EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Brittany Rodisel

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

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

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

7/11/25 KA

Absence: (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
9/23/2025	Feeding Intolerance	Satisfactory/MD	NA	NA

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	**Final**
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
Competencies: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA					
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	S	NA	S	S	S	S	NA	NA					
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	S	NA	S	NA	**S**	NA	NA	S	NA	NA					
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	S	NA	S	NA	S	NA	NA	S	NA	NA					
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below and explain reason for choice)***		NA	NA	S	S	S	NA	S	S	S	S	NA	NA					
Clinical Location Age of patient		OFF	OFF	FRMC ER 68	Boys & Girls club	FRMC OB 20 days old	Empathy Belly	MIDTERM	St. Mary's K-5 & Flu	CHS H&V	FT OB 31 Years old	OFF	OFF					
	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD							

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

Comments:

Week 4: 1E: Stages of growth and development for my patient would fall under integrity and despair which is the 8th stage. I think where he was in his life, his daughters said he drank a cup of coffee daily and had 4 or more beers a day. Limiting his intake on water I think was one of many reasons that led him into the ER. I think he was experiencing some dehydration hence was he was passing out and getting dizzy. I do believe there were other underlying issues, but testing was

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

being run on the patient. I think he may have been experiencing some despair. I would encourage emotional support and education about his health, so he has autonomy in his care. Excellent! MD

ER Clinical Objective 1A-D: This week in the ER you were able to provide care appropriate for the patient, communicate effectively, provide appropriate assessments, and describe safety measures for the patients you cared for. Great job! MD

Week 5 1E: I am using Industry vs Inferiority for school aged children 6-12. My classmate and I had an activity for the kids to try on PPE, and we talked about what their favorite part of the job would be if they were a nurse, what they would want to do as a nurse, and why we use PPE. I Would say an example of industry is when one of the kids said that they would help people feel better and I gave them positive feedback by telling them yes! We want to help people feel better! I love your answer! So, the child was experiencing pride and validation through me. An example of inferiority would be when one of the quiet kids didn't know what to say to one of the questions asked by us and he may have not felt as equal to the other kids who were speaking and shouting – so he may have felt discouraged in this situation. Awesome analysis! Giving positive energy is so important to the kids! How did you encourage the child who was experiencing inferiority? MD

BG Club Objective 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 6 1E: The stage of development for my infant is trust vs mistrust. This is the stage where infants are developing a sense of trust when caregivers are consistently meeting their needs. If these needs are not met, then the infant can develop mistrust leading to difficulty forming secure attachments later in life. My infant was definitely at risk this week with being in the hospital for a few weeks now at 20 days old he has been in the nursey. Apparently, mom didn't get up until later in the day and the baby was being fed by the nursey nurses. She did stop in once when I wasn't there and said that she was running to the store and the nurses said she didn't even say hi to the little guy or go over to him. I think this is putting the baby at risk for impaired attachment to his mom especially. So incredibly sad. Good analysis. MD

Firelands OB 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 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 10: 1E: The stage of development for the kids at St. Mary's that I am using is industry vs inferiority. I think this was a great stage to pick since kids at this stage are learning to build confidence through doing things that are successful and getting feedback from adults. We brought a bear with us and demonstrated how to wrap a wound or a cut. We had a couple of volunteers come up to the classroom and wrap the arm/leg of the bear so they could engage in role playing and what nurses do. I think this is part of industry and it helped them feel capable of being able to do something a nurse can do. We were able to tell each kid that they did a great job praising them for doing it the right way to strengthen their self-esteem. I think our group did well with encouraging each kid after they did a task or got an answer right. We also made sure we tried our best to make sure each kid got to do something and making them feel like they accomplished something giving them praise I think this prevented inferiority. Awesome! You did a great job with the kids! MD

St. Mary's 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

Flu Clinic Week 8- 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

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

Week 9: 1E: - Stages of growth and development for the high schoolers is identity vs role confusion. I chose this stage because they are trying to redefine and examine who they are, their families, and peer groups, and community. I think this stage is very important for teens as it will set their attitude towards their future. During the hearing and vision screenings I think this helps teens build trust with healthcare providers because it shows that we care about their well-being. I think this helps them so they aren't left confused and can find their identity at this point in their lives. They are also trying to establish friend groups at this age so watching all their friends have their hearing and vision done as well give them confidence in their self-identity and will be optimistic about their future. Excellent! MD

