EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Melisa Fahey

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
09/24/2025	Ineffective breathing pattern	NI/BS	S/BS	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	S	N/A	S	S	S	S	S	N/A								
b. Provide care using developmentally appropriate communication.		N/A	S	N/A	S	S	S	S	S	N/A								
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		N/A	S	N/A	S	S	N/A	**S**	N/A	N/A								
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	N/A	S	S	S	S	S	N/A								
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below and explain reason for choice)***		~~S~~ NA	S	N/A	S	S	S	S	S	N/A								
Clinical Location Age of patient		No patient	Hearing &	No Clinical	FT ER	FT OB Baby girl	Boys & Girls Club		St Marys Safety &	Empathy Belly.								
		BS	BS	BS	BS	BS	BS	BS	BS	BS								

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

Comments:

1e, wk 2: The theory of psychosocial development continues throughout the lifespan. Each stage contains successful and unsuccessful outcomes. The ego identity, Stage 5, as ego identity grows stronger and can cause unhealthy interactions with self and others. Hi Melisa, you only need to address the yellow competencies related to each of your clinical experiences. You do not need to address this on the weeks you have no clinical. BS

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

Wk 3: 1e. The stage I chose for Erikson's Stages of Development is Stage 4, Industry vs Inferiority. Because this fits in the age group we were taking care of as well as the fact that this age fights with feeling good about themselves because they need to be somewhat independent in school and fight to understand their place as they are doing so. Good explanation. BS

Week 3: 1(a-c)- You did a great job explaining the directions and helping students with both the hearing and vision screenings while using appropriate instructions for their developmental age. RH

Wk 5: 1e. Autonomy vs. Shame and Doubt I chose for Erikson's Stages of Development Stage 3. This fits the age of one of the patients we took care of because the little girl I was doing vitals on since all of the kids in this family came in to be seen due to illness, she asked me if the room attached to the room we were in was a restroom. I said yes, and she took off in there and the mom seemed surprised that the child asked and went in without any help. When she was finished, she asked me if she needed to wash her hands. I said, "Yes, please," and so she did. This was her wanting her independence to feel like the big girl she is turning into. BS
Week 5- 1a- Melisa, you did a nice job discussing your patient you took care of during your ER clinical experience and the reason for her ER visit. Great job also of discussing the care that was provided to her in the emergency room. BS

Wk 6: 1e. Trust vs. Mistrust is the stage of Erikson's Development. The newborn I was helping to take care of had a rough start to her little life. The baby girl seemed comfortable until she was hungry, and then there was no warning to her cry. She was still learning about her life in the outside world and clearly had no idea about trust. Still feeling her way through life to learn how it was going to work for her. BS
Week 6- 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

Wk 7: 1e. Industry vs Inferiority is the stage of Erikson's Development. This is a stage where the child feels competent and proud of things they do. One area I witnessed the children working hard to accomplish something was when a couple of the kids were wiping down tables and sweeping after their snack time at the program. I watched two girls taking great pride in how well they were doing. BS
Week 7- 1b- You did a great job interacting with the children at the Boys and Girls Club while using developmentally appropriate communication. This can be a chaotic and challenging environment, but your group did well and kept the kids engaged. BS

Wk 8: 1e. Industry vs Inferiority fits the age groups we were addressing in our presentations. The social skills by these students were much more polite and respectful than last weeks. These students probably have more time with one or both parents and have more of a routine schedule than last week's children. It doesn't matter how much we don't want money to be a thing; it truly is. Last week at B&G Club I'm sure the parents are not with most of the children as much because there seemed to be a lot more single parents, where as this week that was not the case listening to the children. Yes, that comparison really highlights significant behavioral differences. BS
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

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

Objective																		
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Competencies: 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								
g. Discuss prenatal influences on the pregnancy. **Maternal**		N/A	N/A	N/A	N/A	S	N/A	S	N/A	N/A								
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								
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								
j. Identify various resources available for children and the childbearing family.		N/A	N/A	N/A	N/A	S	N/A	S	N/A	N/A								
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		N/A	S	N/A	S	S	S	S	S	N/A								
l. Respect the centrality of the patient/family as core members of the health team.		N/A	N/A	N/A	S	S	N/A	S	N/A	N/A								
		BS	BS	BS	BS	BS	BS	BS	BS	BS								

