

**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)
10/9/2025	4	St. Mary’s-ill	vSims, 10/24/2025 4H *See Comment Obj 6
10/9/2025	1	Flu Clinic-ill	10/29/2025 1 hour

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
9/18/2025	Risk for Complications Prior To/During Labor and Delivery	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.		N/A	N/A	S	S	N/A	S	S	NA	S	S	S	NA					
b. Provide care using developmentally appropriate communication.		N/A	N/A	S	S	N/A	S	S	NA	S	S	S	NA					
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		N/A	N/A	S	S	N/A	N/A	S	NA	S	NA	S	NA					
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	S	S	N/A	N/A	S	NA	S	NA	S	NA					
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		N/A	N/A	S	S	N/A	S	S	NA	S	S	S	NA					
Clinical Location Age of patient		N/A	N/A	FT ER Age:25	Firelands OB Age:22	N/A	Boys/girls club. K-6	MIDTERM	NA	Fisher titus OB	Hearing and vision	Flu clinic @ FRMC	NA					
	MD	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:

*End-of-Program Student Learning Outcomes

1e. The stage of growth and development I feel is appropriate for my patient is intimacy vs isolation. This stage is known for building close relationships and trust with others. The reason for her visit to the ER was due to nausea and vomiting, body chills, shakiness and rapid breathing. This highlights the need for her to receive supportive and nonjudgmental care. Upon assessing the patient, she was asked if she smoked or had any drug use. She responded with the use of marijuana, which was found to be the cause of this nausea and vomiting she was experiencing. Due to the marijuana use and the symptoms she had there was trust built between the patient and us to support her health needs and her psychosocial needs as well. **Excellent analysis! 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

1e. The stage of growth and development for my patient is intimacy vs isolation as she is 22 years old. So, she is in the young adulthood stage of Erickson's psychosocial development. This stage focuses on building meaningful connections and relationships. She is entering into motherhood, which will create strong bonds between her and the twins. Known as the intimacy stage. If she were to not experience intimacy, she may experience isolation, loneliness or have difficulty forming the connections needed. Therefore, the transition into motherhood may be challenging for her. **It definitely could be challenging. How would you encourage the patient? MD**

Firelands OB Week 5 – 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 with twins. KA

1e. I mostly worked with 4-6th graders throughout this clinical, so I feel that the Erikson's stage of growth and development that fits best is industry vs inferiority. Children in this stage are learning new skills, taking on new challenges and building confidence while experiencing success in school, sports, groups, etc. In this stage, the children want to be recognized based off their accomplishments compared to their peers. My activity for this clinical was implementing ways to stay active in a limited space, and demonstrating the importance of moving your body. We had the children participate in relay races and music chairs. Which allowed them to work as a team and problem solve all while being physical. This gave the students the opportunities to show their abilities, work well with others and feel success when participating in the activities. **Awesome! 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 9-1e: My patient was a 19 year old mom who delivered a baby boy at 35 weeks with a spontaneous vaginal delivery. During my time with her, I was able to discuss her perspectives on various aspects of newborn care and learn more about her and her family dynamics. Although this was her second child and demonstrated aspects of newborn care, there were areas she needed additional education which was provided. Based on what I gathered, I felt her stage of growth and development is identity vs role confusion. Though this stage is mostly based on 12-18 year olds, it seemed most applicable for her. She has been able to develop the mother identity with her first, however the addition of another baby introduces increased responsibilities and requires her to adapt to her sense of self as a mother of two. **Excellent! 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

Week 10-1e:

Working with grades 6-8th for the hearing and vision screening I felt that the stage industry vs inferiority fit best. This is mostly seen in kids ages 6-12, and during this stage the children are focused on developing competence, learning different skills and gaining experiences in school, sports, and hobbies outside of school. They are also learning how to become more confident and comfortable while gaining these experiences. Although every child will experience feeling inadequate compared to others around them. **Yes! How would you encourage a child to not feel inadequate and that being an individual is so important? MD**

H&V Objective 1a, b, & c – You did a great job utilizing the techniques you learned through your training to complete hearing and vision screenings on the high school students this week. You provided instruction, asked appropriate questions, and communicated with the students utilizing your knowledge of growth and development. MD

Week 11-1e: During flu clinic I interacted with adults ranging from their 20s through their 70s. For these age groups the Erikson's stages that I felt fit best is the intimacy vs isolation stages and generativity vs stagnation stages. Both stages focus on contributing to society and building relationships. Everyone that I gave a vaccination to is contributing to society and building relationships by taking care of patients and working with a health care team. For them getting their vaccinations this shows their developmental focus on maintaining their health for themselves and others around them. Which is also ways of caring for the community. **MD**