H&V Week 9: 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

Week 10: 1E: I would like to believe that my patient was in intimacy vs isolation. Giving birth, and trying to bond through feeding is something I recognized after moms pain was under control and providing nurturing care to baby. Absolutely! MD

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**

Objective

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

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

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

Comments:

ER Clinical Objective 1 K, L: This week you valued your patient's perspective on disease processes along with how diversity played a role in the care they received. You also provided respect for the patient and family. Great job! MD

BG Club Objective 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

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

Firelands OB 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

Firelands OB 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

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

H&V Week 9: 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

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

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

****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: I noticed that the patient was a poor historian along with his sisters who were in the room with him. I also believe there to be some health literacy struggles with the patient. I believe to interpret this as a social determinant that can increase his risk of readmission if the patient and sisters cannot remember anything and lacking his understanding of his past diagnosis. I suggested to the patient he could keep a piece of paper with his surgeries and medications on it and put it in his wallet or back pocket for times like these. My patient being a poor historian and not

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

understanding his conditions entirely made me realize and reflect on how important education and support systems are. This is absolutely true! Great idea with keeping paper in his wallet of information! MD

ER Clinical Objective 2 A-F: This week you discussed EBP in nursing, performed standard precautions, observed/gave care in an organized manner, observed safe medication administration with appropriate dosage calculations, and you were able to obtain information for proper decision-making. Awesome! MD

Week 5; 2G: I think a social determinant for the kids we were interacting with would be that most of their parents do work a lot, so the kids leave school and go straight to the boys and girls club. I think this can affect their schooling and homework. Their parents may be exhausted and may not have patience when they get home, possibly affecting their attitude toward school and homework in general. They play all day at the boys and girls club so the kids may be ready for bed or a nap and its after 6pm when they get home. Early academic struggles can lead to falling behind later in life, so I think it's very important that kids get the best undivided attention and their needs are met. I don't necessarily think the boys and girls club is bad, it's obviously beneficial for these kids, but since we have to come up with a few things I thought that these would be fitting. The kids also got a full meal at the boys and girls club, so this is probably replacing their dinners at home. Some kids don't even get to go home to meals, so thank God for the boys and girls club providing that for them. Their parents should make sure they have available sources to make sure food is provided for their children through the local job and family services. YES! I feel this in my day to day with my own children. The busy life gets to you after a while. Thinking about the parent perspective-how could you encourage the parent experiencing guilt for not being able to provide necessary things for their child because of work obligations? MD

Week 6; 2G: Some social determinants that could affect my patient specifically was mom having a history of drug use. This could put the baby at an even higher risk for complications and inconsistent prenatal care. The dad was not supposed to be around the other children she had in the home, so this could put some family stress on them and lead to mistrust of healthcare providers (CPS was involved). The mom may have difficulties following up with care given the circumstance she's in. This could affect the health of the baby if she is not getting the baby to appointment. I wonder if mom lacks knowledge with infant development. She may need more teaching on how to properly bond with her child since she is rarely in the nursing, and I feel like this is very important at this age. Absolutely. So many resources can be provided to her to educate and bring in support for her. MD

Firelands OB Week 6: 2(a-f)- We were able to identify some evidence-based nursing practice taking place on the unit in regard 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 8: 2G: Some social determinants that we observed with some of the kids is that a lot of them had family members who were nurses or who worked in the medical field which was very surprising. This can be a positive thing for these kids since they are being born, live with, and learn from their parents/family members. I feel like these children are more likely to understand health concepts a little bit more and have a positive attitude towards health care. Although it isn't necessarily a social determinant of health, it influences them within their home and can help them prevent illnesses in the future and prepare them for their future. Absolutely! MD

Flu Clinic Week 8- 2d- You did a great job safely administering flu vaccines at the flu vaccine clinic. BS

