

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

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

**Student: Malone Phillips**

**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.

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Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
9/23/25	Pain, labor	S/RH	N/A	N/A

<b>Objective</b>																		
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		
<b>Competencies:</b>		NA	NA	S	NA	S	NA	S	S	NA	S	S						
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	NA	S	NA	S	S	NA	S	S						
b. Provide care using developmentally appropriate communication.		NA	NA	S	NA	S	S	S	S	NA	S	S						
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	NA	NA	S	NA	S	S	NA	S	S						
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	NA	NA	S	NA	S	S	NA	S	S						
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	NA	S	NA	S	S	S	S	NA	S	S						
<b>Clinical Location Age of patient</b>		NA	NA	H&V (BV), first grade	NA	Firelands OB, 33	BG Club, 6-12	MIDTERM	FT ER, 80 St. Mary's, K. Ph. 11/11/11	NA	Fisher-Titus OB, 32	Flu clinic, 64						
	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:**

Week 4:

- 1e – According to Erikson's stages of growth and development, the first graders would be in the "Industry vs. Inferiority" stage. This is where the students are gaining confidence in their ability to perform skills, as well as mastering them. The success of passing the screenings leads to a feeling of industry, whereas failure causes a sense of inferiority. It is important that we are providing encouragement and support to the children in both situations. **Good job. RH**

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

Week 4 – 1a, b, & c – You did a great job utilizing the techniques your learning through your training to complete hearing and vision screenings on the first graders this week. You asked appropriate questions and communicated with the students utilizing your knowledge in growth and development. KA

Week 6:

- 1e - According to Erikson's stages of growth and development, the 33-year-old mother would be in the "Intimacy vs. Isolation" stage. The key event in this stage is relationships. In my patient's case, the mother's main relationships are with her husband and their newborn baby girl. This is such a special moment in their lives because they have the ability to form intimate, committed relationships. Great job! RH

Week 6: 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 laboring mom and a postpartum mother immediately after birth. We discussed safety of the patients in regards to checking bands with mom/baby upon returning the newborn to the room. RH

Week 7:

- 1e – According to Erikson's stages of growth and development, the 6–12-year-olds would be in the Industry vs. Inferiority (school-age children) stage. At this stage, the children begin to develop a sense of pride and competence in their abilities. The children showed industry when getting praised for making the basketball shot. However, they also showed inferiority in ways such as defiance, disrespect, and refusal to listen. I connect this to a way of coping with feelings of failure or lack of control. RH

Week 7: 1b- You did a great job interacting with the children at the Boys and Girls Club while using developmentally appropriate communication. This can be a chaotic and challenging environment, but your group did well and kept the kids engaged. BS

Week 8:

- 1e – According to Erikson's stages of growth and development, the late adulthood patient I cared during my Fisher-Titus ER clinical would be in the Integrity vs. Despair stage. This is where the individual is reflecting on life and accepting it as meaningful or feeling regret and dissatisfaction. The male was feeling grateful for the life he was given, as he survived pancreatic cancer twelve years prior. He now is undergoing treatment for prostate cancer and is trying to be as hopeful and positive as he can be at this time. Great job! RH

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

Week 10:

- 1e – According to Erikson's stages of growth and development, the 32-year-old female that I care for at Fisher-Titus OB is in the Intimacy vs. Isolation stage. During this period, individuals are developing deep, meaningful relationships and emotional intimacy with others. In my patient's case, she was forming a new relationship and bond with her newborn son and getting to celebrate such a monumental moment with her husband and daughter. This was heartwarming to see! Such a wonderful experience, great job. RH

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

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

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

Week 11:

- 1e – According to Erikson’s stages of growth and development, the 64-year-old female that I administered a vaccine for during the Flu clinic is in the Generativity vs. Stagnation stage (middle adulthood). She demonstrated generativity by taking responsibility for her health and protecting others. She expressed throughout our encounter that she has been a volunteer for a business around Sandusky for over 20 years. She is feeling productive and useful and feels like her life has meaning and purpose.

