

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
10/31/25	1 hour	Missed Sim Survey	

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

7/11/25 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
9/9/26	Pain	S/RH	N/A	N/A

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
Competencies:		S	NA	S	S	NA	NA	S	S	S	S	NA	NA					
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	S	S	NA	NA	S	S	S	S	NA	NA					
b. Provide care using developmentally appropriate communication.		S	NA	S	S	NA	NA	S	S	S	S	NA	NA					
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	NA	S	NA	NA	NA	S	S	NA	S	NA	NA					
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	NA	S	S	NA	NA	S	S	NA	S	NA	NA					
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	NA	S	S	NA	NA	S	S	S	S	NA	NA					
Clinical Location Age of patient		Fisher ER-53	No clinical	Firelands OB-27	BG club- 6-12	No Clinical	No clinical	MIDTERM	Fisher OB- 30 St. Mary's	Clyde HS: 14-18	Flu clinic 18+	No clinical	NO clinical					
	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH						

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

Comments:

1E: generativity vs stagnation. This Erikson's 7th stage, occurring between ages 40-65. During this time, individuals focus on contributing to the next generation and society, fostering positive changes that will outlast them. If this need isn't met, a person may feel self-absorbed or stuck, a state known as stagnation. **This is correct! RH**

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

1e- intimacy vs isolation. The 6th stage for ages 19-40. This stage is about forming intimate, loving relationships with other people. Those who are successful at this step will form relationships that are enduring and secure. Evidence to support that she is on the right track is that she has a husband, and now is having a baby; both two lifelong relationships and commitments. **Great job! RH**

Week 4 – 1a, c – You did a wonderful job providing holistic care to the mother you were assigned in Labor and Delivery this week. You assisted your assigned nurse with providing care and monitoring for your patient who was a primipara in for an induction of labor at 39 weeks. KA

Week 5- The stage of Erikson's development the kids were in is stage 4: industry vs inferiority. School ages 6-12. Industry is their sense of worth and it's important that they have (which they did) opportunities to develop a sense of accomplishment and success followed by acknowledgement and praise. Few examples to show is that my station did a fire safety mini lessons and had the kids remind us how to do stop drop and roll because "we forgot." So many of them were so eager to show us how it's done. And of course, we gave praise like awesome job. Towards the end I played basketball with two kids. Let them take the lead (...and win) and said awesome defense! One kid wanted to put all the balls away. I said do you need help he said no he's got it. He was very much so struggling trying to carry three large basketballs, and they fell but we gave him praise for trying to do it all on his own! **I love that they were also helping you "remember" to do some fire safety topics. RH**

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

Week 8) Stage 6: intimacy vs isolation. ages 19-40. This stage is about forming intimate, loving relationships with other people. Those who are successful at this step will form relationships that are enduring and secure. Evidence to support that she is on the right track is that she has a husband, already has a baby boy and just had her second child. She is building her own family- a lifetime relationship. 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

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

Week 9 1E: The kids were in stage 5: identity vs role confusion. Adolescence ages 12-18. The kids we worked with were highschoolers age 14-18. In this stage they discover themselves and explore their independence. A small example of this that I saw could be the fashion choices like goth/emo. Having a good sense of self could affect confidence. There were some kids that were more outgoing and some that were quiet. **Good job! RH**

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 had several stages. Majority being in Stage 6: intimacy vs isolation- ages 19-40 and stage 7 ages 40-65- generativity vs stagnation. The clients getting flu shots were mostly Firelands staff. Those 65 and older got to choose if they wanted the high dose flu shot for more protection. Anyways, being that most in stage 7 were working, this shows they are generating and feeling productive by working. **Very nice, RH**

