27/2025	Acute Pain	S/RH	N/A	N/A

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	**Final**
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
Competencies: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	NA	NA	NA	S	S	S	NA	S	NA						
b. Provide care using developmentally appropriate communication.		S	NA	NA	S	NA	S	S	S	NA	S	NA						
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	NA	NA	NA	NA	**S**	**S**	**S**	NA	S	NA						
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	NA	NA	NA	NA	S	S	S	NA	S	NA						
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below and explain reason for choice)***		S	NA	NA	S	NA	S	S	S	NA	S	NA						
Clinical Location Age of patient		FTMC OB 26	No Clinical	No Clinical	Boys and Girls club	No Clinical	Firelands OB: 26	MIDTERM	Firelands ER- 50F, 22M,72M St Mary's	No clinical	Flu & H/V	No clinical	No clinical	No clinical	No clinical			
	RH	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:

1E: Mom would be in the early adulthood/ middle age group, which is intimacy v. isolation, or generativity v. stagnation. Establishing intimacy and relationships with others and contribute to society and being apart of a family. I chose these stages based off of her age and the way she is in a relationship that has been for a short time, as well as starting a family. Great job! Based on your interactions with the patient, which do you feel that she would fall into? RH

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

FTMC OB Objective 1 A, B, C, D: This week in OB you had the opportunity to work with a laboring mother, a postpartum mother and newborns. 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 the patients as well such as fall risk with the patient with the spinal headache and circumcision safety with a newborn. Great job! MD

1E week 5: I noticed the children were in industry vs. inferiority stage, which is that children will develop a sense of pride in their accomplishments and abilities. They develop the ability to learn how things work and to understand and organize. I chose this because of the age of the kids as well as how creative they all were. They all seemed very interested in learning new things and doing them. I had many volunteers and all wanted to be the best at any activity we did. I tried my best to make them feel included in the leaning and that they all were doing very well. Great explanation RH

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

Week 7: Baby is in the trust vs. mistrust because they rely on their caregivers to meet their needs. Mom is in intimacy vs. isolation, she has formed a deep relationship with her partner and they chose to have 2 children, building on this relationship and trust in building a family. Good job. RH

Week 7: 1(a-d)- This week you were able to provide care and communicate with your patients using developmentally appropriate techniques. You were able to care for and communicate with a postpartum mom. We discussed safety of the patients in regards to checking bands with mom/baby upon returning the newborn to the room. RH

Week 8 ER: One of the patients I helped care for was a young man coming in for a change in mental status and history of anxiety and depression. This patient is in the intimacy vs. isolation stage of Erikson's. With this patients age and mental health history it can be very isolating and hard to create these intimate close relationships with others. He is also adopted (at 14 years old) and is with white adoptive parents while he is a young black man. This is possibly very isolating for him and can also be difficult for close intimate relationships with them as well. Great explanation of your thoughts. 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: I noticed during hearing and vision at Clyde middle school that the kids were in the adolescence stage, identity vs. confusion as they search for their roles and identity in the world around them. Learning a sense of self, confidence, interests, beliefs, and values. RH

Week 10- 1a,b- You did a great job communicating with the patients at the flu vaccine clinic. Your conversation helped to kept the clients calm throughout the process and you worked in an efficient manner to keep the line moving. Nice work! BS

H&V Objective 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. MD

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

Objective

1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*

Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
Competencies: f. Describe psychological changes in response to the expectant mother's pregnancy. **Maternal**		S	NA	NA	NA	NA	S	S	NA	NA	NA	NA						
g. Discuss prenatal influences on the pregnancy. **Maternal**		S	NA	NA	NA	NA	S	S	NA	NA	NA	NA						
h. Identify the stage and progression of a woman in labor. **Maternal**		S	NA	NA	NA	NA	S	S	NA	NA	NA	NA						
i. Discuss family bonding and phases of the puerperium. **Maternal**		S	NA	NA	NA	NA	S	S	NA	NA	NA	NA						
j. Identify various resources available for children and the childbearing family.		S	NA	NA	NA	NA	S	S	NA	NA	S	NA						
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	NA	NA	S	NA	S	S	S	NA	S	NA						
l. Respect the centrality of the patient/family as core members of the health team.		S	NA	NA	NA	NA	S	S	S	NA	S	NA						
	RH	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:

FTMC OB Objective 1 J, K, L: During our day in OB, you were able to identify resources available for a postpartum mother that we provided mother/newborn education to including healthcare providers and discussed utilizing support systems. You were also able to receive a different perspective on gestational carriers by learning about the process with the unit secretary and asking questions to the parents of a newborn from a gestational carrier who were from London. We provided a newborn bathing demo for these parents and we were able to use their products that they brought with them for the bath along with learning about their culture and some of the differences of London versus the US. Awesome job! MD

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

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

Week 7: 1(f-i) We discussed the changes in a woman's body during pregnancy as well as looked at some charting from the OB/GYN office to discuss prenatal care during clinical. The nurses on the unit were able to point out which stages of labor the laboring patient was in. We also discussed the benefits of skin to skin and bonding with the mother. RH

Week 7: 1(j, k, l)- We were able to identify various resources that are provided to the family at the entrance of the unit at the ward clerk desk. It was also pointed out that all these resources are given to mothers upon discharge. You were able to provide care while also valuing the patient's values and beliefs. We discussed circumcisions and the choice both mothers made to circumcise their children while in the hospital. RH

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

H&V Objective 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. MD

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

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

2G: The patient I took care of qualified for WIC and was going to use their services after birth. To qualify for this there is a financial requirement to apply for this. Meaning that money is a stressor for her and her significant other. This could possibly influence patient care in the future. Good observation, their financial issues could also impact their ability to pay for medical bills as well. RH

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

FTMC OB Objective 2 A, B, C, F: This week we had conversation on evidenced-based practices, performed standard precautions, organize care and recognized when assistance was needed, and utilize information for decision making. Great job! MD

2G Week 5: This program is meant for kids after school from kindergarten through 5th grade. Most kids in the program come because their parents get out of work later than when their kids' school day ends. Kids like to tell you everything and multiple kids told me about how they do not see their dads or moms at all and that they live somewhere else. So, this puts many of the parents of these kids in situations where they are single parents, which does limit the parents' time with their children, money, and other resources. The boys and girls club is a wonderful program where the kids can spend time in a safe environment where they play, receive snacks, and are supervised by safe adults. Many of these parents also work more than one job to support their family. RH

2G Week 7: The mom I was taking care of had issues breastfeeding her baby, she utilized donor milk to help feed baby. When at home if she is still having trouble with baby latching, she will either need donor milk or may need to transition to formula feeding. To make sure baby is getting the nutrients needed. This can be an issue for mom because it may be difficult to afford these solutions, or even more difficult to find someone to donate milk to them. There are a lot of groups online where people can get donor milk from. This is not encouraged because it is unsure if the milk was stored appropriately or if there are things in the milk that shouldn't be. Those who cannot afford milk bank price often resort to this. It is also a possibility to get a prescription from the pediatrician for breast milk and sometimes insurance will assist with the cost of the milk. RH

Week 7: 2(a-f)- We were able to identify some evidence-based nursing practice taking place on the unit in regards to the blood transfusion on the unit. We discussed that mother and one other person get the same band as baby and how this is a safety measure in place to ensure the right baby is given to the right parents. You were able to perform a postpartum assessment with minimal assistance and you did great. You were able to administer PO medications and an IM injection on the mother and an IM injection on the newborn. You calculated the proper drug dosages related to these medications prior to administration. RH