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

Week 4 – 1j, k – You did a nice job discussing with the school nurse about cultural beliefs of the school system you performed hearing and vision screening in. She discussed the emphasis of community and you were able to observe different aspects of the school that supported this culture as well as resources available for children with hearing and vision deficits in the community. KA

Week 6: 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 patients were in. We also discussed the benefits of skin to skin and bonding with the mother. RH

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

Week 6: 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 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

FTMC OB Objective 1 J, K, L: During our day in OB, you were able to assess a postpartum mother and newborn. You were able to identify resources available for her and her newborn. 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

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

\*\*Evaluate these competencies for the offsite clinicals: ER: All H&V: 2B, C, G BG Club: 2G Flu: 2B, C, D, F, G

**Comments:**

Week 4:

- 2g – One of the main goals of the vision and hearing screening process is to help identify a student’s need for follow-up care. A factor associated with SDOH, influencing patient care, would be a family’s socioeconomic status. The child’s family may have a lower income that would impact their ability to purchase eyeglasses or hearing aids if they were referred. Another example would be a student who has a language barrier, which occurred in this clinical experience. The child struggled to understand the screening process, so we had to make changes in our approach and instead used an interpretation service to make sure the

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

student's needs were met. The financial status of the family is a huge factor for the student to follow up with a healthcare provider. Sometimes the school nurses can provide information for a provider who is not as costly or someone who has a connection to the school to help the students. RH

Week 4 – 2b, c – You were organized throughout the screening and assisted others quickly and efficiently when needed. You helped answer each other's questions and worked as a cohesive unit. Nice job! KA

Week 6:

- 2g – The mother has such a great support system within her family. A factor associated with SODH, influencing patient care, would be regarding her social and community. The father of the baby was highly engaged and provided emotional, physical, and decision-making support during labor and birth of their newborn. This impacts patient care because it lowers the anxiety of the mother and supports outcomes for the family unit. Another SDOH was the patient's trust in healthcare. She felt safe, respected, and confident in the healthcare team caring for her and the baby. This was so special to see! I love to see a positive SDOH! Great observations. RH

Week 6: 2(a-f)- We were able to identify some evidence-based nursing practice taking place on the unit in regards to the use of antibiotics with a GBS + mother. 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 fresh postpartum assessment with assistance from the RN and you did great. RH

Week 7:

- 2g – An SDOH that would influence patient care would be regarding economic stability. Many families who use community programs may face low income, unemployment, or unstable jobs. This gives affordable childcare and after-school programs, allowing parents to work longer hours and knowing that their children are in a supervised environment. Another SDOH is the social and community context of Boys and Girls club. The peer relationships and adult role models that they form can be positive, especially if the children face unstable environments at home. This program also offers a meal to the students as well, which helps them get another full meal in for the day. RH

Week 8:

- 2g – An SDOH that would influence patient care during my Fisher-Titus ER clinical experience would be regarding his social and community. The patient's daughter was present in the visit to the Emergency Room to provide both emotional and physical support, reducing any anxiety and loneliness the man was feeling. His child is also there to help answer questions about the patient's health history, that he might not remember, and assist in making decisions in the best interest of her father. Economic stability could also be a factor due to the many medical treatments and managing appointments along the way. Great observations of a variety of SDOH! RH

Week 10:

- 2g – An SDOH that would influence patient care during my Fisher-Titus OB clinical experience would be low family support. After delivering her son, her husband was battling a sickness which resulted in him not being as present in his wife and newborn's care thereafter. It was evident that this affected the mother's emotional well-being which puts her at an increased risk for depression and anxiety. The patient stated that she did not have outside support from others. I felt empathy and sadness for what she was going through. This can be difficult, and you are right it can increase her risk for postpartum depression or anxiety. RH

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

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

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

Week 11:

- 2g – An SDOH that would influence patient care during my Firelands Flu clinic experience would be if the individual does not have transportation to show up for the clinic or if they have a lack of insurance/low income to receive healthcare. Another example would be if the patient has a lack of education when understanding the vaccine benefits or side effects.