Flu Clinic Objective 1a,b- You did a great job communicating with the patients at the flu vaccine clinic. Your conversation helped to keep 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
	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:		N/A	N/A	NA	S	N/A	N/A	S	NA	S	NA	NA	NA					
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		N/A	N/A	NA	S	N/A	N/A	S	NA	S	NA	NA	NA					
g. Discuss prenatal influences on the pregnancy. Maternal		N/A	N/A	NA	S	N/A	N/A	S	NA	S	NA	NA	NA					
h. Identify the stage and progression of a woman in labor. Maternal		N/A	N/A	NA	S	N/A	N/A	S	NA	S	NA	NA	NA					
i. Discuss family bonding and phases of the puerperium. Maternal		N/A	N/A	NA	S	N/A	N/A	S	NA	S	NA	NA	NA					
j. Identify various resources available for children and the childbearing family.		N/A	N/A	NA	S	N/A	N/A	S	NA	S	S	NA	NA					
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		N/A	N/A	S	S	N/A	S	S	NA	S	S	S	NA					
l. Respect the centrality of the patient/family as core members of the health team.		N/A	N/A	S	S	N/A	N/A	S	NA	S	S	S	NA					
	MD	MD	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

Firelands OB Week 5 – 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**

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

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

H&V Objective 1j, k – You did a great job collaborating with the school nurse and your fellow students to ensure each student was screened in a timely manner and keep the flow going. It was apparent also that the staff at the school were committed to serving the needs of the students. MD

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

2g:

*End-of-Program Student Learning Outcomes

Poor coping mechanisms: Her reliance with the marijuana is likely used for coping or method of symptom relief. Which can influence her health decisions, limit effective coping skills and delay access to appropriate medical treatment when needed. **What kinds of resources could you offer? MD**

Access to health care: Based on the information provided by the patient, it is possible the patient has limited access to appropriate healthcare resources. A lack of routine care or preventive care could cause worsening before she seeks help. **It definitely would play a huge role in her health. MD**

Lack of education: the patients continued marijuana use, it likely contributing to her symptoms. It is likely that she may have limited knowledge of the potential side effect of excessive use. This highlights an important area of patient education regarding the use of marijuana. **How would you provide education to her in regard to the marijuana possibly exacerbating her symptoms? 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

2g:

Lack of economic stability: Her employment is working at McDonalds. Therefore this could indicate low income and limited access to financial resources. This could impact her ability to afford nutritious food, medications, safe housing and different supplies for the twins. **YES! MD**

Lack of education: This may affect her understanding of medical instructions, or medications, etc. **True for sure! How could you adjust your education so it is easier for her to understand? MD**

Unstable family dynamics- Her aunt was present instead of her mother, which could indicate a strained relationship or a lack of family support. However, her aunt being there does show that she has some supportive family connections. The father of the babies seemed to be limitedly involved. **Are there any support groups you could encourage her to be a part of for more support? MD**

Firelands OB Week 5 – 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 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 the monitoring required while increasing the dosage. KA

2g:

Limited structure or discipline at home: Many of the children displayed difficulty with self-control and following directions. To me this indicates that a lot of these children are likely the same at home and are not taught otherwise. **This is so true! MD**

Parental employment demands: These children come to boys and girls club after school and wait for their parents to come get them. This can indicate that some of the parents have limited time with their children due to later work hours. **This is so hard. As a parent this is the part that is the most painful. MD**

Outfits and hygiene: Children are rough on their clothes and play with different things that could potentially stain/dirty their clothes. However, there were some children that seemed that their clothes/hygiene was not prioritized at home. **That is definitely something that is tough. MD**

Week 9-2g:

Lack of education: All parents have their own preferences on what they want with their birthing process/newborn treatment. All parents do things differently. As nurses it is our responsibility to respect their wishes however, there were areas that she needed some additional education on. Not only in areas of education for the baby, but also herself. Mom did test positive for marijuana, so before discharge CPS will be involved per protocol. They should be able to provide more education/resources as to why marijuana during pregnancy is dangerous, so she knows for future if applicable and for breastfeeding. **YES! She did need more additional information and you provided it very well! MD**

Housing instability: My patient and her family were originally from Florida but were in town until November due to her significant other travelling for work. With her being 35 weeks, instead of full term this may have made several different things difficult for them. With this, they are traveling with a two year old and now will be traveling with a newborn. I am unsure how often they travel, but this could bring the parents extra stress, as well as the babies. Resources could have been given, to potentially help them find ways to make things more comfortable/less stressful for their family. **Absolutely! Providing these resources is definitely important for ensuring they are able to receive everything they need. MD**