Week 8 ER: One of the patients I assisted in caring for was a young man who was experiencing a change in mental status and had a history of anxiety and depression. He was adopted by the parents who brought him in at 14. His birth mother has schizoaffective disorder. This is something that can affect how he is treated in the future and currently. There is possibly going to be issues with his treatment because he might not have or know all of the necessary information related to his condition and conditions in the future. This also effects how he gets health insurance as well. Very interesting, good job. RH

Week 10: Something that affects the child's care is their home life and ability to follow up with pediatricians. Kids are screened for their hearing and vision at their school and if they fail any portion they are then rescreened and then sent to their pediatrician, audiometrist, or ophthalmologist. This may not be accessible for all kids who need to do so, or the parents may not prioritize these appointments, and the students possibly can have further issues down the road. It can be difficult to ensure students are following up, especially when it is up to the parents to do so, not the children. RH

Week 10- 2d- You did a great job safely administering flu vaccines at the flu vaccine clinic. BS

H&V Objective 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! MD

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

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

3D: Ethical/ legal issues I observed was that Fisher Titus does surrogacy births. With this process being such a grey area there is only one county judge in the area that is willing to file and sign these proceedings/ contracts. The baby is given a social security number and is a US citizen from being born here and then is sent with the intended parents back to where they live. Often from other countries. Which is also odd to see. Those who explained this process to me did not understand this. I have not seen/experienced a surrogate delivering in another country, I have seen it where it was in the US for another US couple, but this is very interesting! RH

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

3D Week 5: The only legal and ethical issue I noticed was that some of the children used inappropriate language and at times were inappropriate. I was asked some questions and told some things that were slightly concerning to me as well. I feel like the ethical issue lies in me saying something about it and determining what to say to them. It also poses an ethical issue in my opinion for what kids say around other kids and what they do with their phones around them as well. There is possibly some inappropriate things that are happening between them every afternoon they're together. This can be a huge issue. There was recently an issue at a local school with minors using cell phones to share inappropriate content, which did become a legal matter. RH

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

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

Week 7: A legal/ ethical issue I noticed was that the unit is on lock down to everyone including staff that does not work in the department, however I feel like the nurses open the door for everyone, I didn't notice them stopping and asking people who they were there to see before letting them in or even after once they make it to the desk or nurses station. Possibly I missed the nurses talking to them before letting them on the unit. It is a big safety issue for mom and baby due to the possibility of baby being removed from the unit or unsafe personnel coming onto the unit. There is an option to talk to the people through the camera that we saw, however, you are right, nobody was asking who the person was when they were letting anyone on or off the unit. RH

Week 7: 3(a-c)- You did a great job acting with integrity and respecting differing views, maintaining HIPAA, and following the Student Code of Conduct. RH

Week 8 ER: One of the patients came in because of an accidentally self-inflicted stab wound to the neck, the patient was brought in via police (I do not know why). There was other police officers after he was assessed and taken to CT that were causing issues and were very vocal and loud at the nurse's station, causing other nurses to close patient doors. This causes an ethical/ legal issue because it causes everyone to be involved/ aware of what's happening with this patient and his situation, which is extremely unnecessary. I noticed there was a lack of communication between the physicians and the nursing staff on these patients as well. Very interesting! This can absolutely be a legal/ethical issue because there is a possibility of violating HIPAA if other patients hear what is going on. 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: A possibility for a legal and ethical issue is if the student is not screened properly or they falsify what they can or cannot see/ hear. This would affect the results and the ability for the school nurse to notify the guardians. Then affecting the pediatricians ability to assist in addressing these issues. Good thought! RH

H&V Objective 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. MD

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

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

4D: Educated alongside other students and clinical instructor on newborn care at home, bathing, and mom self-care. I touched on bathing, baby vaccinations, and check-up appointments post discharge. Great topics! RH

FTMC OB Objective 4 C, E: Great job analyzing pathophysiology of your patient's disease process! You also did a great job witnessing examples of patient advocacy when we were providing the bath demonstration to the newborn with the parents from London! You were also able to witness advocacy for your laboring patient who was requesting an epidural for pain management! MD