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

Week 4:

- 3d – One legal/ethical issue observed in the hearing and vision clinical was the importance of accurate documentation. If I were to make an error in recording the screenings, it could result in a student not getting referred for follow-up care. This would leave the child’s vision or hearing problems undetected, possibly impacting their learning capability. It would be best to practice double-checking documentation to ensure correct results. Another legal/ethical issue would be if the student’s results were shared in a private manner. If they weren’t, this would violate confidentiality. After recording the results of the hearing screenings, I always placed the child’s information face down so none of their peers could see. **Great job being aware of the results and maintaining confidentiality with the patient findings. RH**

Week 4 – 3a, b, c – You were professional and considerate with all the screenings you provided. You made sure to keep student privacy and follow HIPPA regulations throughout the day. You also maintained all the standards in the FRMCSN code of conduct while at the school. **KA**

Week 6:

- 3d – One legal/ethical issue observed in the labor and delivery unit at Firelands was informed consent before a procedure. I had the opportunity to listen to the process prior to a 22-week gestational patient going into the OR to undergo a cerclage, and the anesthesiologist did such a wonderful job making the patient feel comfortable. The provider asked for informed consent to administer blood products if complications were to arise. This gave the patient autonomy, and the healthcare team must respect cultural/religious beliefs. **The CRNA we had that day was so great at making patients comfortable and able to explain everything to them so well. RH**

Week 6: 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**

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

Week 7:

- 3d – One legal/ethical issue observed in the clinical setting is respect and fairness in the Boys and Girls club. It is important to treat all children equally, regardless of their background, culture, or behavior. It is also important to maintain professional boundaries. At times, the children would hug me or try to jump on me. While their actions may have been playful, it is important to set clear boundaries and stop that behavior. **The students do get very excited for new people to come in and it can be overwhelming. They all want the new person's attention, but setting clear boundaries is definitely a good plan. RH**

**week 7: 3a,c- At the Boys and Girls Club, you acted with integrity, consistency, and respect for differing views and perspectives. BS**

Week 8:

- 3d – One legal/ethical issue observed in the Fisher-Titus ER clinical setting is informed consent. Due to the patient's possible stroke, there is a concern that his medical condition could impair his ability to make decisions or communicate effectively. Fortunately, his cognition and speech remain intact, allowing him to participate fully in his own care and decisions and provide informed consent. **In the instance where the patient could not consent for themselves, we would attempt to get in touch with a next of kin for decisions. If this patient was a previous patient of the health system, we would also be able to look in the electronic chart for any copies of legal paperwork to assist with that decision. 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:

- 3d – One legal/ethical issue that could be observed in the Fisher-Titus OB clinical setting is documentation errors. The instructor I worked alongside this week explained the importance of writing a safety-focused statement after describing your care to show follow-up and accountability in case something was to go wrong. An example of this could be "call light within reach and bed in lowest position". Writing this allows the patient to request help safely and present unassisted ambulation. **This is super important! Good observation. 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**

Week 11:

- 3d – One legal/ethical issue that could be observed in the Firelands Flu clinic setting is informed consent. When the patient arrives, they fill out a form that they have to sign, indicating that they understand the vaccine they are receiving. It was a role of mine to document and write down the vaccine lot number and expiration date, as well site the vaccine was administered on. Errors in documentation can become a legal issue if the patient has a reaction to the vaccine. Patient's health information must also remain private, which is known as HIPPA.

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

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

**Comments:**

Week 4:

- 4d – The teaching that I provided in the hearing and vision clinical was the instructions on how the screenings would be conducted. I ensured that I explained and approached the first graders in a clear, concise manner that is appropriate for their developmental level. **Good job. RH**

Week 4 – 4b, d – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You then helped alphabetize and document the information further on the required ODH documentation forms. This was a terrific help to the school nurse. You did a nice job educating the first graders as needed on the screening process and ensuring they were able to perform it correctly so the results would be valid. You were kind, caring, and professional with your interactions with the students. **Keep up the nice work. KA**

Week 6:

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

- 4d – The teaching that was provided during the OB unit clinical at Firelands was the importance of changing positions when the fetal monitor strips were showing evidence of variable decelerations, which indicates a cord compression. Once the patient gave birth, the baby presented with a nuchal cord, which is common cause the cord compression. **Great teaching topic. RH**

**Week 6: 4(b, c)- You were able to look at the charting and assist with identifying trends on the monitor. You did not actually chart in OBIX but you were able to observe the nurse doing so and assisted with assessment findings. You were able to witness the family advocate that they wanted the daughter to also have a wristband to match the baby due to her being the other visitor and helper for the mother. RH**

Week 7:

- 4d – The teaching that I provided during the Boys and Girls club clinical experience was social skills. I had to encourage teamwork, respect, and listening skills during the activities. There were also times where the children were not using the equipment in the gym appropriately, so I had to explain the importance of safety to not injure themselves or their peers. Lastly, I guided the children to emotionally regulate themselves in times of frustration. **These are all great topics. RH**

**Week 7: 4d- As you no doubt noticed at the Boys and Girls Club, when providing teaching to kids of various ages, we must continually adjust our approach based on their developmental level. BS**

Week 8:

- 4d - During my clinical experience at the Fisher-Titus Emergency Room, I provided patient teaching to an individual who presented with stroke-like symptoms. The patient reported a history of vertigo and expressed feeling very dizzy. One of the nursing interventions performed was obtaining a urine specimen. We educated the patient the importance of remaining in bed and using a urinal to prevent falls and ensure safety during care. **Great job! RH**

Week 10:

- 4d – During my clinical experience at Fisher-Titus OB, I provided discharge education to a mother I was caring for. This included self-care guides to perineal care, lochia changes/vaginal bleeding, breast care, bowel and bladder habits, pain management, and more. My patient had a postpartum hemorrhage, so I made sure to include to report if she experiences blood clots larger than a quarter and heavy vaginal bleeding. The patient was appreciative of education provided. **Good job including patient specific information related to her postpartum hemorrhage. RH**

**FTMC OB Objective 4 C: Great job analyzing pathophysiology of your mother’s vaginal delivery and the newborn’s potential complications! MD**

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

Week 11:

- 4d – During my clinical experience at the Firelands Flu clinic, I explained the steps of the administration process as I was performing it. I did this to ensure that the patient was comfortable and knowledgeable in what was happening. Depending on their age or allergies, I also provided education on which type of flu vaccine they were receiving. For instance, if the individual was over the age of 65, they were to receive a high dose of the flu vaccine.

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
f. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	S	NA	S	S	NA	S	NA						
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	S	NA	S	S	NA	S	NA						
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	S	NA	S	S	NA	S	NA						
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	S	NA	S	NA	NA	S	NA						
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	S	NA	S	S	NA	S	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:**

Week 6: 4(h-j)- During the clinical day you were able to complete a care map that discussed the patient's diagnostic tests, medications, and medical treatment. RH

FTMC OB Objective 4 F-J: During our clinical day we were able to obtain this objective with a postpartum mother and newborn during their stay. We were able to determine what types of diagnostic test, pharmacotherapy, medical treatment, nutritional needs, and growth and developmental level of the patients. Awesome job! MD

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

Week 4 – 5a, c, d – You did a great job showing interest and enthusiasm while at the school this week. You asked questions throughout the day to seek out new information while on clinical. You communicated and collaborated with the school nurses and school staff professionally and worked together to ensure the students received the appropriate care. KA

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

Week 6: 5(a, b, c, e, g)- This week you showed excitement about being able to care for a laboring mom, observe a cerclage, and see two vaginal deliveries. You did great with the frequent postpartum assessments that you participated in after the labors were complete. You were able to professionally communicate with the staff on the unit. You were able to navigate meditech when finding information for your care map and when charting. RH

Week 7: 5a,b- You showed interest and enthusiasm as you presented your material to the children at the Boys and Girls Club. Nice work! BS

Week 8: ER comment- Marked excellent in all areas. “Very eager to learn and do skills. Professional and kind to patients. Hannah Roth, RN

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

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 demonstrated awesome enthusiasm in clinical with excitement with mother/newborn instructions. The nursing staff were happy to assist with your learning and stated it was awesome to have students with huge passion for learning! Amazing job this week! MD

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

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

Week 4:

- 6a - An area of improvement/goal(s) to meet for upcoming clinical experiences would be to build confidence in my communication with young children. Although I made sure to explain instructions in a simple manner, I would have liked to make the experience more engaging to entertain the children while maintaining their

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

focus. To do so, I am going to practice my communication skills on my little nephew every time I see him, aiming to keep his attention to the best of my abilities.  
Good idea! RH

Week 4 – 6c, d, e, f, g, h, I – You came to clinical ready and prepared to learn. You were enthusiastic and willing to learn whatever your faculty and staff was able to teach you. You were organized and timely with your hearing and vision screenings and documenting the findings on the provided forms. You delivered all your care with and ACE attitude. Terrific job! KA