Support system: This area could be both positive and negative. I gathered that it seems the mothers significant other/father of babies is supportive to her and his family. As well as his family being close and supportive to them. The mom expressed that she does not have a close family nor are they very involved/supportive of her. Support groups with other families or mothers that don't have a great support system may be beneficial to mom. **Absolutely! So important! 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 assist with discussing medication administration for the mother and calculate medications for the patients. Great job! MD

Week 10-2g:

Support system: there were lots of children that I felt were dressed appropriate for the weather/ school and dressed well. You could tell some of them have the structure from their parents that help them in those areas. However, there were some

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

kids that didn't seem to be as supported in those areas. **I absolutely agree! As a school nurse, how would you approach the subject with the child? MD**

Hygiene: this kind of goes along with support system, but hygiene at these ages can be a challenge for some children. You could again tell that some children had the structure they need in those areas and others not so much. **Yes! Same question as above! MD**

H&V Objective 2b, c – **You were organized throughout the screening and assisted others quickly and efficiently when needed. You did a great job working with your fellow students to ensure each student was screened appropriately and answering any questions they had. Nice work! MD**

Week 11-2g: Due to the short amount of time I had with everyone, I really did not observe many social determinants of health. Most patients were seated with me for less than five minutes while receiving their vaccines. However, I do know that things like a person's access to healthcare, socioeconomic status, transportation, and cultural beliefs could factor into a person's ability to receive vaccines or healthcare in general. Considering most of them work at the hospital, or other branches of Firelands they may have more access to healthcare than someone who does not, but these are things that can have a positive or negative impact for a person. **Excellent! MD**

Flu Clinic Objective 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.		N/A	N/A	S	S	N/A	S	S	NA	S	S	S	NA					
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		N/A	N/A	S	S	N/A	S	S	NA	S	S	S	NA					
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		N/A	N/A	S	S	N/A	S	S	NA	S	S	S	NA					
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		N/A	N/A	S	S	N/A	S	S	NA	S	S	S	NA					
	MD	MD	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. One example of a legal issue involved medication administration. The patient was prescribed 400 mg of IV acetaminophen from an 800 mL glass vial. However, the nurse mistakenly programmed the IV pump to infuse the entire 800 mL at a rate of 200 mL/hr. When documenting in the MAR, she realized that the order was only for 400 mL, which should have been infused at 100 mL/hr. Since the patient was in significant pain, she determined that administering the 800 mL was still safe. While the medication was ultimately not harmful in this case, this type of error could establish unsafe habits and increase the risk of future complications. **Absolutely! What were the next steps she took after she identified the error? MD**

Although there was no actual breach of confidentiality, another concern that could be an ethical issue is there were several nurses were conversing at the nurses' station during a slow period. They were talking about specific patients and details about their care. While no patients were nearby to overhear, the nurses did not know whether those individuals might have been family members or friends of others present. This highlights the importance of maintaining professionalism,

*End-of-Program Student Learning Outcomes

safeguarding patient confidentiality, and avoiding negative remarks about patients in public areas. **Absolutely true! It is so important to maintain confidentiality. How would you have reacted if this were your floor you were working on as a nurse? MD**

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

3D. I did not notice any instances where there were legal or ethical issues present. I felt that everything was done in a precise manner and the unit had strict rules set for everything. All the healthcare team members did a wonderful job putting the patient and their preferences first, but also doing what is best for the patient and babies safety. **Awesome! What type of ethical/legal things could you anticipate even though you did not witness any? MD**

Firelands OB Week 5 – 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 throughout the day. You also maintained all the standards in the FRMCSN code of conduct while on the OB unit. KA

Throughout the clinical, I noticed there wasn't much structure. While in the gym, there were multiple activities occurring at once (basketball, football, volleyball, jump rope, scooter seats, etc.) in a relatively limited space. It was very chaotic where safety seemed like a concern to me. For instance, there were two children hit in the face with a bowl that was either thrown or kicked across the gym. There were also kids riding around on the scooter seats in an unsafe manner, causing one child to fall another causing to hurt the other child's knee. Although the injuries weren't anything major, there was potential for it to be worse. I feel that there is a risk for the boys and girls club being held responsible if something were to significantly happen to one of the children. The environment just lacked consistent structure and safety. **Absolutely! 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 9-3D: Throughout clinical, there were drills that were being ran for educational purposes. However, at that time staff were already managing multiple patients which created additional stress. While I understand the importance of drills, the timing of them was inconvenient and diverted some attention from patient centered care. At one point, there was a drill involving a laboring patient scenario in the emergency department causing confusion that led to a delay in recognizing an actual patient who required real medical attention. Fortunately, the real patient was not in active labor and was quickly identified and managed appropriately. This highlighted that when things like this are not carefully timed or communicated, can create potential risks for patient safety and add additional stress to staff. **Goodness yes!!!! This was such a chaotic day that definitely provided extra stress and the potential for safety problems! 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**