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

Comments:

Week 3: 1(k)- You were able to care for the students with developmentally appropriate interactions as well as notice the diversity of the student population. RH

Week 5- 1k- You did a nice job discussing a cultural implication that should be considered when planning care for patients. While it may not seem a big deal to us because of what we do for a living, it's easy to lose sight of the fact that people do not want to be exposed in front of strangers, making it important for us to provide privacy to the extent that we can. BS

Week 6- FTMC OB Objective 1 J, K, L: During our day in OB, you were able to witness a cesarean birth of a mother of advanced maternal age and identify resources available for her. You also were able to discuss the patient's perspective, diversity, and centrality of the patient and family needs as a health team. Awesome job! MD

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

Week 7- 1k- While interacting with the children at the Boys and Girls Club you did a great job acknowledging their perspectives, diversity, ages, and cultural factors, which all influence their behavior. BS

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

***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	N/A	N/A	S	S	S	S	S	N/A								
b. Perform nursing measures safely using Standard precautions.		~~S~~ NA	N/A	N/A	S	S	N/A	S	N/A	N/A								
c. Perform nursing care in an organized manner recognizing the need for assistance.		~~S~~ NA	N/A	N/A	S	S	N/A	S	N/A	N/A								
d. Practice/observe safe medication administration.		N/A	N/A	N/A	S	S	N/A	S	N/A	N/A								
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		N/A	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A								
f. Utilize information obtained from patients/families as a basis for decision-making.		N/A	N/A	N/A	S	S	N/A	S	N/A	N/A								
g. **Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.**** (Noticing, Interpreting, Responding, Reflecting) **(List Below)***		~~S~~ NA	S	N/A	S	S	S	S	S	N/A								
		BS	BS	BS	BS	BS	BS	BS	BS	BS								

****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. Wk 2: Income, public safety, social environment, housing, education & race are SDOH that unfortunately can affect the care of patients depending on the caretaker. As nurses, we have the opportunity to heal the heart, mind, soul, and body of our patients, their families, and ourselves. They may forget your name, but they will never forget how you made them feel.

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

2g. Wk 3: Income, public safety, social environment, housing, education & race are SDOH that affect the care of the patients depending on their parents/caretaker. As student nurses, we have the opportunity to heal anything a young mind may be dealing with for the moment we are with them. Young children tend to listen & look up to adults. They may forget my name, but they will never forget how I made them feel. All it takes is a big smile! Great outlook, Melisa! BS

Week 3: 2(b, c)- You use proper hand hygiene when necessary while at this clinical as well as remained organized throughout the clinical. You were able to assist with making sure the charting papers were alphabetized while also continuing to screen children as they came into your area. RH

Wk 5, 2g: The SDOH for one of the patients I was assisting with would be Education Access and Quality. This person makes it a regular trip to come to the ER whenever he is in need of narcotics. One of nurses actually told me that depending on where this patient was on this day, determined if the doc would give the patient the narcotics IM or PO. I feel if the patient had more of an education, he would understand the harm these meds can do to the organs, etc in the body. Many people are their own worst enemy! BS

Wk 6, 2g: The SDOH for one of the induction families that Abbi and I were assisting with while the nurse did her survey for admittance, she had to complete that while we were in the room. They were arguing over having another baby after this one, which was their third. Dad was very concerned about how they were going to afford this one, let alone a fourth, and before they were even talking about having a fourth, Dad was asking where he could go "today to get snipped so this doesn't happen again." We were discussing groceries, the family needing to get on WIC for assistance, and clothing for the children. Very understandable. It is definitely a huge responsibility to bring a baby into the world, one that too many take too lightly. Obviously, I don't know their situation but finances should definitely be a part of the conversation. BS
Week 6- 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

Wk 7, 2g: The SDOH for the children was looking at how they were dressed. You could tell which families had the money to get clothing and shoes for their children and which ones had a struggle. It took me back to when I was a child and was made fun of for my clothing because we didn't have much. I then worried if these children had the same issue. This is definitely an issue for many who attend the Bots and Girls Club. I try to seek those kids out and try to say something to brighten their day. BS