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

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
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Competencies:		NA	Na	S	NA	NA	NA	S	S	NA	NA	NA	NA					
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		NA	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA					
g. Discuss prenatal influences on the pregnancy. Maternal		NA	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA					
h. Identify the stage and progression of a woman in labor. Maternal		NA	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA					
i. Discuss family bonding and phases of the puerperium. Maternal		NA	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA					
j. Identify various resources available for children and the childbearing family.		NA	NA	S	NA	NA	NA	S	S	S	NA	NA	NA					
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	NA	S	S	NA	NA	S	S	S	S	NA	NA					
l. Respect the centrality of the patient/family as core members of the health team.		S	NA	S	NA	NA	NA	S	S	NA	S	NA	NA					
	RH	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 2: 1(l)- you did not respect the patient's choices of their care or the family members choices for the care of others? This should be an "S" if you were able to provide patient centered care. RH

Yes, I did respect the patients' choices of their care. I fixed it to Satisfactory. Thank you

Week 4 – 1h, 1 – You were able to identify the stages of labor your patient was progressing through and watched the care of the patient from the moment of induction even though you did not have the opportunity to see the delivery. You were able to witness the labor process and how the healthcare provider, nurses, and patient's support people work together to provide the best experience possible for the patient during the laboring process. KA

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

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

Week 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

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

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

2G: SDOH are conditions in the places where we live, work, play. For my pt a work place injury occurred which caused her to almost loose her finger. Her job affected her health in this example. So, an example of a social determinate of health could be the lack of income related to this injury if she were off work or the fact that she has a steady income due to her job, good job! Make sure to be specific in what the social determinate of health you are identifying next time. RH

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

Week 4, 2G: an example of a SDOH would be the lack of income related to the woman being unemployed which I saw in her chart. Could be beneficial for the mother being with her baby and not have to worry about going to work or finding a babysitter, or this could take a toll on her husband if he is the only source of income. **Good job listing both a positive and not so positive aspect of the same SDOH. RH**

Week 4 – 2b, c, d, e – You were able to observe an epidural placement as well as peanut ball usage during the laboring process. You were able to observe a circumcision and the nursing interventions provided during and after the procedure to the newborn. You were able to work with your assigned nurse to read and identify EMF monitor strips of your laboring patient. You were able to observe the administration of Pitocin to the laboring patient and how to calculate labetalol medication administration using the OB protocol. **KA**

WEEK 5 2G- An example of a positive SDOH in the social and community aspect would be how the boys and girls club provide a network of peers and supportive adult mentors. The quality of these relationships affects a child's social and emotional development, wellbeing, self-esteem, and stress levels. Maybe for some kids, we don't know what they have going on at home, but this could be the best part of their day after school before they must return home. **Great observation! This is so true. RH**

Week 8) 2G: An example of a positive SDOH would be the mothers excellent support system. Her mother, her husband, her husband's family who watched her younger child. It all makes a huge difference, knowing you are not alone in this. I didn't see any signs of stress or anxiety while caring for the mom. **That is amazing! 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 assist with discussing medication administration for the mother and calculate medications for the patients. **Great job! MD**

Week 9: 2G) An example of a SDOH could be inadequate healthcare access. Maybe a kid doesn't have transportation to go to their follow up appointments. Maybe some don't have health insurance, and family may have financial issues where it would be too much to pay out of pocket. **Good job RH**

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) A positive SDOH that could be the fact that the insurance from their employment could have covered their flu shot, so they didn't have to pay anything. **This is a wonderful example of a positive SDOH. Good job. RH**

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

Objective																		
3. Summarize the legal, moral and ethical issues related to care of children and the childbearing family. (2,6,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Act with integrity, consistency, and respect for differing views.		S	NA	S	S	NA	NA	S	S	S	S	NA	NA					
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		S	NA	S	S	NA	NA	S	S	S	S	NA	NA					
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		S	NA	S	S	NA	NA	S	S	S	S	NA	NA					
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		S	NA	S	S	NA	NA	S	S	S	S	NA	NA					
	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 2: Legal/ethical issues would be on whether or not we should have allowed the pt to leave the facility to go to Metro hospital with her IV in place. If metro did not admit her, the police would go find her. Having an IV still in place can be a liability/safety issue, she could do drugs to the IV also. **This is a very risky thing to do, but oftentimes when transports are predicted to be extended times, the patient can sign that they are transporting themselves with all necessary documentation to allow for a transfer to another facility. If the patient was a drug seeker or had a history of substance abuse, they should have removed it prior to the patient leaving for the reason you stated.** RH