Week 9 2G: - Social determinants that could play a role with the hearing and vision screenings today are for the kids who failed a screening test and are being referred to an ophthalmologist or an audiologist and fail to follow up for an appointment. This could play a factor in a lack of transportation, limited family income, or a lack of knowledge in general with their family or the kids. Some families may not be able to afford glasses or have health insurance to help, and this could prevent them from

taking them to see a specialist. Same thing with an audiologist and not being able to afford hearing-aids. Absolutely! What emotions would you experience as a school nurse when a family could not afford follow up care? MD

H&V Week 9: 2(b, c)- You use proper hand hygiene when necessary while at this clinical s 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

Week 10 2G: One cultural or social determinant that influences the patient's care can be her gestational diabetes and her BMI >30. This may relate to some socioeconomic factors like access to healthy foods or nutritional education. She may have limited transportation or financial issues. Her report on THC use also could fit into this category. This can definitely affect social and behavioral factors. She also used this during pregnancy and can maybe influence bonding or coping mechanisms. This can influence the baby's health outcomes and may interfere with his feedings. Maybe this is why he wasn't eating much at the beginning? Just thought of that while I was typing this, but it's something to consider. I feel like addressing the use of THC definitely requires nonjudgemental education and reinforcement of maybe some healthier coping strategies. It is possible for sure. It could be the reason he was a bit fussy as well. When a mother uses THC, the newborn goes through withdrawal just as if the mother was using other drugs. This can make a newborn irritable. What kinds of coping strategies could you educate to the mother? Could you offer support groups? MD

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**

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

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

Comments:

3D: I did observe and not specifically with my patient but how busy the ER got. Some patients had to wait longer than others, while more critical patients were prioritized. I think this can bring up some ethical issues and concerns about fairness. I know patients don't know what's going on with everyone in the waiting room so the patients that are having to wait longer get angry and upset. This is true. How would you combat this if you were a triage nurse with patient approaching the desk demanding to be seen but were not critically unstable? MD I would acknowledge and validate their feelings, educate, reassure, and advocate for the patient. BR Awesome! All of these are so important! MD

ER Clinical Objective 3 A-C: Great job acting with integrity, respecting privacy, and following the Student Code of Conduct! MD

Week 5 – 3D- I didn't necessarily observe any ethical or legal issues while in the clinical setting, but some issues that could arise would be children's trips on something unsafe (there are tons of toys for them to play with) and breaks an arm or a leg. Someone may share information outside of their job about a child's home life or someone who is supposed to report things, doesn't. (Mandatory reporter) Absolutely! This can be tough because children are so active. And you are right someone could share information about a child that should not be shared. If you were working in the facility and heard these comments or had an injury while there, how would you react? MD

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

Week 6- 3D- I did not experience this in the hospital setting, but some examples would include observing staff discussing the infant's case (CPS involvement) within an earshot of families or someone else in the nursey. Some staff may treat the mother differently due to her history or drug abuse and lack of bonding with the infant. Since we are taught to be nonjudgmental, I think we could help the mom by teaching her about bonding with the infant. Yes for sure! MD

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

Firelands OB 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

Week 8: 3D: - The only thing observed in the clinical setting was a kid did mention something about his oxygen, but I think one of the other girls was going to use the example. But some things that can happen in this setting that can be legal or ethical could include things like a kid saying they don't have lunch for the second day in a row this could be an issue and as a teacher it would be their job to assess the student and make sure it isn't a pattern that recurring. Another legal ethical issue could be a teacher telling a lot of other teachers about medical conditions/problems a child has, or if they've had lice. This could be a violation of privacy, and it could also cause embarrassment to a child. Absolutely! MD

St. Mary's 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 9 – 3D. One ethical issue that I observed today could be the one kid that was getting his vision done and two other students standing in the doorway laughing at him because he couldn't see the letters. I think they need to have a more private way of doing each vision screening. I think two at a time in one room would be okay like we had, but the other kids should wait out in the hallway and maybe the door should be shut. The kid being laughed at could have been embarrassed and anxious. It was hard for me to tell if they were all friends goofing off or if this was more of an ethical thing. High schoolers seem to goof off with their friends so at that moment It was hard to differentiate. An example of another ethical and legal issue could be not notifying parents of a fail screening and this could lead to legal issues. You are absolutely right! I agree the student was probably embarrassed and anxious. I know I would be! How did you address this? MD