Wk 8, 2g: The SDOH that I noticed in these groups where they all seemed to want to use their manners. This was a Catholic, the students wanted to participate in the activities as well. The time seemed to fly by because the students were engaging in conversation with us. It gave me hope to see that there is still children that value and respect adults. The older students seemed much more polite and mature than the same age groups we saw last week at Boys & Girls Club. Today's groups were more financially sound (their parents) than the free Boys and Girls Club. Today's groups have tuition that is required to attend. It would be interesting to observe the children from the Boys and Girls Club in their school environment to see if there are any differences than what we see at the club. BS

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

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

Comments:

3d. week 2. Patient's struggle with the depression, confusion, or hallucinations as a result of drugs, stress, guilt, and loss of self-esteem.

3d. Wk 3: If one of us student nurses' were to dismiss one of the children's views or opinions. This would be devastating to a young student trying to earn your acceptance. Good point. BS

3d. Wk 5: One example of legal and ethical issues I observed would definitely be the patient I described in my previous question. The reason this person is such a great example to use for these questions is because I do not feel he understands what he is doing. I truly believe the hospital is enabling his addiction. I would really love to hear an explanation as to why it is okay to give a patient a narcotic when the healthcare providers clearly know he is a seeker. Yes, I would like to hear that explanation also. BS

Wk 6, 3d: An ethical issue I observed in the clinical setting was probably more based on my ethical beliefs than others'. The last mom Abbi & I were taking care of was a mother of 2 with 1 on the way. While answering the survey questions the nurse was asking, she got to the question about smoking & vaping while pregnant, and the patient stated that she had done both every day during the pregnancy. This really bothered me, because we are way more educated in today's world than back when our parents had children, and there are notifications everywhere on the dangers of smoking while pregnant. SO, I guess for my little soapbox, I am severely against this, and had I had the time, I would have kindly and very nonconfrontationally mentioned the education to Mom about the dangers of smoking while pregnant. Yeah, I was a little shocked when I read about this. When you think of "what could happen," it kind of leaves you scratching your head. BS

Week 6- 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

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

Wk 7, 3d: This was difficult for me because I didn't want to say anything that might be negative toward the facility. This is a great program for the kids after school and allows them to experience socializing if they don't get it at home. It also ensures a healthy snack that they also might not get at home. But there were times that the children were crazy in the gym and sometimes in class that might cause some severe injuries. Even though there was adult supervision there really wasn't any. Yes, in some ways there is less discipline at the club that there used to be. It used to be staffed by elderly women, who ran a pretty tight ship. Some of our students thought they were a little too tough, but the kids listened to them. Now, there are mostly younger people running the classrooms. Many times, the younger ones try too much to be "friends" with the kids, and discipline suffers. I don't know what the right balance is, but maybe they'll find it someday. BS
Week 7- 3a, c- At the Boys and Girls Club, you acted with integrity, consistency, and respect for differing views and perspectives. BS

Wk 8, 3d: I observed a big ethical issue that has been controversial in the more recent years and that was the fact that these students have prayer at the beginning of the day as well as The Pledge of Allegiance. It took me back to my childhood and made me very proud that there are still schools teaching the foundations of our country. Most of the students really seemed engaged in this practice, but I saw a couple that just did not want to say the prayer or put their hand over their heart. Very sad to me! This is true, but keep in mind that being catholic is not a requirement to attend school here. Many just prefer a smaller school with more of a "family" feel and likely believe this is a safer environment for their children that some of the other school options. BS
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

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

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

Comments:

4d, WK 2 Play is essential for children from birth through age 8. This fits in with our Lab competency class when learning about different stages of an infant and what they need and want to be satisfied.