Week 4, 3D: legal/ethical issue would be when I overheard one of the nurses saying that one of the mothers who was in labor (was a gravida 9 and para 5) was having her sixth baby and said if any complications happened, she would like to be DNR. Then the doctor said to the nurse something like "she'll be unconscious and Ill 'revoke it.'" I don't know if he was joking or if he is allowed to do that with a valid reason- considering the mother was in good health. There could be a mental health problem, with the father of this new baby being in jail, and I'm not sure if he is the father of the other three. But wanting DNR was questionable. We must respect patient autonomy but at the same time, it's not like she is 90 years old with a chronic or terminal disease where DNR would be reasonable. She's got long life ahead of her and 6 kids that need their mother. **Oh this is very interesting, I wonder what prompted the mother to say this and if she actually meant it or if she was joking. That is a hefty topic of discussion on the L/D unit.** RH

Week 4 – 3a, b, c – You were professional and considerate with all the care you provided. You made sure to keep patient privacy and follow HIPPA regulations through the day. You also maintained all the standards in the FRMCSN code of conduct while on the OB unit. KA

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

Week 5- 3d: This wasn't personally observed. But if there was a child that was coming in all the time, showing signs of neglect, I'm assuming they would have to report this I did research and found the boys and girls club policies and all staff are mandatory reporters of any suspected or known child abuse or negligence. Back grounds checks are also required for staff/volunteers which is good because in my research, I came across some heartbreaking reports of child abuse whether sexual or grooming within some boys and girls club branches. **This is why we must register you all as volunteers when attending this clinical. It is a formality, but also takes extra steps to protect the children who attend. RH**

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

Week 8 3D: Legal issues are related to safety of the child, so making sure to check the wrist bands and make sure the parents wrist band match the babies. The biggest one is not directly related to OB. Another one is documenting on the baby at every round. If the condition of the baby changed and there was no documentation from the previous check, this could be bad. It could be viewed as negligence since there was no recording showing that the baby was stable or properly assessed prior to the change in condition. We watched a presentation on organ donation/transplantation. Ethical issues are very prevalent. I learned so much. If a person is a registered donor and the family refuses, they have no say in the matter. Pts must be ventilated and nearing the end of life or else you are not allowed to bring that up for discussion. These protocols exist to avoid ethical concerns and misconceptions that the healthcare professionals are not doing everything they can, and hastening death in order to obtain organs. **So many great examples here, good job. 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

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 9: 3D) legal issues are related to state reporting. Children who do not pass school hearing and vision screenings should be referred for follow-up care. If no follow up, that would be reported to the ODH. **Even follow up appointments are technically reported to the state. Every child who fails a hearing or vision screen is referred to follow up with a healthcare provider. A note is required to be sent to the school for their records and that is what is reported to the state. If the child does not follow up, it is reported that no follow up was done by the family and the dates of notification to the family are reported to the state. RH**

week 10, 3D) ethical issue: If someone didn't want to get a flu shot and was mandated due to working in healthcare because of pt. beneficence over worker autonomy, they would have to fill out an exemption form. **The exemption forms are available to all employees, but must be turned in earlier than the flu vaccine deadline so the facility can be aware of how many to order for their workers. RH**

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Develop and implement a priority care map and/or plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		S	NA	S	NA	NA	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	S	NA	NA	NA	S	S	S	S	NA	NA					
c. Summarize witnessed examples of patient/family advocacy.		S	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA					
d. Provide patient centered and developmentally appropriate teaching.		NA	NA	S	S	NA	NA	S	S	S	S	NA	NA					
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		S	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA					
	RH	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 2: 4(d)- Please note that this is yellow and should be addressed with each clinical experience. Refer to the email sent by Monica on 9/3/2025. It will not be a U for this clinical experience, but will be for the remainder of the semester. RH

Week 2: 4(a, e)- You did a good job of identifying and explaining a plan of care for your patient in your CDG this week. RH

Week 4: 4D) yes, education was provided on the significance of emptying the bladder frequently because since she was dilating very slowly, a full bladder could actually make it harder for her baby to move down and for your cervix to open up. Great topic. RH

