SEVALUATION 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

Absence: (Refer to Attendance Policy)

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

Faculty's Name	Initials
Kelly Ammanniti	KA

vSim
Simulation Scenarios

7/11/25 KA

Monica Dunbar	**MD**
Rachel Haynes	**RH**
Brian Seitz	**BS**

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
9/19/25	Risk for Postpartum Hemorrhage	S KA	NA	NA

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Make up	**Final**
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
Competencies: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	S	S	S	S	NA	S	S	NA	NA	NA	NA		NA	
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	S	S	S	S	S	S	NA	NA	NA	NA		NA	
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	S	S	NA	**S**	**S**	NA	S	S	NA	NA	NA	NA		NA	
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	S	S	NA	NA	S	NA	S	S	NA	NA	NA	NA		NA	
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below and explain reason for choice)***		NA	NA	S	S	S	S	S	S	S	S	NA	NA	NA	NA		NA	
Clinical Location Age of patient		NA	NA	FT ER, 76	FRMC OB. 1 day	BG club, ages 6-12	HV, grades 3-5	NA	St. Marys k-5	FTOB, 30	Flu clinic, ages 20+	NA	NA	NA	NA		NA	
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA						

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

Comments:

1.e. week 4: My patient is at the integrity versus despair stage of growth and development. This is the final of Erikson's stages where individuals look back on their lives and determine whether they feel satisfied or bitter. I chose this for my patient because her age, 76, places her at this age, as well as the way she was talking. I could tell that she was reflecting on her life and determining whether she felt she had integrity or was in despair because she kept making comments such as "I am such trouble," or "I've

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

been here before, I am always here," with an upset attitude. She was looking at her life in a hopeless/bitter way of thinking that her aging part of life is a trouble to others KA

1e week 5: My patient's stage of growth and development for this week is trust versus mistrust because my patient is considered an infant at a day old. At this stage, the infant accomplishes Trust successfully by bonding with the parents through skin to skin, bonding, being sang to, etc. Nice job! KA

Week 4 – 1a, c, d – You did a wonderful job providing holistic care to the mom and baby you were assigned to this week. You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. You were able to identify safety measures used to keep newborns stay safe on the OB unit and completed mother newborn verification process whenever returning the newborn to the parents from the nursery. KA

Week 6 1e: I spent time with children ranging from kindergarten through sixth grade (around ages 6-12), which puts them at Erikson's industry versus inferiority stage of development. These children are at this stage because the task needing mastered at this age range is sense of self-worth, also known as industry, which is mastered by interactions with family members, those within the classroom structure, and adults. If these individuals do not receive exposure to these types of interactions at this age, they will not be able to adequately develop a sense of self worth and therefore feel inferior. Great job identifiying the Erikson's stage for the students at the B&G Club. KA

Week 6 – 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 7 1 e: This week I worked with children in grades 3-5, putting them in Erikson's industry versus inferiority stage of development because they are considered school age. Children in this stage are trying to master industry or sense of self-worth, which is accomplished by interacting with adults of authority and throughout the classroom structure. Nice job! KA

Week 7 – 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. BS

Week 8 1.e: Erikson's stage of growth and development of the people I worked with at clinical this week is industry versus inferiority. I worked with children in kindergarten through third grade, which puts them at this stage because they are considered school age. Industry refers to accomplishing a sense of self worth through interactions with others in the school such as classmates and your teacher, while inferiority would be if the individuals were to not accomplish this developmental task and not feel a sense of self-worth. Nice job identifying the students' stage. KA

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

1e week 9: My patient at clinical this week was in Erikson's intimacy versus isolation role because she is 30 years old, which is within the age range for this stage. This stage focuses on the development of loving relationships with other people to feel a sense of commitment, where failure to complete that task results in isolation and loneliness. My patient was succeeding at the task through bonding in loving relationships with her baby, her other daughter, her husband, and other family members. Great job! KA