4d. Wk 3: Play is essential for children from birth through age 8. This fits in with our clinical this week with elementary school-aged children and what they need and want to be satisfied. BS

Week 3: 4(b, d)- You were able to assist with the documentation process with the school nurse once all screenings were complete. She explained their process of how to retest students and how that would impact the data they report to the state each year. You educated the students on how to properly perform the screenings while at clinical. RH

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

Wk 5, 4d: We had a patient that did not understand why, when he was "in so much pain" and felt he needed immediate relief through a medication we told him would take around 30 mins to start helping with the pain from his bowel issues. He was placing his call light on every few minutes until one of the nurses got fed up with it and pulled his call light plug out of the wall so he could no longer call for meds. This is a new one for me! It can be frustrating dealing with patients like this, but we have to do our best to be professional and mindful of the impression we are giving. BS
Week 5- 4a,c- Great job providing a list of interventions you and your nurse completed while taking care of patients. You also did a nice job discussing an example of patient advocacy you witnessed while on clinical. BS

Wk 6, 4d: The mom that had the c-section, I was trying to assist her with her baby girl latching onto the breast and educating her on the importance of getting more than the tip of her nipple in the baby's mouth and not to pull the nipple out of the baby's mouth when she was trying to get the latch correct. It had been over 20 years since she had breastfed her previous baby, and she had forgotten that it can cause a lot of pain, nipple cracking, and bleeding. She seemed grateful for the education but very frustrated due to her exhaustion from vomiting since delivery. That's quite a stretch of time between births! I couldn't even imagine. BS
Week 6- FTMC OB Objective 4 C, E: Great job analyzing the 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 6- 4a- Unfortunately, your care map received an NI for not including an in-text citation. Other than that, it was very well done. Please see feedback on the rubric below. BS

Wk 7, 4d: I learned during this clinical work to understand the ages of the children and understand that the older children were completely uninterested in talking, interacting, or anything else. The younger children were less than half interested in entertaining our games. And the middle-aged children didn't get to our room before the teacher (Ms. Diamond) took us to another room where they were playing a game where they had to stop moving & dancing when the music stopped. If the students did not, then they were out. So, what I was able to teach the children was that this was their time to not have very strict rules as they do at school or possibly at home. Yes, they have to burn that energy somehow! BS
Week 7- 4d- As you no doubt noticed at the Boys and Girls Club, when providing teaching to kids of various ages, we must continually adjust our approach based on their developmental level. BS

Wk 8, 4d: Today we provided patient/student centered and developmentally appropriate teachings because my group taught "Stranger Danger" and "Cyberbullying." This was truly perfect for the age groups we interacted with. The kids seemed very engaged, and it appeared that the groups taught us a few things and we taught them a few things. And that is really what matters! Yes, it is. Great observation! BS

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

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
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f. Correlate the diagnostic tests with the patient's disease process. **(noticing, interpreting, responding)**		N/A	N/A	N/A	S	S	N/A	S	N/A	N/A								
g. Correlate the pharmacotherapy in relation to the patient's disease process. **(noticing, interpreting, responding)**		N/A	N/A	N/A	S	S	N/A	S	N/A	N/A								
h. Correlate the medical treatment in relation to the patient's disease process. **(noticing, interpreting, responding)**		N/A	N/A	N/A	S	S	N/A	S	N/A	N/A								
i. Correlate the nutritional needs/diet in relation to the patient's disease process. **(noticing, interpreting, responding)**		N/A	N/A	N/A	S	S	N/A	S	N/A	N/A								
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. **(noticing, interpreting, responding)**		N/A	N/A	N/A	S	S	N/A	S	N/A	N/A								
		BS	BS	BS	BS	BS	BS	BS	BS	BS								

****Evaluate these competencies for the offsite clinicals: ER: 4F, G, H H&V: N/A BG Club: N/A Flu: N/A**

Comments:

Week 5- 4f,g,h- You did a nice job discussing the diagnostic and medical treatments that were performed for your patient(s). Nice job also explaining the medications administered to your patient and their role in treating her priority problems. BS

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

***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	S	N/A	S	S	S	S	S	N/A								
b. Evaluate own participation in clinical activities.		~~S~~ NA	S	N/A	S	S	S	S	S	N/A								
c. Communicate professionally and collaboratively with members of the healthcare team.		N/A	S	N/A	S	S	S	S	S	N/A								
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		N/A	~~N/A~~ S	N/A	N/A	N/A	N/A	S	N/A	N/A								
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	S	N/A	N/A								
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	S	S	S	S	S	N/A								
g. Consistently and appropriately post comments in clinical discussion groups.		N/A	N/A	N/A	S	S	N/A	S	N/A	N/A								
		BS	BS	BS	BS	BS	BS	BS	BS	BS								