Week 4 -4b, d - You were able to observe the required documentation in the EMR for a patient in labor. You asked appropriate questions regarding documentation and how to locate information in the patient's chart. You observed the patient education that in provided to the laboring patient throughout the labor process and how it focused on the parents' concerns. KA

WEEK 5- 4D: Yes, education was provided on emergencies. My partner and I specifically had fire safety for our rotation. We educated on stop drop and roll, PASS acronym for a fire extinguisher, but only adults should use it. What to do when there's a fire: escape! And coming up with a safety plan, for example having a designated meeting spot with family, similar to the designated spots they have at school, whether that's at the mailbox, down the street, etc. RH

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

Week 8; 4D) Yes, education was provided on mom self-care, baby care, and discharge teaching. I taught about normal stool transitioning from black, green to black, sponge bathing until the umbilical cord falls off, keeping the cord dry, using Vaseline on the circumcision site, not having to bathe the baby every day, reporting temps >101F, and reporting jaundice. **Good grouping of education here!** RH

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

Week 9; 4D) yes, I explained how the hearing test would be conducted and instructed the kids which lines to read for vision and to raise their hand when they hear the noise for hearing. RH

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)- yes, I educated to those 65 and up if they would like to have the high dose vaccine and explained what it's for. **Good job!** RH

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

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
f. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		S	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA					
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		S	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA					
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		S	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA					
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA					
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA					
	RH	RH	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 2: 4(f, g, h)- Great job elaborating on these in your CDG this week. I am impressed the digit was still attached after having this type of injury at work, usually the finger becomes severed and must be brought to the hospital in a bag separately in order to attempt reattachment. Such an interesting encounter for you! RH

Week 4 – 4f, g, h, I, j – You utilized information from your patient's chart as well as from your nurse's assessment to create a care map that correlated the patient's diagnostic tests, medications, medical treatments, nutritional needs, and nursing interventions to their disease process. You were knowledgeable on clinical and were able to discuss how these aspects interrelated and if you did not have an answer you looked the information up to assist you with making the connections. KA

FTMC OB Objective 4 F-J: During our clinical day we were able to obtain this objective with a postpartum mother and newborn on their delivery day. 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**

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

Week 2: 5(b, c, f, g) Great job with your SBAR in your CDG this week. The only other item I would have included what time the antibiotic was given so the next facility could see what time the next dose was due and have it prepared. RH

2G week 4: I did a care map RH

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

Week 4 – 5a, c, d, e – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You were able to see a cesarean delivery while on clinical this week! You communicated and collaborated with the OB staff professionally and worked together to ensure the patients received the appropriate care. You did a nice job navigating the EMR and gathering information on your patient to ensure you could provide appropriate care throughout your clinical day. KA

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

Week 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 and watching a circumcision. The nursing staff were happy to assist with your learning! Amazing job this week! MD

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

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)*		S	NA	S	S	NA	NA	S	S	S	S	NA	NA					
b. Accept responsibility for decisions and actions.		S	NA	S	S	NA	NA	S	S	S	S	NA	NA					
c. Demonstrate evidence of growth and self-confidence.		S	NA	S	S	NA	NA	S	S	S	S	NA	NA					
d. Demonstrate evidence of research in being prepared for clinical.		S	NA	S	S	NA	NA	S	S	S	S	NA	NA					
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		S U	NA S	S	S	NA	NA	S	S	S	S	NA	NA					
f. Describe initiatives in seeking out new learning experiences.		S	NA	S	S	NA	NA	S	S	S	S	NA	NA					
g. Demonstrate ability to organize time effectively.		S	NA	S	S	NA	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.		S	NA	S	S	NA	NA	S	S	S	S	NA	NA					
i. Demonstrates growth in clinical judgment.		S	NA	S	S	NA	NA	S	S	S	S	NA	NA					
	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:

6A) area for improvement is to work faster. The nurse I was with was super-fast, she had me prime the line so fast and hook everything so fast, I just like to take my time since it was my first day back. To improve, if we have a lab I will practice moving faster, and have all the steps solidified in my head so I can move faster by the next clinical. We are willing to open the lab at anytime if you want more practice with any type of skill. I will say ER nurses move quickly because they are used to doing so, it can be difficult to keep up at times and can take quite a bit of practice before being able to. RH

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

Week 2: 6(e)- This was changed to a “U” due to late submission of your tool this week. Please address this “U” and state how you will prevent getting another “U” in the future. This will remain a “U” until it is addressed. RH

This tool was turned in late because I thought it was due Friday at 2200 like the previous semesters. I have checked the syllabus and to prevent getting another U I marked in my calendar that everything clinical related (tools, surveys, and cdgs) are due Friday at 8am. It can be challenging to remember all the due date changes, glad you are able to change them in your calendar for the semester! Next semester it remains due on Friday at 0800 as well. RH

Week 4 6a) : area for improvement would be understanding the fetal heart rate and contraction monitors better. We didn’t learn it before I had this clinical, but I can be prepared for next time. I was with a nurse who was taking care of a mom in labor. Majority of the time we sat down and watched, and she would document every 30 minutes. It would have been better if I understood what everything meant. To improve for next clinical, I will study the accelerations and decelerations and what they mean as well as the normal frequencies and durations of contractions. You should have this in class either this week or next week with Monica teaching labor, but this will be great to do before your next OB clinical so you can read the monitor while there. RH

Week 4 – 6c, d, e, f, g, h, I – Your thought process and clinical judgment skills have grown from previous semesters. 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 care and documentation and delivered all your care with an ACE attitude. Terrific job! KA

WEEK 5 6A) I had a great time; I love working with kids and never bothered with talking to them. I guess something I can always work on is patience. Sometimes it can get hectic when you’re trying to talk over kids and must get the kids to settle down. To improve on this, if there was ever a next time, I would redirect the kids by telling them approximately how much longer I’ll talk for; More so for the older kids. I’ll say things like I’m almost done guys, stick with me and then you can play! This might keep their attention for a little longer. Good idea. RH

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

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) Area for improvement would be getting the fetal heart rate. It was fast, I was counting it good at first then I stopped at 30 seconds forgetting that you have to do the full minute. If the opportunity arises for example in a simulation, I will do it the correct way. If you do not have the opportunity in simulation and would like to, let us know and we can open the lab, all of us can run the baby so it is not a problem to do so. RH

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

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**

Week 9; 6a): Area for improvement would be the vision test. To improve I asked a question that I had related to the right vs left eye lines. I improved right afterward. Goal to be better with the hearing and vision screening overall would be to just watch those training videos if I needed a refresher. **Nice goal! Those of you who have this clinical towards the end of the semester often forget how everything works because the speaker is at the beginning of the semester. RH**

Week 10 6a) Area of improvement would be confidence. If a client was scared to get a vaccine and sensed that I'm scared to give them the vaccine, that would not make them more calm. After doing it a couple times I got the hang of it. To improve, it was more so on having my process down. Prepping my syringe, having the cotton ball and band aid ready to go, so my hands aren't shaking because I'm nervous looking for what I need to grab next. I did all this during clinical and had the hang of it by the end. **I am glad you got the hang of it, it does become easier the more you practice, and this clinical was all about providing practice for this skill. RH**

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

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

Student Name: M. Miller				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: 4							
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	Great interpretation of the contractions on your patient.
	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	What specific vitals are you looking for when you say assess vitals? Which vitals are changing and how are they changing? (example- heartrate will increase if patient is in pain, temperature will be elevated if patient is beginning to have an infection.) You're not wrong to have all vitals
	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	assessed, but be specific when saying you will watch for changes, we want to know what changes you would anticipate based on your priority problem.
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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"> Continue plan of care Modify plan of care Terminate plan of care 	Complete		Not complete	3	

Reference

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

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

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

Faculty/Teaching Assistant Comments:

Total Points: 45/45

Faculty/Teaching Assistant Initials: RH

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

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

* Course Objectives

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

* Course Objectives

Comments:

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

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

* Course Objectives

Comments:

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

vSim Objectives

9/22/2025 vSim Maternity Case 1

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

* Course Objectives

10/6/2025 vSim Maternity Case 4

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

* Course Objectives

11/3/2025 vSim Pediatric Case 3

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

*Course Objectives

11/18/2025 vSim Pediatric Case 1

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

* Course Objectives

11/21/2025 vSim Pediatric Case 4

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

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Noticed VS appear WNL. 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.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>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.</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.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>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.</p> <p>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</p>

	(make sure to use IM needle, not sub Q)
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> Evaluation/Self-Analysis: E A D B Commitment to Improvement: E A D B 	<p>Team discussion of 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.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary A= Accomplished D= Developing B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Identify social determinates of health and provide education and resources for pregnancy (1, 3, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the PPH. (1, 2, 4, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)* <p>*Course Objectives</p>	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: **M. Miller**

OBSERVATION DATE/TIME: **9/23/2025**

<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.</p> <p>Great job.</p> <p>I enjoyed seeing your pregnancy photo!</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p>Simulation Objectives:</p> <ol style="list-style-type: none"> 1. Identify common 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)* <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>Comments</p> <p>You are satisfactory for this simulation.</p>

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse; C = Charge 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	<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2,5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Pain assessment: rating, location, duration, aggravating factors</p> <p>Obtain vitals</p> <p>Continues to assess full head to toe assessment before addressing pain</p> <p>Medication nurse assess pain (rating, location, duration) prior to medication administration</p> <p>Does not perform cervical check prior to nubain administration</p> <p>Reassess vitals after nubain administration</p> <p>Reassess pain after nubain administration</p> <p>Cervical check after healthcare provider calls charge nurse</p> <p>Notice baby is stuck and begin HELPERR maneuvers</p> <p>APGAR 1 minute: 10</p> <p>No newborn assessment completed, does APGAR assessment only</p>
<p>INTERPRETING: (2,4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Offer other pain relief options due to mom not wanting epidural</p> <p>Interpret vitals as WDL</p> <p>Prioritize pain medication</p> <p>Interpret monitor as accelerations prior to nubain administration.</p>
<p>RESPONDING: (1,2,3,5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ 	<p>Verify allergies when doing head to toe assessment</p> <p>Verify birth plan with mom in regards to pain medication</p> <p>Does not call healthcare provider prior to administration of nubain</p>

<p>Flexibility: E A D B</p> <p>• Being Skillful: E A D B</p>	<p>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.</p> <p>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.</p> <p>Healthcare provider calls charge nurse for update.</p> <p>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.</p> <p>Offer skin to skin with mother. Dry baby off, place under warmer</p> <p>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.</p> <p>Does not call healthcare provider after delivery. Healthcare provider calls charge to get update,</p>
<p>REFLECTING: (6) *</p> <p>• Evaluation/Self-Analysis: E A D B</p> <p>• Commitment to Improvement: E A D B</p>	<p>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.</p> <p>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.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p>	<p>You are satisfactory in this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may</p>

<p>D= Developing B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Identify risk factors and implement appropriate nursing interventions upon completion of focused nursing assessment. (1, 2, 3, 4, 5)* 3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)* 4. Identify and implement appropriate nursing interventions in which heat loss occurs in infants. (1, 2, 5)* 	<p>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. 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.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

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

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

<ol style="list-style-type: none"> 1. Utilize the concepts of growth and development to identify concerns with patient safety and provide appropriate interventions to address safety concerns. (1, 3, 5)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1, 2, 5)* 3. Collaborate with members of the healthcare team to provide safe, holistic, and comprehensive patient care. (1, 2, 4, 5, 6)* 4. Utilize SBAR communication in interactions with members of the health team. (5)* <p>*Course Objectives</p>	<p>signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Miller (M), Rodisel (A), Ward (C)