Week 10 – 3D: I think moms use of THC during pregnancy can raise some ethical issues regarding her rights and the rights of the baby. As I said in another comment it requires some nonjudgemental supportive care and I know there are certain things that need to be reported. You have to think if this is going to put the baby at risk. Any concerns regarding patients should be discussed in private to protect them from HIPAA so legal and ethical issues do not arise. Absolutely. It is also important to discuss these concerns privately and not in front of a partner or family member. They may be using substances that no one else knows about and may want to discuss this in private. MD

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**

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

****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: My patient was prescribed Zofran, Morphine, and IV fluids to help keep him hydrated. After reviewing the chart and pulling the medications, the nurse left it in my hands (with her by my side) to explain to the patient what I was giving. I explained how I normally would, but I knew I had to adjust my approach a little bit differently because he had limited health knowledge. I explained to him and his sisters clearly what I was giving and why and encouraged them to ask questions if they had any. I believe this provides patient-centered care so that he and his family can understand at their level. Amazing! I am so glad you were able to take the lead on this education! MD

ER Clinical Objective 4 A, C, E: This week in your CDG you were able to determine a care plan based on noticing and interpreting and then how you would respond to the situation. You were also able to describe witnessed advocacy, and analyze what was going on with your patient. Great job! MD

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

Week 5- 4D: We let the kids try PPE on which made learning fun and interactive. The kids enjoyed the questions and wanted to take their protective equipment home. When they switched to different classrooms you could see a bunch of kids just walking around the school with PPE on it was so cute. This encourages hands on for the kids. We kept explanations simple, “germs from spreading” “protecting against blood”. They were encouraged to answer questions about why they would wear these things and what they thought we each item was used for. It is so fun to witness children talking about something they learned from you! So rewarding! MD

BG Club Objective 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 6 4D: For the infant I believe patient centered care would be making sure to follow all the appropriate steps in order to keep the baby healthy. Promote bonding if the mother isn’t going to, (and teach her), build a safe environment for the infant, and follow CPS plans for discharge. Awesome! MD

Firelands OB Week 6: 4(b, c)- You were able to chart a newborn assessment that you assisted with on your patient. You were able to discuss findings with the nurse caring for your patient as well. You were able to witness one family advocate for their child when requesting to be in the room during a circumcision rather than waiting in their room. RH

Week 8 4D: I think we provided patient centered care to these children by making sure each of them felt comfortable and had a chance to answer questions. If one kid didn’t get to check their temperature or pulse ox we made sure that we asked who didn’t get a chance and allowed them to answer questions or tell us a story. We encouraged them to share with us what they thought a nurse was and gave them the opportunity for hands on participation. We also used developmentally appropriate teaching by explaining things that they would understand like “wrapping the teddys bears leg because of cut” rather than wound. Awesome job! MD

Flu Clinic Week 8- 4b- You did a great job documenting the flu (and COVID) vaccines you administered at the flu clinic. BS

Week 9- 4D: During the hearing and vision screenings I believe I provided patient-centered care and developmentally appropriate teaching by communicating with the kids one what they should do. I gave simple clear instructions and some of them had a hard time with their right and left so I helped them. I helped most kids with the headphones for the hearing screening. The headphones the majority of the time were too big, and the adjustments weren’t great. Perfect! MD

H&V Week 9: 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

Week 10 4D: Patient centered care, and developmentally appropriate teaching is something I think we did all day long. I believe I did my part when I followed one of the nurses into the room because she was complaining of some severe pain and I was trying to make conversation with her. I did tell her to take a couple of deep breaths and that the nurse was working on getting her pain meds. I told her breathing techniques actually work, and she seemed to like what I was saying because she took a couple deep breaths and closed her eyes. As far as the pain she was feeling I told her some of the pain may be from the methergine that she was given also because its working to constrict so she doesn’t bleed. Excellent education! This is so important to reinforce with every interaction! MD

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

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

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

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

Comments:

ER Clinical Objective 4 F-H: For this clinical, you were able to provide information correlating diagnostics, medications, and medical treatment for your patient you saw in your CDG. Great job! MD

Firelands OB 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

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

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

****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:

ER Clinical Objective 5 A: For this clinical you were marked satisfactory in all areas. "Brittany attentive to patient needs, assisting with patient care, VS, wound care, and medication administration. She was always present and focused during patient assessments. Remained calm and asked appropriate questions in our fast paced environment." Jessica Miller, RN. Great job! MD

ER Clinical Objective 5 B, C, F, G: This week you were able to evaluate your own participation in clinical, communicate professionally with team members, and clearly communicate care in the form of an SBAR on your CDG. You also provided a CDG that met all of the requirements for being satisfactory. Great job! MD

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

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

Firelands OB Week 6: 5(a, b, c, e, g)- This week you showed excitement about being able to care for a sick infant 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

St. Mary's 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

Flu Clinic Week 8- 5a,c- You had a great attitude and positive demeanor while administering flu vaccinations at the flu clinic. You also communicated effectively with other members of the healthcare team to ensure positive patient outcomes. BS

H&V Week 9: 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

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

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

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

Comments:

Week 3 Objective 6E-This week you submitted your clinical tool on time, however, it was the incorrect version with feedback that I had already provided to you. Please be sure to write a comment with how you will ensure this does not continue for the future. MD

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

Week 3 U- I mistakenly submitted the wrong clinical tool. I was thinking in my head that it just meant moving forward to make sure objective 4 competency is done and addressed for ER. I didn't realize I had to upload a new clinical tool – and I had already submitted mine. I will ask questions next time I am unsure, so this does not happen again in the future. BR MD

6A: I will say at one point, the ER did get a little hectic. Something we aren't used to. I think clinical confidence will continue to grow as it does each semester but learning and being able to adapt to a fast and chaotic environment is my goal. I believe in asking questions when you do not know the answer whether your teacher or preceptor will be annoyed with you. Experienced nurses learn something new almost every single day. Medicine is always changing. By continuing to ask questions this will help build my knowledge so I will feel comfortable going out into the world by myself. BR Great goal to ask questions! How will you achieve this in the upcoming clinical experiences? MD

ER Clinical Objective 6 B-I: You did amazing in clinical meeting all of this objective! Keep up the fabulous work! MD

Week 5; 6A: Areas for improvement for this clinical would be to make health education more memorable for the kids so we can help set goals early for their future. We did say we should have developed some type or game or song for them maybe that they would have remembered so that's what we would do next time to meet these goals. Definitely something you can implement for St. Mary's! MD

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

Week 6 ; 6 A- Recognizing variability, accelerations or late decelerations is essential for patient safety. I thought it was neat to see the contractions on the monitors while in clinical. I plan to review strip interpretations in our books and discuss with my clinical instructor at my next clinical. Awesome! Cannot wait to talk to you about it! MD

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

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

Week 8: 6A: One area that I could improve on and that I recognized was maintaining each child's attention and engagement. They were all over the place and distracted. Some children were shy, while others were very open and showed interest. Areas of improvement are making sure the shy kids feel comfortable enough to open up to me. I remember being in their place at one time being the shy kid. It helps them feel like they've had equal opportunities with the other kids and can boost their self-esteem. Goals to meet these needs would maybe show more individualized interaction one on one with the more quiet kids to boost their confidence and make them feel seen and heard. This is a great goal! I look forward to hearing how achieving this goal went! MD

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

St. Mary's 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

Flu Clinic Week 8- 6d,e,g- You may have been a bit nervous at first, but you worked through it and performed efficiently and administered many vaccines. 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 9 6A: An area of improvement could have been remembering to keep all the hearing and vision slips when I needed to. The kids came through pretty fast, so I think my mind was in go mode. For the future clinicals I will make sure when I am in a fast-paced environment to collect my thoughts and be consistent and efficient to avoid any errors. Always try for the deep breath with chaotic situations. Deep breathing resets your brain and allows for clearer thinking. It can work very well when practiced. MD