4D Week 5: We educated on what a nurse is, and I educated on how to use ace wraps, and what ace wraps are used for. Did you let them try on themselves or others? I bet they would have loved that. RH

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

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

Week 7: I helped educate on the purpose of keeping up with scheduled pain medications to keep pain managed. After she refused a time ordered dose of Motrin at noon and a few hours later asked for pain medications because of back pain. I assisted with education on breastfeeding as well, when mom was having trouble latching. Great topics. RH

Week 7: 4(b, c, d)- You were able to document your postpartum assessment and your newborn assessment that you completed during clinical. You also documented the 24 hour testing that we completed on the newborn. You were able to witness the mother and father of the baby request that the baby stays in the room with them as often as possible rather than having them in the nursery all day. You were able to assist the nurse while she was educating the mother on breastfeeding techniques. RH

Week 8 ER: I assisted in educating one of the patients on the medication maalox, the nurse recommended swallowing the medication and not drinking water for a bit to help ensure the solution can work to coat the throat/upper GI tract. This helps to make sure the med is effective in determining whether the chest pain she's experiencing is GERD or cardiac related. Good job! Making sure they do not drink right after allows the medication time to work. RH

Week 10: I educated the students at hearing and vision (Clyde) on why we do these screenings, how to do these screenings, and why we do certain things when testing. Such as why they need to turn around during the hearing screening. You probably repeated this over and over all day, good job! It can get tedious to do the same education for each student, but it is important so each student is aware of what is happening and why. RH

Week 10- 4b- You did a great job documenting the flu (and COVID) vaccines you administered at the flu clinic. BS

H&V Objective 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. MD

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

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	**Final**
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
f. Correlate the diagnostic tests with the patient's disease process. **(noticing, interpreting, responding)**		S	NA	NA	NA	NA	S	S	S	NA	NA	NA						
g. Correlate the pharmacotherapy in relation to the patient's disease process. **(noticing, interpreting, responding)**		S	NA	NA	NA	NA	S	S	S	NA	NA	NA						
h. Correlate the medical treatment in relation to the patient's disease process. **(noticing, interpreting, responding)**		S	NA	NA	NA	NA	S	S	S	NA	NA	NA						
i. Correlate the nutritional needs/diet in relation to the patient's disease process. **(noticing, interpreting, responding)**		S	NA	NA	NA	NA	S	S	NA	NA	NA	NA						
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. **(noticing, interpreting, responding)**		S	NA	NA	NA	NA	S	S	NA	NA	NA	NA						
	RH	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 was receiving sepsis work up due to a traumatic delivery and symptoms they were experiencing. We were able to correlate blood glucose and temperature challenges the newborn was experiencing to a possible diagnosis along with the medications being administered. You also did a great job putting pieces together with circumcision care and a patient with a spinal headache. Awesome job! MD

Week 7: 4(f-j)- Throughout the clinical day you were able to gather assessment findings that correlated with their diagnostic testing, pharmacotherapy, medical treatment, and their growth/development level. RH

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

Objective																		
5. Collaborating professionally with members of the health care team, childbearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Make up	**Final**
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Demonstrate interest and enthusiasm in clinical activities.		S	NA	NA	S	NA	S	S	S	NA	S	NA						
b. Evaluate own participation in clinical activities.		S	NA	NA	S	NA	S	S	S	NA	S	NA						
c. Communicate professionally and collaboratively with members of the healthcare team.		S	NA	NA	NA	NA	S	S	S	NA	S	NA						
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		S	NA	NA	NA	NA	S	S	NA	NA	NA	NA						
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		S	NA	NA	NA	NA	S	S	NA	NA	NA	NA						
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		S	NA	NA	NA	NA	S	S	S	NA	NA	NA						
g. Consistently and appropriately post comments in clinical discussion groups.		S	NA	NA	NA	NA	S	S	S	NA	NA	NA						
	RH	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:

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 watching a newborn circumcision, various nursing assessments including 24-hour newborn testing, and bathing demonstration. The anesthesiologist stated he was excited about your enthusiasm during the epidural placement and was happy to assist with your learning! Amazing job this week! MD

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

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

Week 7: 5(a, b, c, e, g)- This week you showed excitement about being able to care for a postpartum mom and her newborn as well as see a vaginal delivery. You did great with the postpartum and newborn assessment. You were able to professionally communicate with the staff on the unit. You were able to navigate meditech when finding information for your CDG and when charting. RH

Week 8: ER Comment- Marked excellent in all areas. Kelly Cheesman, 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

Week 10- 5a,c- You had a great attitude and positive demeanor while administering flu vaccinations at the flu clinic. You also communicated effectively with other members of the healthcare team to ensure positive patient outcomes. BS

H&V Objective 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. MD

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

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

6A: An area of improvement I want to meet is I want to work on my baby assessment skills and assessing heart rate. I plan to watch the video on advance for assessment, practice at clinical for assessment and heart rate, and practice heart rate on the sim baby. Let any of us know when you want to practice on the sim baby and we can open the sim lab and set her up for you! RH

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

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

6A Week 5: An area of improvement for me is sometimes when communicating with the kids I felt like I didn't know how to respond to them, or like I was communicating with older kids when I was with the younger kiddos. I haven't been around kids that young in a long time. For future clinicals I will research communication skills with kids of this age group and when at clinical I will talk with them more to get more practice. Talking with young kids can be a difficult thing to do when it is not done often. We forget their level of understanding and how communicating with the is a little different. RH

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

Week 7: An area of improvement I want to work on is educating myself on breastfeeding techniques. I felt out of place when watching the nurses educate mom on how to improve the baby's latch. I plan to look up resources and videos on how as a student nurse I can help better educate moms. Kelly should teach on that this week in class! She should have some good resources available to review. RH

Week 7: 6(c, e, f, g)- You maintained professional behavior while on clinical throughout the day. During the clinical day, you asked good questions to further your knowledge of the pregnant and postpartum patient. You were able to organize you time efficiently to care for your patient as well as see a birth during the day. RH

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 ER: An area of improvement for me is I want to practice using the bladder scanner. I have used one at work before and I have trouble with it. The one at Firelands seems to be simpler and easier to use. If I ever get the opportunity to practice this skill at work or on clinical I plan on taking the chance. Good idea! 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: Something for me to improve on this week is to review my IM injection administration for patients with thinner arms with less subcutaneous fat. And to practice more IM's any chance I get in the skills lab and during clinical. I feel I hit a bone on a patient, and it made me nervous because I also only went in an inch or so with the needle. Sometimes on patients with smaller arms/not as much muscle, we have to limit how far we go in, it may not be the full 1 inch you are used to. This comes with lots of practice. RH

Week 10- 6d,e,g- You may have been a bit nervous at first, but I could not tell and you performed well. You also worked in a timely manner to get all of the clients through the line. Professional behavior was observed at all time throughout the clinical experience. Nice work! BS

H&V Objective 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 McPherson Middle School. You were organized and timely with your hearing and vision screenings and documenting the findings on the provided forms. Terrific job! MD

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

Student Name: C. Meyer **Date or Clinical Week:** 2				**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)*		
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	1. very comprehensive list of assessment findings. Was this mother already delivered? What was her fundal assessment? 3. 14.95 hour labor, not pregnancy
	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	6. Your current vitals in your assessment findings do not indicate pain, but if you were monitoring them, what would each of her vitals due if she was having more pain?
	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	9. For intervention 1: what vitals are you specifically looking for? What do you anticipate them doing?
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	14. No re-evaluation of WBC, platelets, or Hgb is necessary due to not being a highlighted item.
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Reference

An in-text citation and reference are required.
The care map will be graded "needs improvement" if missing either the in-text citation or reference, but not both.
The care map will be graded "unsatisfactory" if both in-text citation and reference are not included.