GROUP #: 7

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/30/25 0700-0830

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *						<p>Notice unsafe items in bed (medication, needle, scissors)</p> <p>Obtain vitals</p> <p>Respiratory assessment. Take gown down to visualize chest. No retractions noted at this time. Identify lung sounds as wheezes</p> <p>Notice medication error for ibuprofen in chart.</p> <p>Pain assessment (location only)</p> <p>Reassess temperature after ibuprofen administration</p> <p>Reassess lung sounds/respiratory assessment</p> <p>Notice medication error for amoxicillin</p> <p>Ask about cough and sputum</p> <p>Respiratory assessment. Only pull gown down minimally. Does not notice retractions. Identifies lung sounds as stridor. Ask about cough</p> <p>Pain assessment (location only)</p> <p>Obtain vitals (heart rate and oxygen saturation only) Notice low oxygenation and increased heartrate</p> <p>Obtain temperature</p> <p>Pain assessment (location, FACES scale)</p> <p>Does not notice medication error for acetaminophen in chart. Gives incorrect/unsafe dose to patient</p>
INTERPRETING: (2, 4) *						<p>Interpret temperature as elevated</p> <p>Identify medication error with orders in chart related to ibuprofen and amoxicillin. Does correct dosage calculation for new orders.</p> <p>Give ibuprofen first due to acetaminophen being given recently</p> <p>Interpret stridor and low oxygen as respiratory distress.</p> <p>Does not stay in room with patient while stridor and with low oxygen level</p>

	<p>Does not prioritize oxygen for patient, waits to apply to patient</p> <p>Does not identify medication error with acetaminophen or IVF. Does correct dosage calculation related to the orders in the chart.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Remove unsafe items from bed</p> <p>Medication administration: verify name/DOB, verify allergies, scan patient, scan medication, educate father why medication is needed, stop medication administration due to questioning dose of ibuprofen. Good teamwork catching medication error and working together to discuss the order and what to do</p> <p>Call healthcare provider and question ibuprofen order. No SBAR used until after prompted, good SBAR provided at that point. Get new order for ibuprofen. Readback order to healthcare provider.</p> <p>Restart medication administration. Verify name/DOB and allergies with patient and father, correct dose administered</p> <p>Education provided about croup (what it is, symptom management, cool mist humidifier/take child outside, fever control). Education provided about smoking around child (wash hands, change clothes, smoke outside)</p> <p>Medication administration (cetirizine): verify name/DOB, verify allergies, educate what for and some side effects, scan patient, scan medication, state that it is a chewable pill – not candy.</p> <p>Call healthcare provider to question amoxicillin. Provide SBAR when calling. Receive new order for amoxicillin and readback order.</p> <p>Medication administration amoxicillin: verify name/DOB, verify allergies, scan patient, scan medications, correct dose administered. Education provided is related to throat/cough (actually is for ear infection), education regarding antibiotic compliance.</p> <p>Call healthcare provider and request one-time order for racemic epinephrine due to audible stridor (no audible stridor at this time, only wheezes)</p> <p>Call respiratory therapy for breathing treatment.</p> <p>Apply oxygen via nasal canula. Start at 0.5 L</p> <p>Educate father about stridor and plan of care</p> <p>Medication administration (acetaminophen): verify name/DOB, verify allergies, did not catch medication error in chart but does do correct dosage calculation per order in the chart, scan patient, scan medication.</p>

	<p>Healthcare provider called students for update. Students receive new order for dexamethasone and readback order.</p> <p>Medication administration (dexamethasone):</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario and good communication and teamwork through the simulation. Emotional intelligence questions asked about how students were feeling during the respiratory distress part of the scenario. Through discussion, the team was able to discuss how they found two of the medication errors and what prompted them to identify them. Group also discussed how they felt calling and telling the healthcare provider the orders were incorrect. Discussion about stopping medication administration to call the healthcare provider and correct the dose. Discussion about safe dose ranges for medications and proper IV fluid rate for a child with this weight. All group members did correct dosage calculation to determine safe range for acetaminophen and IV fluids. Discussion of how to report medication errors and how group members were feeling after debriefing.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Review appropriateness of prescribed medications for prevention of errors and administer medications utilizing the concepts of growth and development. (1,2,5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 	<p>You are unsatisfactory in this scenario. Please refer to remediation assignment for further instructions. RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information.</p> <p>Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful 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: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>

<p>5)* 4. Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)*</p>	
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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: _____