Week 6:

- 6a - An area of improvement/goal(s) to meet for the upcoming clinical experiences is to get more involved with the newborn aspect of care in the OB unit. I gained great experience within the labor and delivery/postpartum stage, but I would love to receive more insight on the feeding the newborn, giving baths, and all the other nursing care of the little one. I am going to make this a goal of mine when I have clinical at Fisher-Titus' OB unit in the upcoming weeks. That is a great goal. RH

Week 6: 5(a, b, c, e, g)- This week you showed excitement about being able to care for a laboring mom, observe a cerclage, and see two vaginal deliveries. You did great with the frequent postpartum assessments that you participated in after the labors were complete. You were able to professionally communicate with the staff on the unit. You were able to navigate meditech when finding information for your care map and when charting. RH

Week 7:

- 6a – An area of improvement to meet for upcoming clinical experiences would be developing stronger strategies to manage disrespect or defiance in a positive, constructive way. I realize that managing group behaviors are skills that come with time and experience. A goal of mine could be to improve confidence in handling these behaviors calmly and efficiently. To meet that goal, I can keep backup activities in mind like drawing or breathing exercises. Great job already having a plan in place for your goal. RH

Week 7: 6e- Professional behavior was observed throughout your time at the Boys and Girls Club this week. BS

MIDTERM-Amazing job during the first half of the semester! I am so proud of you and the progress you have made! Be sure to look for opportunities to continue growing. RH

Week 8:

- 6a – One area I recognized for improvement during my Emergency Room experience is developing quicker clinical judgment and decision-making skills. I noticed that I was slower when making decisions, which is understandable since it was my first time in a fast-paced ER environment, and I was still becoming familiar with the setting and resources. I would like to continue improving my efficiency and confidence in performing nursing skills. To achieve this, I plan to seek out more clinical experiences and actively participate in hands-on learning opportunities. You should have ample opportunity to do this during your patient management clinicals in AMSN because you will be working a full 12-hour shift with a nurse and working with her assignment for the day. This really helps you get used to the clinical judgment and making decisions a little quicker. Experience helps tremendously! RH

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

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

Week 10:

- 6a – An area of improvement that I want to gain more experience in is having a better understanding of medications. Through this clinical, I have realized how much I enjoy administering medications and performing injections for my patients. I am interested in continuing to learn more so that I can be more knowledgeable and better educate my patients about the medications they are receiving. To make this possible, I plan to connect the dots between each patient's condition and their prescribed medications, as well as develop a deeper understanding of potential side effects that may occur. As you begin to administer more medications on a regular basis, you will be surprised how much you can recall after the repetition of doing the same medication multiple times. This is a great goal! RH

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

Week 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

Week 11:

- 6a – An area of improvement during my flu vaccine clinic experience that I recognized was comfort with the vaccination administration. It was my first time giving that many injections in a short period of time. Something that was important to me was that the patients were comfortable and that the injections were painless. Moving forward, I want to practice consistent injection technique and build my confidence in those skills to ensure patient comfort and safety.

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

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

Student Name: M. Phillips		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: 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	
	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	
	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	
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
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Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	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

<b>Skills Lab Competency</b> <b>Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>														
	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
<b>Remediation:</b> 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

<b>Skills Lab Competency</b> <b>Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>									
	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)	Meditch (*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
<b>Remediation:</b> 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

<b>Simulation Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Simulation</b>												
	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)
	<b>Date:</b> 9/18	<b>Date:</b> 9/22	<b>Date:</b> 10/2	<b>Date:</b> 10/6	<b>Date:</b> 10/17	<b>Date:</b> 10/30	<b>Date:</b> 11/3	<b>Date:</b> 11/5	<b>Date:</b> 11/18	<b>Date:</b> 11/18	<b>Date:</b> 11/21	<b>Date:</b> 11/21	<b>Date:</b> 10/16
	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	
<b>Remediation:</b> <b>Date/Evaluation/Initials</b>	N/A	N/A	N/A	N/A	N/A							N/A	

\* Course Objectives

Comments:

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

vSim Objectives

9/22/2025 vSim Maternity Case 1

1. Performs focused antepartum assessment of patient with severe preeclampsia. (1, 2, 4)\*
2. Recognizes signs and symptoms of severe preeclampsia (hypertensive disorders). (1, 2)\*
3. Communicates severe preeclampsia to the interprofessional team. (1, 2, 3, 5)\*
4. Administers prescribed antihypertensive medication (magnesium sulfate). (1, 2, 3, 5)\*
5. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)\*