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

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

Faculty/Teaching Assistant Comments:

Total Points: 45/45

Faculty/Teaching Assistant Initials: RH

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

Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Lab Skills**														
	Adult Head to Toe Assessment (*1, 2, 5, 6)	Breastfeeding and Bottle Feeding (* 1,2,3, 6)	Breast Assessment (*1, 2, 3, 4, 5, 6)	Circumcision Care (* 1,2,6)	Broselow Tape (*1,2,3,5)	Leopold's (*1, 2, 3, 5, 6)	APGAR (*2, 3, 4, 5, 6)	Breast Self-Exam (*1, 4, 5, 6)	Pediatric Vital Signs (*1,4,5)	Pediatric Lab Values (*1,4,5)	C-Section Care (*1, 2, 5, 6)	Health Literacy (*2,5,6)	Safety (*1,2,3,5,6)	Postpartum Assessment (* 1, 2, 6)	Newborn Bath and Cord Care (*2, 4)
	Date: 8/20 & 8/21	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Course Objectives

Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Lab Skills**									
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (* 1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditech (* 1,2,3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date: 8/20 & 8/21	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 10/20**
Evaluation	S	S	S	S	S	S	S	S	S	S
Faculty Initials	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

* Course Objectives

Comments:

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2025
Simulation Evaluations

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Simulation**												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 3 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/18	**Date: 9/22**	**Date: 10/2**	**Date: 10/6**	**Date: 10//17**	**Date: 10/30**	**Date: 11/3**	**Date: 11/5**	**Date: 11/18**	**Date: 11/18**	**Date: 11/21**	**Date: 11/21**	**Date: 9/11**
		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: SCENARIO: Empathy Simulation

STUDENT NAME: C. Meyer OBSERVATION DATE/TIME: 9/11/2025

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

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Meyer (C), Ruffing (M), Wright (A)
GROUP #: 10
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/18/2025 1200-1330

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1, 2, 5) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Begins assessment with VS, pain assessment. Fetal heart monitor applied. Patient requests a mountain dew, nurse recommends clear liquids until determination is made regarding contractions. Notices FSBS- 225. UA results analyzed- +for THC, glucose, nitrates. Mona CO feeling dizzy and lightheaded. VS assessed. Notices low BP and rising HR. Bleeding discovered. Begins fundal massage. Notices uterus is firming up in response to fundal massage. BP reassessed. Pad weighed- 600 g.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Pain rated at 4/10. Prioritizes need to send urine to lab. FHM interpreted to have contractions present. Prioritizes assisting patient to left side. Prioritizes the need to acquire FSBS. FSBS- 225- interpreted as being high. UA results interpreted as abnormal. HR interpreted as being high, BP low. Fundus recognized as boggy. Recognize need to massage fundus. Interprets need to weigh pads. BP interpreted to be improving. Engaging with patient during fundal massage to keep her informed.
RESPONDING: (1, 2, 3, 5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Patient identified. Begins assessment- VS. Urine sent to lab. Patient assisted to left side. Patient questioned about history/prenatal care. Patient is offered assistance with scheduling an appointment with OB/GYN. Dietary education related to diabetes management provided. Call to HCP with update, orders received for IV fluid, nifedipine, acetaminophen, US to verify date. Orders read back. Medications prepared, patient identified, medications administered. Need for IV fluid explained to patient, IV fluid initiated. Patient questioned about THC use, education provided. Fundus immediately massaged upon discovery of bleeding. Calls to team for assistance. Call to provider to report low BP, high HR, bleeding, dizziness, boggy uterus. Good report. Order received for methylergonovine. Patient identified, allergies confirmed, Methylergonovine prepared (4 ml drawn up- 1 ml is the correct dose- make sure to double-check) and administered. BP reassessed. Call to patient's wife