Week 10 6A: An area of improvement for me would always make sure I am continuing to develop my clinical judgement. Recognizing changes in patients and knowing when to immediately act. I will continue to absorb everything like a sponge in class and in clinical settings to gain knowledge for the rest of my time in school and future clinicals. Awesome! Practice makes progress! It is always a great idea to use case studies and discuss other patients with fellow peers on clinical to keep developing clinical judgment! MD

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

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

Student Name: Brittany Rodisel **Date or Clinical Week:** 9/23/2025 Feeding Intolerance				**Course Objective:**	4: Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*		
Criteria		**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	All criteria met. MD
	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	All criteria met. MD
	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	All criteria met. MD
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

	Criteria	3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	All criteria met. MD
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	1	Of the 6 evaluation pieces provided, 3 were not a reassessment as stated they were labeled to "continue" interventions. This section is for reassessment findings of your assessment and lab/diagnostic tests. In addition, 3 of the 7 assessments were addressed and the diagnostic results were not reassessed. Be sure to reassess every highlighted area whether there was a change or no change. With the information provided, you were scored 3/9 which is a 33%. All criteria met for your evaluation statement. MD
	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. Both provided. MD
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: 43/45 Satisfactory MD

Faculty/Teaching Assistant Initials: MD

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	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD
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	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 8/20**	**Date: 10/20**
Evaluation	S	S	S	S	S	S	S	S	S	S
Faculty Initials	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Simulation**												
	Pregnancy and PP Simulation (*1, 2. 3. 5. 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 3 (*1, 2, 3, 5. 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/18	**Date: 9/22**	**Date: 10/2**	**Date: 10/6**	**Date: 10//17**	**Date: 10/23 & 10/30**	**Date: 11/3**	**Date: 11/4 & 11/5**	**Date: 11/18**	**Date: 11/18**	**Date: 11/21**	**Date: 11/21**	**Date: 9/30**
		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	MD	MD	MD	MD	MD								MD
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA								NA

* Course Objectives

Comments:
The student has satisfactorily completed the assigned vSim and met the established objectives by obtaining at least 80% on the scenario (including SBAR), and post-simulation quiz by the due date and time.
vSim Objectives
9/22/2025 vSim Maternity Case 1

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

* Course Objectives

10/6/2025 vSim Maternity Case 4

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

* Course Objectives

11/3/2025 vSim Pediatric Case 3

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

*Course Objectives

11/18/2025 vSim Pediatric Case 1

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

* Course Objectives

11/21/2025 vSim Pediatric Case 4

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

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Miller (A), Rodisel (C), Ward (M)
GROUP #: 7
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/18/2025 0700-0830

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	Noticed VS appear WNL. Asking questions about contractions and associated pain. Patient requests mountain dew and cheeseburger, water offered. Notices rhythm on fetal monitor. Recognizes contractions on fetal monitor, and that they should not occur at 33 weeks. Inquires about pregnancy history and prenatal care. UA results obtained, THC present, glucose, nitrates. Pain rated 4/10. Mona CO feeling dizzy and lightheaded. VS assessed. Notices low BP and rising HR. Bleeding discovered. Begins fundal massage, does not maintain.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interprets VS to be WNL. Prioritizes the need to apply fetal monitor, interprets contractions. FHR interpreted as WNL. Prioritizes the need for FSBS- 225, interpreted as above normal. UA results interpreted. 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.
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	Nurse enters room, identifies patient, begins assessment, VS. Inquires about pain. Applies fetal monitor. Patient assisted to left side. Urine sent to lab. Call to HCP (remember to gather pertinent information prior to calling) who asks about pregnancy history. History obtained, FSBS obtained. Call to HCP, report given. Orders received for US, IV fluid, Nifedipine, and acetaminophen. Orders read back. Call to patient's wife, Jenny, to provide update. Call to HCP to inquire about giving patient food. Patient identified, allergies confirmed, acetaminophen and IV fluid administered. Mona asks about her contractions and if they should be happening at this point. Call to US for results. Decided against administering nifedipine. Call to HCP, confirms nifedipine is warranted. Patient asks for a "gummy" and education provided regarding their use during pregnancy. Nifedipine administered. Call to HCP to report PPH, boggy uterus. Order receive for methylergonovine. Legs elevated. (Remember to continue fundal massage until it is firm). Methylergonovine prepared and

	administered (make sure to use IM needle, not sub Q)
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of the scenarios. Discussed the use of calcium channel blockers to stop contractions. 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: SCENARIO: Empathy Simulation