****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 3: 5(a, b, c)- You remained positive and welcoming to all students throughout the clinical experience. You were able to professionally communicate with staff at the school as well as with the students who you were screening. RH

Week 3- 5d- You would have documented results of the hearing and vision screenings. BS

Melisa Fahey: Marked excellent and satisfactory in all areas. “Very nice student nurse! She is going to be great!” Lauren Jenks, RN

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

Week 5- 5f- Keep in mind that with ab SBAR report, you are trying to paint as clear a picture as possible so that the one you're giving report to has all of the necessary information to take over care of the patient. BS
Week 6- FTMC OB Objective 5 A, B, C, F: During this clinical experience you were able to evaluate your participation in activities and communicate professionally with the care you provided your patients with the nursing staff. You demonstrating awesome enthusiasm in clinical with excitement with witnessing a cesarean birth and different interventions for the mother during the post-operative period. The OR team was excited about your enthusiasm during the operation and were happy to assist with your learning! You also were able to witness a newborn resuscitation. Amazing job this week! MD
Week 7- 5a,b- You showed interest and enthusiasm as you presented your material to the children at the Boys and Girls Club. Nice work! BS

Week 8 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

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

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

Comments:

6a. WK 2. I discovered I could use improvement in the area of self-confidence. This is important so that my future patients will see that they can trust my judgement when it comes to them. I will do this by not thinking or saying negative thoughts about myself, taking every opportunity to engage in positive situations, and appreciate the kindness that patients show when they believe you have taken good care of them.

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

6a. Wk 3: I discovered I could use improvement in the area of self-confidence. This is important so that my future patients will see that they can trust my judgement when it comes to them. I will do this by not thinking or saying negative thoughts about myself, taking every opportunity to engage in positive situations, and appreciate the kindness that patients show when they believe you have taken good care of them. Confidence will grow over time, and it will take more and more to rattle you. You will face many situations where you question you will be able to handle it. But you get through, and you will carry that confidence into the next situation. Pretty soon, you aren't flustered when a new or unfamiliar situation presents itself, you might actually look forward to handling it! BS

6a. Wk 5: An area I feel I could improve in is asking more questions to the patients so I can gain trust with the patients so they will speak more freely. How I will work to improve this is to practice in front of a mirror at home running a scenario that will allow me to practice gaining my confidence. Great observation! Like most things, comfort comes with practice. You have to be a chameleon sometimes, figuring out who the patient needs you to be and being that person. Come like you to be serious while others like more of a light environment and would benefit from humor. That's been my experience, anyway. BS

Wk 6, 6a: An area to improve in would be maybe understanding that everyone lives their own lives exactly as they choose, and even though I never showed that smoking while pregnant was a concern of mine, maybe I need to let that go and realize that it is not my life; it is theirs. It is normal to feel frustrated about something like this. Especially considering she has other children, and if one of them is 20 years old, she is not only jeopardizing the new babies' health, she is setting a terrible example for her other kids, as I'm sure the behavior hasn't been kept a secret from them. BS
Week 6- 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

Wk 7, 6a: An area of improvement I can improve would be patience. It has probably been since this time last year since I've been around a group of kids. The way I need to improve this is to put myself in situations where I am around groups of kids. I could possibly volunteer at after-school programs, go to playgrounds where there are a lot of children, and possibly volunteer at a hospital where there are sick children. Don't be too hard on yourself. This is definitely an environment that would test anybody's patience! BS
Week 7- 6e- Professional behavior was observed throughout your time at the Boys and Girls Club this week. BS

Wk 8, 6a: Although our time management was pretty good at the beginning of the clinical, as the day went on some in my group were feeling less enthusiastic about participating in the clinical. Plus, being more organized about splitting parts so all of us could participate. Not a strong suit with a couple in my group. What I can do to improve on this is to suggest a plan for us each to pick a part we would like to lead on and so on so everyone in the group contributes fairly to the presentation. By having these parts equally distributed it gives everyone a fair turn as well as building our confidence being in front of people and thinking on a whim. Great solution, Melisa. Working in groups can be a challenge, but taking an approach like you suggested can really help. BS
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