	to update. Fundus firming up. Call to HCP to report improving symptoms.
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Identify social determinates of health and provide education and resources for pregnancy (1, 3, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the PPH. (1, 2, 4, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)* *Course Objectives	**You are Satisfactory for this scenario! BS** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Meyer (M), Ruffing (A), Wright (C)
GROUP #: 10
SCENARIO: Shoulder Dystocia and Newborn Care
OBSERVATION DATE/TIME(S): 9/25/25 1200-1330

CLINICAL JUDGMENT COMPONENTS	**OBSERVATION NOTES**
NOTICING: (1,2,5) *	Pain assessment: rating, alleviating factors,
• Focused Observation: E A D B	Obtain vitals
• Recognizing Deviations from Expected Patterns: E A D B	Perform cervical exam when prompted by healthcare provider but before nubain administration
• Information Seeking: E A D B	Pain reassessment and vitals reassessment after nubain administration
	Repeat cervical exam. Notice water broke and change in cervix
	Notice change on fetal strip after nubain administration
	Notice baby is stuck and begin HELPERR maneuvers
	APGAR 1 minute: 9
	Newborn assessment: thorough assessment (sucking, rooting, palmar grasp, Babinski)
INTERPRETING: (2,4) *	Offer other pain management options besides epidural
• Prioritizing Data: E A D B	Interpret vitals as WDL
• Making Sense of Data: E A D B	Prioritize antibiotics
	Interpret fetal strip as accelerations
	Interpret fetal strip change as early decelerations

RESPONDING: (1,2,3,5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Penicillin administration: education provided about GBS status and why patient needs antibiotic, hang fluids correctly (primary below secondary), program pump correctly. Scan patient and medication, verify allergies. Does not verify name/DOB. Education provided on nubain for pain relief (side effects, what to watch for, how patient and baby will be monitored) Call healthcare provider prior to nubain administration. Nubain administration: education previously provided. Correct dose administered, correct needle size used, correct technique, use of needle safety. States that they would have verified name/DOB, verified allergies, and scanned the patient and medication prior to administration. Call healthcare provider with update on cervical change and change in fetal strip Call healthcare provider when mom starts to feel the need to push. Call for help, evaluate for episiotomy, McRoberts, suprapubic pressure, rotational maneuvers, remove posterior arm, hands and knees Dry off baby, place under warmer, suction mouth and nose, put hat on baby, offer skin to skin with mom Vitamin K and erythromycin ointment: education provided on both medications prior to administration. Scan medications and scan patient prior to administration, correct dose, correct needle size, correct technique, use of needle safety. Call healthcare provider with update on delivery and assessment findings of baby
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of scenario and interventions performed throughout simulation. Team identified communication and teamwork as strengths of simulation. Discussion of how to properly apply eye ointment due to students never witnessing it or doing it themselves in the clinical setting. Group led discussion on simulation (what went well and what could be improved). Group members talked through medication administration process as well as all safety checks that are done prior to administering medications. Each group member listed area of improvement for next 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.

SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. **Select physical assessment priorities based on individual patient needs. (1, 2)*** 2. **Identify risk factors and implement appropriate nursing interventions upon completion of focused nursing assessment. (1, 2, 3, 4, 5)*** 3. **Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)*** 4. **Identify and implement appropriate nursing interventions in which heat loss occurs in infants. (1, 2, 5)***	**You are satisfactory in this scenario! RH** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to 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. Responding: 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: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Cora Meyer OBSERVATION DATE/TIME: 10/16-17/2025 SCENARIO: Escape Room

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Noticed 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.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	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.
RESPONDING: (1, 2, 3, 5)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	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.
REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.

SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing to accomplished is required for satisfactory completion of this simulation.** Scenario Objectives: 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	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 Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses

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: _____