\* Course Objectives

10/6/2025 vSim Maternity Case 4

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

\* Course Objectives

11/3/2025 vSim Pediatric Case 3

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

\*Course Objectives

11/18/2025 vSim Pediatric Case 1

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

\* Course Objectives

11/21/2025 vSim Pediatric Case 4

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

\* Course Objectives

## Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): McNulty (C), Phillips (A), Schafer (M)

GROUP #: 11

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/18/2025 1330-1500

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (1, 2, 5) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E        <b>A</b>        D        B</li> <li>• Recognizing Deviations from Expected Patterns:           E        <b>A</b>        D        B</li> <li>• Information Seeking:           E        <b>A</b>        D        B</li> </ul>						<p>Noticed VS appear WNL. Inquires about pain. Pain rated 4/10. Notices rhythm on fetal monitor. Recognizes contractions on fetal monitor, and recognizes that they should not occur at 33 weeks. Patient requests mountain dew. FSBS obtained. UA results obtained, THC present, glucose, nitrates. Mona CO feeling dizzy and lightheaded. VS assessed. Notices low BP and rising HR. Bleeding discovered. Legs elevated. Begins fundal massage. Notices uterus is firming up in response to fundal massage. BP reassessed.</p>
<p><b>INTERPRETING: (2, 4) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E        <b>A</b>        D        B</li> <li>• Making Sense of Data:       E        <b>A</b>        D        B</li> </ul>						<p>Prioritized sending urine sample to lab for analysis. Interprets contractions on the FHM. FSBS- 225- interpreted as high.</p> <p>Prioritizes assessing fundus, bleeding discovered. Prioritizes elevating legs.</p>
<p><b>RESPONDING: (1, 2, 3, 5) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       E        <b>A</b>        D        B</li> <li>• Clear Communication:       E        <b>A</b>        D        B</li> <li>• Well-Planned Intervention/ Flexibility:           E        A        <b>D</b>        B</li> <li>• Being Skillful:           E        A        <b>D</b>        B</li> </ul>						<p>Urine sent to lab. Applies FHM. Patient assisted to her left side. Patient requests mountain dew, water offered. Nurse suggests something without caffeine. Patient verbalizes increased hungry and thirst. Water provided. FSBS results discussed with patient. Obtaining UA results prior to phoning HCP. Call to HCP with FSBS and UA results. Order received for IV fluid and to find out pregnancy history. Prenatal care and pregnancy history obtained. UA results, THC use discussed with Mona. Call to HCP with pregnancy history and confirmed contractions. Orders received for US to verify dates, nifedipine, acetaminophen. Orders read back. Patient identified, allergies confirmed, IV fluid initiated. Pain reassessed, medications prepared, patient identified, allergies confirmed, BP assessed. Acetaminophen administered. Nifedipine not administered. Call to US, confirms 33 weeks gestation. Call to HCP with UA results and informed of holding nifedipine. Instructed to administer nifedipine. Nifedipine administered.</p> <p>HR interpreted as being high, BP low. Fundus recognized as boggy. Recognize need to massage fundus. Interprets need to weigh pads. BP interpreted to be improving. Calling for help (this is an emergency-</p>

	<p>when you hear this you need to enter room to help). Pad weighed- 600 g. Call to HCP to report PPH. Order for methylergonovine. Call to patient's wife to update her on the PPH. Try to be reassuring when giving news to family members. Patient identified, medication administered.</p>
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E A D B</li> <li>• Commitment to Improvement: E A D B</li> </ul>	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication. Discussed the role of calcium channel blockers in preventing contractions. Discussed the importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of an “all hands on deck” approach to emergent situations. Discussed the importance of providing education to patients.</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)*</li> <li>2. Identify social determinates of health and provide education and resources for pregnancy (1, 3, 4, 5)*</li> <li>3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the PPH. (1, 2, 4, 5)*</li> <li>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)*</li> </ol>	<p><b>You are Satisfactory for this scenario! BS</b></p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient’s response Is hesitant or ineffective in using nursing skills</p> <p>Reflecting: Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