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

Student Name: M. Fahey	**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: Week 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	Nice job listing abnormal observation and assessment findings based on your patient experience this week. Several abnormal findings were identified and listed. Nice job reviewing and including pertinent risk factors related to your priority problem of risk for ineffective breathing pattern.
	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	Three high priority nursing problems were identified. Ineffective breathing pattern was selected as the top priority problem. All relevant assessment data was highlighted pertinent to the priority problem. Three potential complications were identified, each supported with signs and symptoms to monitor for.
	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	
Respon	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Nursing interventions related to the top priority were listed. Interventions were appropriately prioritized. Each listed
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

ding	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	intervention included a frequency and a rationale. All listed interventions were individualized and realistic to the patient situation.
	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	An evaluation of all abnormal findings was provided along with a determination to continue the plan of care.
	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: Great work on your care map, Melisa. Unfortunately, you did not include an in-text citation. I will need you to add that and then resubmit to make it satisfactory. BS

Total Points: 45/45 Needs Improvement BS Satisfactory following resubmission. BS

Faculty/Teaching Assistant Initials: BS

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	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
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	
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Simulation**												
	Pregnancy and PP Simulation (*1. 2. 3. 5. 6)	vSim Maternity Case 1 (*1. 2. 3. 5. 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1. 2. 3. 5. 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 3 (*1. 2. 3. 5. 6)	Pediatric GI Simulation (*1. 2. 3. 5. 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1. 2. 3. 5. 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/11 & 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:**
		Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz			Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz		
Scenario Evaluation	S	S	S	S	S								
Survey	S		S		S								
Faculty Initials	BS	BS	BS	BS	BS								
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA	NA								

* Course Objectives

Comments:
The student has satisfactorily completed the assigned vSim and met the established objectives by obtaining at <u>least 80%</u> on the scenario (including SBAR), and post-simulation quiz by the due date and time.

vSim Objectives
9/22/2025 vSim Maternity Case 1

1. Performs focused antepartum assessment of patient with severe preeclampsia. (1, 2, 4)*
2. Recognizes signs and symptoms of severe preeclampsia (hypertensive disorders). (1, 2)*
3. Communicates severe preeclampsia to the interprofessional team. (1, 2, 3, 5)*

4. Administers prescribed antihypertensive medication (magnesium sulfate). (1, 2, 3, 5)*
5. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)*

* Course Objectives

10/6/2025 vSim Maternity Case 4

1. Select physical assessment priorities based on individual patient needs. (1, 2)*
2. Recognizes signs and symptoms of umbilical cord prolapse. (1, 2, 5)*
3. Performs emergent nursing management strategies for umbilical cord prolapse. (1, 2, 3, 4, 5)*
4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)*

* Course Objectives

11/3/2025 vSim Pediatric Case 3

1. Identify and describe patient history, physical assessment findings, and diagnostic information related to dehydration.
2. Prioritize and implement evidence-based nursing interventions that are culturally and situation appropriate for the pediatric patient.
3. Implement clinical orders, patient safety measures, and provide education using therapeutic and confidential communication for the pediatric patient and family members.

*Course Objectives

11/18/2025 vSim Pediatric Case 1

1. Select physical assessment priorities based on individual patient needs. (1, 2)*
2. Recognize signs and symptoms of seizure activity. (1, 2)*
3. Demonstrate appropriate nursing interventions for a patient experiencing a seizure. (1, 2, 3, 4, 5, 6)*
4. Demonstrate therapeutic communication skills when interacting with children and their families. (1, 3, 5, 6)*
5. Discuss how social determinants of health can influence the management of a chronic illness. (2, 3)*

* Course Objectives

11/21/2025 vSim Pediatric Case 4

1. Select physical assessment priorities based on individual patient needs. (1, 2)*
2. Identifies developmentally appropriate and culturally competent nursing interventions based on patient care needs. (1, 2, 4)*
3. Prioritizes patient safety measures and appropriate nursing interventions for a patient with an acute sickle cell pain crisis. (1, 2, 3, 4, 5)*
4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)*