STUDENT NAME: OBSERVATION DATE/TIME:

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

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Miller (C), Rodisel (M), Ward (A)
GROUP #: 7
SCENARIO: Shoulder Dystocia and Newborn Care
OBSERVATION DATE/TIME(S): 9/25/25 0700-0830

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1,2,5) *	Pain assessment: rating, location, duration, aggravating factors
• Focused Observation: E A D B	Obtain vitals
• Recognizing Deviations from Expected Patterns: E A D B	Continues to assess full head to toe assessment before addressing pain
• Information Seeking: E A D B	Medication nurse assess pain (rating, location, duration) prior to medication administration
	Does not perform cervical check prior to nubain administration
	Reassess vitals after nubain administration
	Reassess pain after nubain administration
	Cervical check after healthcare provider calls charge nurse
	Notice baby is stuck and begin HELPERR maneuvers
	APGAR 1 minute: 10
	No newborn assessment completed, does APGAR assessment only
INTERPRETING: (2,4) *	Offer other pain relief options due to mom not wanting epidural
• Prioritizing Data: E A D B	Interpret vitals as WDL
• Making Sense of Data: E A D B	Prioritize pain medication
	Interpret monitor as accelerations prior to nubain administration.
RESPONDING: (1,2,3,5) *	Verify allergies when doing head to toe assessment
• Calm, Confident Manner: E A D B	Verify birth plan with mom in regards to pain medication

• Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Does not call healthcare provider prior to administration of nubain Nubain administration: verify allergies. Provide education on side effects and that patient will stay on monitor to watch her and baby for any possible side effects. Correct dosage calculation, correct needle size, correct technique used, use of needle safety. Does not check patient name/DOB, does not scan patient or medication prior to administration. Penicillin administration: verify allergies. Education provided about why she is getting antibiotics. Hang fluids correctly (secondary above primary bag), program pump appropriately. Does not scan patient or medication prior to administration. Healthcare provider calls charge nurse for update. When patient begins to push charge calls healthcare provider. Put patient in McRoberts, suprapubic pressure, roll to hands and knees, evaluate for episiotomy, rotational maneuvers, remove posterior arm. Offer skin to skin with mother. Dry baby off, place under warmer Vitamin K and erythromycin ointment: does not scan baby, does not scan medications, correct needle size used, correct dose administered, correct technique, used needle safety. Education provided to mom prior to administration about what medications are for. States eye ointment would be placed on finger then rubbed on baby eyes. Does not call healthcare provider after delivery. Healthcare provider calls charge to get update,
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 between themselves as a strength. Discussion of when to call healthcare provider and how keeping them updated in this situation is important. Students acknowledged steps of medication administration process and described each step that should be taken. Review of proper medication administration process includes scanning medications and patient for each medication. Discussion/demonstration of how to administer eye ointment due to students never having done so in the clinical setting. Emotional intelligence questions asked in relation to patient point of view and support person point of view. Questions also asked about student

	emotions and how that impacted their actions in their scenario.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. **Select physical assessment priorities based on individual patient needs. (1, 2)*** 2. **Identify risk factors and implement appropriate nursing interventions upon completion of focused nursing assessment. (1, 2, 3, 4, 5)*** 3. **Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)*** 4. **Identify and implement appropriate nursing interventions in which heat loss occurs in infants. (1, 2, 5)***	**You are satisfactory in this scenario! RH** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. 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. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring but not competence. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills. 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.

Lasater Clinical Judgment Rubric Scoring Sheet

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

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.
RESPONDING: (1, 2, 3, 5)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Responded to safety issues by correcting each of them to provide a safe environment for the patient's care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient's respiratory distress by providing the patient with the ordered breathing treatment. Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.
REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing to accomplished is required for satisfactory completion of this simulation.**	You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! KA/MD/RH/BS Noticing: Regularly observes and monitors a variety of data, including

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	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: _____