Week 10-3D: I did not really inspect anything that could be a legal or ethical issue. The school did have a therapy dog and while it may be rare for that dog to ever bite anyone, there is always a possibility if something were to cause the dog to turn on a student. This could lead to a legal or ethical issue, if it came down to the child getting injured and the parents of the child trying to go against the school/dog. **This is an excellent legal/ethical issue! What would you do if that occurred as a school nurse? MD**

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

Week 11-3d: **There were several different areas that could potentially lead to a legal or ethical issue. One being we did not have gloves on while administering the vaccines. This raises some concern for infection control or being exposed to something from another person or exposing them to something. We did maintain proper hand hygiene before and after each person. It was importantly to ensure that each syringe was properly packaged, labeled, and handled to prevent any errors and keep the patient safe. Absolutely! MD**

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)		N/A	N/A	NA S	S	N/A	N/A	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)		N/A	N/A	NA	S	N/A	N/A	S	NA	NA	S	S	NA					
c. Summarize witnessed examples of patient/family advocacy.		N/A	N/A	S	S	N/A	N/A	S	NA	S	NA	NA	NA					
d. Provide patient centered and developmentally appropriate teaching.		N/A	N/A	N/A	S	N/A	S	S	NA	S	DU	S	NA					
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	S	S	N/A	N/A	S	NA	S	NA	NA	NA					
	MD	MD	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:

4d: For this clinical I did not have the opportunity to educate the patients as I was more so following around several nurses to see all different kinds of things rather than focusing so much on one patient with one nurse. **Was there anything you could have educated on based on some of the patients you saw? For example-one of the patients had nausea, what types of things could you have educated on just based on that piece of knowledge? 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**

4D. We provided education to the patient regarding each medication administered, including its purpose and potential benefits. For her elevated blood pressure, we explained that labetalol was prescribed to reduce the risk of developing preeclampsia, eclampsia, or other complications. We also discussed the use of oxytocin, emphasizing its role in stimulating contractions and promoting dilation. Additionally, we explained the reasoning behind attempting a vaginal delivery in the OB operating room, noting the increased risks associated with twin pregnancies and the need for close monitoring. Finally, we educated her on the possibility of requiring a cesarean birth and the circumstances under which this intervention may become necessary. **Amazing education! MD**

Firelands OB Week 5 -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**

4D. During our activities, our goal was to focus on promoting physical activity and ways to stay active even in limited space. We asked them why they thought staying active was important and we added to their answers educating why regular exercise is important. After the activities, we asked the children how they felt after moving their bodies and asked if they had any other ideas of staying active with limited space. **That is great to involve the kids in other ideas they had for exercise! 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 9-4D. I was able to go in and educate the mom on ways that she can decrease the chances of allowing germs into home. I was also able to educate her on different areas of self-care for herself. Highlighting areas for perineal care, lochia changes and when to call, breast care, bowel/bladder habits, baby blues and when to call, pain management via prescription upon discharge, nutrition and informed her that the lactation consultant would be seeing her. **Awesome! MD**

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

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

H&V Objective 4D: This week you are receiving an unsatisfactory rating for this competency due to not addressing the education you provided the students. Please be sure to address the teaching you provided along with how you will prevent this from occurring in the future. MD

H&V Week 10 4D (acknowledgment of U): When filling out my clinical tool, I did not acknowledge objective 4D as I understood it as I was educating them on something aside from instructing them on what was needed of them to perform the screenings. Although I did educate them on the process of how the screening would go about, I felt

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

that most of them were already familiar with what to do. Therefore, I did not feel that this was much of me educating. In the future, I will acknowledge any sort of teaching/instructing I do in the clinical setting. **Even though you feel that there was not much education happening it is still important to address this in the comments. You could states something about basic education reinforced. Thank you for acknowledging! MD**

Week 11- 4D: I educated the patients that their arm may have mild soreness and some redness at the site. I informed them that it typically resolves within one to two days. I also encouraged them to move the arm that the vaccine was given in frequently, stay hydrated and use ibuprofen or Tylenol if they felt the need. **Great! MD**

Flu Clinic Objective 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)		N/A	N/A	S	S	N/A	N/A	S	NA	S	NA	NA	NA					
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	S	S	N/A	N/A	S	NA	S	NA	NA	NA					
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	S	S	N/A	N/A	S	NA	S	NA	NA	NA					
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	NA	S	N/A	N/A	S	NA	S	NA	NA	NA					
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	NA	S	N/A	N/A	S	NA	S	NA	NA	NA					
	MD	MD	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:

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

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 5 – 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 during their stay. We were able to determine what types of diagnostic test, pharmacotherapy, medical treatment, nutritional needs, and growth and developmental level of the patients. Awesome job! MD