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Bower (C), Fahey (A), Linder (M)
GROUP #: 4
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/11/2025 1200-1330

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Noticed VS appear WNL. Notices rhythm on fetal monitor. Patient requests mountain dew and cheeseburger, states she is peeing a lot. Notices contractions on fetal monitor, and that they should not occur at 33 weeks. Recognizes UA with +THC, glucose, nitrates. Pain rated at 4/10. Mona CO feeling dizzy and lightheaded. VS reassessed. Notices low BP and rising HR. Bleeding discovered. Notices uterus is firming up in response to fundal massage.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (2, 4)*					Interprets the need for FSBS. FSBS 225- interpreted as being high. Prioritizes need for fetal monitor. UA results interpreted as abnormal. Prioritizes education on the effects of marijuana. 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 with fundal massage.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1, 2, 3, 5) *					Nurse enters room, identifies patient, begins assessment, VS. Inquires about past pregnancies. Urine sent to lab. Asks questions to determine past/present gestational diabetes. Educates mom about marijuana effects on fetus. Patient assisted to left side. Call to provider, orders received for IV fluid, Nifedipine, US to verify dates. Orders read back. Inquires about home safety. Nifedipine and acetaminophen prepared, patient identified, allergies confirmed, IV fluid initiated, acetaminophen administered. Call to HCP regarding nifedipine. Nifedipine administered. Patient identified. PPH noticed- (you should immediately massage fundus). Fundus massaged after delay. Mona asks for wife to be called. Call to provider to report bleeding, dizziness, boggy uterus. HCP asks how much blood lost. Weighs pad and calls back. Order received for methylergonovine. Methylergonovine prepared and
• 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	

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

*Course Objectives	

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Bower (M), Fahey (C), Linder (A)
GROUP #: 4
SCENARIO: Shoulder Dystocia and Newborn Care
OBSERVATION DATE/TIME(S): 9/25/25 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	Obtain vitals Pain assessment: rating, location, duration Leopolds maneuver to identify baby's position Cervical exam done after calling the healthcare provider but before nubain administration Notice change in fetal strip after nubain administration Notice baby is stuck and begin HELPERR maneuvers APGAR 1 minute: 9 Newborn assessment: thorough assessment (sucking, rooting, palmar)
INTERPRETING: (2,4) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interpret vitals as WDL Offer nubain as pain relief due to patient not wanting epidural Interpret fetal monitor as accelerations Prioritize antibiotics Interpret fetal monitor after nubain administration as decelerations. Correlate that to head compression

RESPONDING: (1,2,3,5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Verify allergies when initially in room (medication nurse) Education provided about nubain and if it is safe for the baby Medication administration: penicillin- check name/DOB, scan patient, scan medication. Hand primary fluids below secondary fluids. Provide education about why getting this medication Call healthcare provider with update on patient status and ask about nubain administration. Medication administration: nubain. Verify name/DOB, verify allergies, scan patient, scan medication, correct dose, correct needle used, correct technique, use of needle safety. Call healthcare provider, put patient in McRoberts position, suprapubic pressure, hands and knees, posterior arm, evaluate for episiotomy, rotational maneuvers Following delivery: dry off baby, place in warmer, Medication administration for baby: education provided to mom about vitamin K and erythromycin ointment. Gets consent to administer. Scan baby, scan medication, correct dose, correct needle size, correct technique, use of needle safety.
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of scenario and interventions performed. Group identified good communication throughout the simulation. The team was able to identify strengths and an area for improvement for future simulations. Some team members stated they would have liked to educate more on risk factors for shoulder dystocia prior to delivery to help prepare mom and support person. 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. Reflection on how some emotions wanted to speed through their tasks but after taking a breath and slowing down in order to do tasks properly and efficiently to care for patient in best way possible.

SUMMARY COMMENTS: * = Course Objectives	You are Satisfactory in this simulation! RH
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)***	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. 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: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered.

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: M. Fahey OBSERVATION DATE/TIME: 10/14/2025

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. BS**

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: M Fahey 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	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

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	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: _____