\*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): McNulty (M), Phillips (C), Schafer (A)

GROUP #: 11

SCENARIO: Shoulder Dystocia and Newborn Care

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

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
<b>NOTICING: (1,2,5) *</b>					
• Focused Observation:	E	A	D	B	Obtain vitals Pain assessment: location, duration, rating, description
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Contraction assessment: frequency, length,
• Information Seeking:	E	A	D	B	Leopold's assessment Cervical exam done upon initial assessment Inquire/discuss birth plan with patient. Verify patient name/DOB Repeat vitals and pain assessment after nubain administration Notice change in fetal strip after nubain administration Repeat cervical exam. Notice change in exam and water broke. Notice baby is stuck and start HELPERR maneuvers APGAR 1 minute: 10 Reassess mom after delivery, reassess vitals, update on baby status Newborn assessment: thorough assessment (sucking, rooting, Babinski)

<p><b>INTERPRETING: (2,4) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data: E A D B</li> <li>• Making Sense of Data: E A D B</li> </ul>	<p>Interpret vitals as WDL</p> <p>Interpret fetal strip as accelerations</p> <p>Prioritize antibiotics</p> <p>Offer nubain as pain relief option to stick within mom birth plan</p> <p>Interpret fetal strip as decelerations after nubain administration</p>
<p><b>RESPONDING: (1,2,3,5) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner: E A D B</li> <li>• Clear Communication: E A D B</li> <li>• Well-Planned Intervention/ Flexibility: E A D B</li> <li>• Being Skillful: E A D B</li> </ul>	<p>Inquire/discuss birth plan with patient while offering some other options for pain relief</p> <p>Education provided about GBS status and why antibiotics are needed</p> <p>Penicillin administration: verify name/DOB, scan medication, scan patient,</p> <p>Call healthcare provider prior to nubain administration.</p> <p>Nubain administration: education provided to patient and support person, correct dose, correct needle size, correct technique, use of needle safety. Identified that student missed scanning patient and medication and states they would have prior to medication administration.</p> <p>Education provided to patient and support person about risk for shoulder dystocia (risk factors that could lead to that, expectations for delivery, possible interventions)</p> <p>Call healthcare provider when mom needs to push</p> <p>Call for help, McRoberts, suprapubic pressure, evaluate for episiotomy, rotational maneuvers, hands and knees, remove posterior arm</p> <p>Immediately after birth dry off baby, put under warmer, offer skin to skin</p> <p>Ask for consent for vitamin K and erythromycin ointment for baby</p> <p>Vitamin K and erythromycin ointment administration: correct dose, correct needle size, correct technique, use of needle safety. Apply ointment correctly</p>
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E A D B</li> <li>• Commitment to Improvement: E A D B</li> </ul>	<p>Group self-reported they did not identify patient with two identifiers when entering the room while simulation was still happening.</p> <p>Group self-reported they did not scan medications/patient prior to first medication pass and said they should have prior to doing medication administration.</p> <p>Team identified communication was significantly improved from previous simulation. Team stated they took feedback from previous simulation and worked more as a team this time to improve efficiency and flow of the simulation. Emotional intelligence questions asked in</p>

	relation to patient point of view and support person point of view. Questions also asked about student emotions and how that impacted their actions in their scenario.
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li><b>1. Select physical assessment priorities based on individual patient needs. (1, 2)*</b></li> <li><b>2. Identify risk factors and implement appropriate nursing interventions upon completion of focused nursing assessment. (1, 2, 3, 4, 5)*</b></li> <li><b>3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)*</b></li> <li><b>4. Identify and implement appropriate nursing interventions in which heat loss occurs in infants. (1, 2, 5)*</b></li> </ol>	<p><b>You are satisfactory in this scenario! RH</b></p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>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.</p>

**Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation**

STUDENT NAME: **Malone Phillips**

OBSERVATION DATE/TIME: **10/16/2025**

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

\*Course Objectives

### Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Malone Phillips**    OBSERVATION DATE/TIME: **10/16-17/2025**    SCENARIO: **Escape Room**

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

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

\*Course Objectives

Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse

Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy

Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses

**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**Maternal Child Nursing – 2025**  
**Firelands Regional Medical Center School of Nursing**  
**Sandusky, Ohio**

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date: \_\_\_\_\_