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

ER Clinical Objective 5 B, C, F: 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. Great job! MD

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

ER Clinical 5 G: You provided a wonderful CDG outlining your patient that you cared for in the ER for your clinical experience. It was appropriate in length and was well written. However, you did not provide a reference and an in-text citation. Unfortunately, you are receiving an unsatisfactory rating for this competency. Please respond with how you will work toward achieving a satisfactory rating in the future. MD

In the future, I will ensure that all my work includes all the required information. I overlooked the reference and in text citation as I mistakenly associated it with the discussion assignments, that do not require them. Now that I am aware of this, I will double check my work before I submit them to confirm that both are included. MD

Firelands OB Week 5 – 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

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

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

H&V Objective 5a, b, c – You did a great job showing interest and enthusiasm while at the school this week. You asked questions throughout the day to seek out new information while on clinical. You communicated and collaborated with the school nurse and school staff professionally and worked together to ensure the students received the appropriate care. MD

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

6a. One area I plan on working to improve is trusting myself and having confidence in the knowledge I already have. I will practice this by consistently answering questions, even if I am unsure of the answer. Providing an answer is better than

no answer. It allows for me to engage, learn and continue to grow my confidence. Even if I do feel comfortable and confident in something I will continue to work on those areas to continue to grow and become better at each skill. Another area is being more willing to step out of my comfort zone. Being able to grow as a nurse, you must seek out different opportunities that may make you feel uncomfortable or challenged. With more and more experience those things that were once scary and uncomfortable will be something that I feel better about. I will volunteer for different and all opportunities within my scope of practice during clinicals, labs, work, etc. This will help deepen my understanding and clinical practice skills. **These are great goals! Becoming comfortable with the uncomfortable is an interesting task but can be done! MD**

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

6a. An area I have identified for improvement, although it may seem minor, is ensuring that I eat and stay adequately hydrated prior and throughout clinical. During this clinical I encountered several moments where I felt sweaty and nauseous. Though all of this was new to me, I felt almost disappointed that there were times I had to miss out on the experiences. There were times that I needed to step away briefly to get something to eat or drink in order to feel better. **This is such an important part of nursing! Knowing limits and how to care for yourself so you can be there for the patients! How do you plan on working on this prior to the next clinical? MD**

Firelands OB Week 5 – 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 very enthusiastic and willing to learn whatever your faculty and staff was able to teach you. You even were considering staying after clinical to see the delivery of your patient’s twins if they would occur vaginally since you had the opportunity to only see a cesarean while on clinical. You were organized and timely with your care and delivered all your care with and ACE attitude. Terrific job! KA

6a-Week 6. This week I did not have clinical. Each week, we are required to submit a clinical tool by Friday at 0800. Unfortunately, this week I did not turn mine in by 0800 and I understand this will result in a “U.” Therefore, one area of improvement is maintain organization and meeting requirements, even during times of stress. I know that it is normal to feel overwhelmed, when trying to manage multiple things at once, but it is my responsibility to ensure that all my assignments and tasks are completed on time. Moving forward I will focus on improving my time management and organization to prevent this from occurring again. Great goal! Thank you for addressing this! MD

Week 6 Objective 6E: This week you submitted your clinical tool on 9/26 at 1454 when it was due on 9/26 at 0800. You addressed how you will work on this in the future in your area of improvement focus. MD

6A. An area of improvement for me is learning to allow myself adequate time to collect my thoughts and calm my nerves before working with patients or participating in simulation. This is mostly related to simulation, I noticed that my anxiety sometimes interfered with my performance. There were moments when I felt I could have done more effective interventions, but my nervousness caused me to blank at times. Moving forward, I plan to address this by continuing to actively participate in simulations and clinical opportunities, using each experience to build confidence and strengthen my ability to manage stress. **This is a great idea! Keep being proactive with your learning! MD**

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

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

Week 9-6a: An area of improvement is just getting more comfortable to communicate more with patients and others around me. There were times where I was afraid of talking more to patients or asking them questions as I didn't want to make them feel uncomfortable as well as myself. Being more comfortable when communicating with the nurses/staff too. At one point, every nurse was in my shoes and the best way to learn is through communication and asking questions. I know it will take time, but I will be working towards this and a goal towards this is to slowly start asking more questions/communicating more and if becomes uncomfortable stepping away and apologizing. **Practice makes progress! When do you want to improve on this goal? By next clinical or simulation experience? Be sure to include with every area of improvement. 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

Week 10-6a:

An area of improvement in general, not just clinical focused is just to always do anything and everything to continue to better myself and my learning abilities. There have been a few things that I have been putting off, due to things outside of school going on but I know that if I just

took a little bit of extra time to get those things done first, I would feel better. My goal is just to work harder on just taking a little longer each day to make a little bit of extra time to get all I need to get done. **Be sure self-care is on the list too! MD**

H&V Objective 6c, d, e, f, g, h, I – You came to clinical ready and prepared to learn. You were enthusiastic and displayed an ACE attitude while at the McPherson Middle School. You were organized and timely with your hearing and vision screenings and documenting the findings on the provided forms. Terrific job! MD

Make-Up for St. Mary’s Activity Fair: Due to illness during this clinical, you were tasked with completing 2 vSims to complete the hours. Pediatric Case 2: Sabina Vasquez and Pediatric Case 5: Charlie Snow were completed satisfactorily in all areas (Pre-simulation quiz, vSim, SBAR, and Post-simulation quiz). Great job! MD

Week 11- 6a: An area of improvement is becoming more comfortable when administering vaccines or injections. The clinical went smoothly, and I became more confident throughout the time there. However, I feel that my nervousness might have made some of the patients more anxious. I know with time this will come, I have not administered very many IM injections since med surg semester. I will continue to build on this by continuing to jump to opportunities of practice. **Excellent! Practice makes progress! MD**

Flu Clinic Objective 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

Student Name: Brooke Schafer			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: 9/18/2025 Risk for Complications						
Criteria	3	2	1	0	Points Earned	Comments
Notic 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)	2	You provided a lot of assessment findings, however several needed to be in the risk factor column such as the history of ectopic pregnancy, age, previous THC use

ing	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	<p>(was in risk factors, was not currently assessed based on data so this is not an assessment) and history of kidney stones (unless she had one currently). Some items that needed to be included were her actual vital signs (BP was stated to be elevated, however no actual BP reading was provided), AROM, and current pain interventions (did she have an epidural? What kinds of items did she have for pain management?). You were 72% when all items were added and divided by how many should have been involved. MD</p> <p>All criteria met for lab values. MD</p> <p>You provided a lot of risk factors; however, you were missing her history of kidney stones, ectopic pregnancy, age, and BMI. You also included her elevated BP- is this a history or a current assessment finding? You were 55% when all items were added and divided by how many should have been involved. MD</p>
	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)	2	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	<p>For your nursing priorities-I am accepting the risk for complications you selected. However, there are more important and actual priorities that the patient was experiencing such as pain. It is important to provide an actual nursing priority that is currently being experienced by the patient. The one you selected is a blanket priority which could include all of them, however it is important to also be specific. MD</p> <p>All criteria met for goal statement and</p>
	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)	2	

	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	2	highlighting. MD Preeclampsia/eclampsia and postpartum hemorrhage are appropriate potential complications. For preeclampsia, a BP needs to be included. You are receiving a 2/3 due to fetal distress being more of a fetal issue and not necessarily a maternal patient issue at this point. Yes, it can happen, however your care map is based on the maternal patient not the fetus. If a fetal focus this would be appropriate. MD
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	For interventions, you provided many important items, however there were several missing. In the assessment area, you did not include cervical exam (dilation and effacement), assessment of edema, and no assessment of the patient's weight which is included in your assessment findings. For monitoring, labs were not included. Lastly, if the patient is experiencing pain then administering pain medications should have been included. You did provide an intervention for assessing pain and providing comfort measures which would be nonpharmacological. Even if there were no pain medications administered it would be important to include that there was an assessment to see if the patient was desiring them. You were 64% when all items were added and divided by how many should have been involved. MD All criteria met for prioritization, frequency, rationale, and realistic interventions that were provided. 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	

Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	1	<p>You provided many highlighted assessment and lab values that correlated with your nursing priority. However, you did not include all labs (if they were not evaluated it needs to be stated as such), twins and 37 weeks gestation in the assessment column. You were 46% when all items were added and divided by how many should have been involved. MD</p> <p>All criteria met for the evaluation statement. MD</p>
	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. Both included in care map. 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:

I would like to encourage you to review the comments provided. Please reach out if you have questions! MD

Total Points: 38/45 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: 10/30	Date: 11/3	Date: 11/4 & 11/5	Date: 11/18	Date: 11/18	Date: 11/21	Date: 11/21	Date: 9/4
		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					S	
Survey	S		S		S	S						S	
Faculty Initials	MD	MD	MD	MD	MD	MD	MD					MD	
Remediation: Date/Evaluation/Initials	NA	NA	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: SCENARIO: Empathy Simulation

STUDENT NAME:

OBSERVATION DATE/TIME:

<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

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

GROUP #: 11

SCENARIO: Pregnancy and PPH

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

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>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. Inquires about pain. Pain rated 4/10. Notices rhythm on fetal monitor. Recognizes contractions on fetal monitor, and recognizes that they should not occur at 33 weeks. Patient requests mountain dew. FSBS obtained. UA results obtained, THC present, glucose, nitrates.</p> <p>Mona CO feeling dizzy and lightheaded. VS assessed. Notices low BP and rising HR. Bleeding discovered. Legs elevated. Begins fundal massage. Notices uterus is firming up in response to fundal massage. BP reassessed.</p>
<p>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>Prioritized sending urine sample to lab for analysis. Interprets contractions on the FHM. FSBS- 225- interpreted as high.</p> <p>Prioritizes assessing fundus, bleeding discovered. Prioritizes elevating legs.</p>
<p>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>Urine sent to lab. Applies FHM. Patient assisted to her left side. Patient requests mountain dew, water offered. Nurse suggests something without caffeine. Patient verbalizes increased hungry and thirst. Water provided. FSBS results discussed with patient. Obtaining UA results prior to phoning HCP. Call to HCP with FSBS and UA results. Order received for IV fluid and to find out pregnancy history. Prenatal care and pregnancy history obtained. UA results, THC use discussed with Mona. Call to HCP with pregnancy history and confirmed contractions. Orders received for US to verify dates, nifedipine, acetaminophen. Orders read back. Patient identified, allergies confirmed, IV fluid initiated. Pain reassessed, medications prepared, patient identified, allergies confirmed, BP assessed. Acetaminophen administered. Nifedipine not administered. Call to US, confirms 33 weeks gestation. Call to HCP with UA results and informed of holding nifedipine. Instructed to administer nifedipine.</p>

	<p>Nifedipine administered.</p> <p>HR interpreted as being high, BP low. Fundus recognized as boggy. Recognize need to massage fundus. Interprets need to weigh pads. BP interpreted to be improving. Calling for help (this is an emergency-when you hear this you need to enter room to help). Pad weighed- 600 g. Call to HCP to report PPH. Order for methylergonovine. Call to patient's wife to update her on the PPH. Try to be reassuring when giving news to family members. Patient identified, medication administered.</p>
<p>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. Team recognized the significance of teamwork and communication. Discussed the role of calcium channel blockers in preventing contractions. Discussed the importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of an "all hands on deck" approach to emergent situations. Discussed the importance of providing education to patients.</p>
<p>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. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 	<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 the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's</p>

<p>2. Identify social determinates of health and provide education and resources for pregnancy (1, 3, 4, 5)*</p> <p>3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the PPH. (1, 2, 4, 5)*</p> <p>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)*</p> <p>*Course Objectives</p>	<p>response Is hesitant or ineffective in using nursing skills</p> <p>Reflecting: Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>
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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): McNulty (M), Phillips (C), Schafer (A)

GROUP #: 11

SCENARIO: Shoulder Dystocia and Newborn Care

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

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
NOTICING: (1,2,5) *						Obtain vitals
• Focused Observation:	E	A	D	B		Pain assessment: location, duration, rating, description
• Recognizing Deviations from Expected Patterns:	E	A	D	B		Contraction assessment: frequency, length,
• Information Seeking:	E	A	D	B		Leopold's assessment
						Cervical exam done upon initial assessment
						Inquire/discuss birth plan with patient.
						Verify patient name/DOB
						Repeat vitals and pain assessment after nubain administration
						Notice change in fetal strip after nubain administration

	<p>Repeat cervical exam. Notice change in exam and water broke.</p> <p>Notice baby is stuck and start HELPERR maneuvers</p> <p>APGAR 1 minute: 10</p> <p>Reassess mom after delivery, reassess vitals, update on baby status</p> <p>Newborn assessment: thorough assessment (sucking, rooting, Babinski)</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>Interpret vitals as WDL</p> <p>Interpret fetal strip as accelerations</p> <p>Prioritize antibiotics</p> <p>Offer nubain as pain relief option to stick within mom birth plan</p> <p>Interpret fetal strip as decelerations after nubain administration</p>
<p>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>Inquire/discuss birth plan with patient while offering some other options for pain relief</p> <p>Education provided about GBS status and why antibiotics are needed</p> <p>Penicillin administration: verify name/DOB, scan medication, scan patient,</p> <p>Call healthcare provider prior to nubain administration.</p> <p>Nubain administration: education provided to patient and support person, correct dose, correct needle size, correct technique, use of needle safety. Identified that student missed scanning patient and medication and states they would have prior to medication administration.</p> <p>Education provided to patient and support person about risk for shoulder dystocia (risk factors that could lead to that, expectations for delivery, possible interventions)</p> <p>Call healthcare provider when mom needs to push</p> <p>Call for help, McRoberts, suprapubic pressure, evaluate for episiotomy, rotational maneuvers, hands and knees, remove posterior</p>

	<p>arm</p> <p>Immediately after birth dry off baby, put under warmer, offer skin to skin</p> <p>Ask for consent for vitamin K and erythromycin ointment for baby</p> <p>Vitamin K and erythromycin ointment administration: correct dose, correct needle size, correct technique, use of needle safety. Apply ointment correctly</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Group self-reported they did not identify patient with two identifiers when entering the room while simulation was still happening.</p> <p>Group self-reported they did not scan medications/patient prior to first medication pass and said they should have prior to doing medication administration.</p> <p>Team identified communication was significantly improved from previous simulation. Team stated they took feedback from previous simulation and worked more as a team this time to improve efficiency and flow of the simulation. Emotional intelligence questions asked in 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>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)* 	<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: Focuses on the most relevant and important data useful for explaining the patient's condition. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to</p>

<p>2. Identify risk factors and implement appropriate nursing interventions upon completion of focused nursing assessment. (1, 2, 3, 4, 5)*</p> <p>3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)*</p> <p>4. Identify and implement appropriate nursing interventions in which heat loss occurs in infants. (1, 2, 5)*</p>	<p>control or calm most situations; may show stress in particularly difficult or complex situations. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME:

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> <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 	<p>You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! KA/MD/RH/BS</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <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</p>

<p>of the health team. (5)*</p> <p>*Course Objectives</p>	<p>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): McNulty (A), Phillips (M), Schafer (C)

GROUP #: 11

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/30/25 1330-1500

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *						Identify safe items in bed (medication, needle, scissors)
• Focused Observation:	E	A	D	B		Obtain vitals
• Recognizing Deviations from Expected Patterns:	E	A	D	B		Pain assessment (FACES scale, what makes better/worse, duration, location)
• Information Seeking:	E	A	D	B		Respiratory assessment. Take gown completely down to visualize chest. Ask about cough
						Notice medication errors in chart (amoxicillin, ibuprofen, acetaminophen)
						Obtain vitals

	<p>Pain assessment (location, FACES)</p> <p>Respiratory assessment. Remove gown completely to visualize chest. Notice stridor and chest retractions.</p> <p>Does not notice IV fluid rate is too high, leaves running at incorrect rate throughout simulation</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>Interpret temperature elevated</p> <p>Administer ibuprofen instead of acetaminophen due to not being time for acetaminophen yet</p> <p>Lookup safe dose range for meds in skyscape (ibuprofen, acetaminophen, amoxicillin). Correct dosage calculation.</p> <p>Interpret stridor, decreased oxygen saturation, increased heart rate as respiratory distress.</p> <p>Prioritize staying in room while patient experiencing respiratory distress</p> <p>Call healthcare provider before calling respiratory therapy</p> <p>Calculate correct dose of dexamethasone</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 safety items from bed</p> <p>Call healthcare provider to clarify orders (acetaminophen, ibuprofen, amoxicillin) and receive new orders. Use clear SBAR. Readback orders</p> <p>Medication administration (ibuprofen, cetirizine, amoxicillin): verify name/DOB, verify allergies, educate on what each medication is for, scan patient, scan medications, correct dosage calculation for each medication.</p> <p>Provide popsicle to patient to increase oral intake and soothe throat</p> <p>Call healthcare provider for update on respiratory distress. Receive order for oxygen and dexamethasone</p> <p>Call respiratory therapy for breathing treatment</p> <p>Apply oxygen at 0.5L via nasal canula</p>

	<p>Provide dad and patient with support during respiratory distress</p> <p>Medication administration: (acetaminophen, dexamethasone, amoxicillin) verify name/DOB, verify allergies, educate what medications are for, scan patient, scan medications, correct dosage calculation for each medication</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 between team members in simulation. Group identified good team work throughout scenario. Emotional intelligence questions asked about how students were feeling during the respiratory distress part of the scenario. Through discussion of scenario, group was able to identify three medication errors that were in the chart. Discussion of how orders are written and what resources are available to find safe dose ranges in practice (skyscape, pharmacy, Lexicomp). Discussion about IV fluids and what safe dose/fluid requirement for 24-hour period should be. All group members did correct dosage calculation to determine safe IV fluid rate. Group identified they missed this medication error. Discussion about how to report this medication error and how group members were feeling. Group also discussed educational topics they would have provided father with including smoking cessation, changing clothes/washing hands after smoking, signs and symptoms of respiratory distress, symptom management at home.</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> <p>1. Select physical assessment priorities based on</p>	<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: 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</p>

<p>individual patient needs. (1, 2)*</p> <p>2. Review appropriateness of prescribed medications for prevention of errors and administer medications utilizing the concepts of growth and development. (1,2,5)*</p> <p>3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</p> <p>4. Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)*</p>	<p>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. 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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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: _____