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

Week 9 – FTMC OB Objective 1 A, B, C, D: This week in OB you had the opportunity to work with a postpartum mother and newborn. You did an awesome job with providing appropriate care and communication for the developmental stage of the patients, and provided systematic and developmentally appropriate assessment techniques. We discussed some of the safety measures of each of them as well such as fall risk of a mom post vaginal delivery and security for the newborn. Great job! MD
Week 9 – 1a, d – You did a nice job discussing your patient this week in your CDG. You were able to identify your patient as being a gravida 2 para 2 and the baby's APGAR scores as 8/9. You discussed safety concerns in the OB setting including the real OB patient that arrived to the ER when you were going to the ER to pick up the mock drill OB patient. The confusion could have definitely negatively affected patient care if you did not figure it out quickly. KA

Week 10 1e: My patients at the flu clinic this week are in Erikson's intimacy versus isolation stage of development because my patients were all in the young adult range of age; (around 20s to late 30s). The key to successfully achieving this developmental stage is forming meaningful and deep connections with others and therefore finding intimacy, whereas failure to find such leaves individuals feeling isolated. Good job! KA

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

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

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

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

Comments:

Week 5 – 1k and l – You recognized the uniqueness of the family you were caring for and ensured their opinions and questions were responded to with thoughtfulness and their perspective was validated. You respected the family and their right to make decisions for their infant and ensured they had the necessary information to do so. KA

Week 6 – 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

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Week 7 – 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. BS

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

Week 9 – FTMC OB Objective 1 J, K, L: During our day in OB, you were able to assess a postpartum mother and newborn. You were able to identify resources available for her and her newborn. You also were able to discuss the patient's perspective, diversity, and centrality of the patient and family needs as a health team. Awesome job! MD

Week 9 – 1i – You described the mother being in the taking hold phase of postpartum adjustment in your CDG and supported this with behaviors you observed. You also described bonding that occurred in the family unit during the postpartum period. KA

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

Objective

2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children encompassing cultural sensitivity and diversity. (1,2,3,4,5)*

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

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

Comments:

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

2g. week 4 A social determinant of health that could impact my patient's care is her mobility. She has limited mobility and was born with a birth defect of missing toes and clubbed foot. This determines the outcomes of her healthcare, being a SDOH, because her mobility issues could impair her ability to drive to doctors' appointments. Her birth defects and need to get assistive devices for ambulating could also be costly, and that with her not working could impair her ability to afford healthcare as well. KA
2g week 5: A social determinant of health my patient had this week was that she was told she was supposed to be kept with the same provider during her pregnancy, but that did not end up happening and she had to go to another provider. With the new provider, she was diagnosed with gestational diabetes but they were not wanting to see her sugars when she tried to bring in a log of them. This is an SDOH that could impact her care because this poor way that she was treated could drive her to not want to seek medical care when needed in the future. Great catch in the patient's history. KA

Week 5 – 2b, c, d, e –You utilized appropriate precautions on the newborn who had not had their first bath. You did a wonderful job providing a baby bath to the newborn and monitored their temperature before and after bath as well as helped prevent hypothermia by utilizing appropriate warming techniques. You provided the congenital heart screening to the newborn ensuring the pulse oximeter was placed on the corrects limbs and monitored for 1 minute on each site. You did not have the opportunity to administer medication this week but was able to observe the medication process. KA

Week 6 2g: A social determinant of health I noticed this week that could impact a child's health is that one of the children mentioned that he lives in a smoking household, his mom smokes around him. This could impact his health because exposure to smoking at a young age could lead to early development of respiratory conditions such as asthma, or even if he gets sick from school or elsewhere it could affect him more harshly if his lungs become compromised from exposure to smoking. Nice job identifying SDOH factors that relate to parents that can affect the child. KA

2g week 7: A social determinant of health I discovered this week that has the potential to influence care is the fact that many students said their glasses were loss or broken. This is a social determinant of health because the children are going without glasses for a period of time due to this which would make their vision worse, possibly impact their performance in school if they can not see, and also could lead to other symptoms like headaches from not wearing the glasses. Nice thoughts about how this deficit can affect one's health. KA

Week 7 – 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! BS
Week 8 2g: A SDOH or cultural element this week that I recognized could impact a patient's care was through a student that said "I go to the nurse a lot." This is a social determinant of health because if they meant they go to the nurse a lot due to sickness or injuries, that could decrease the wellbeing of their long-term prognosis/outcomes; especially if said student were to have a chronic condition. Great job with the observation and interpretation of potential concern. KAWeek 9 2g: A social determinant of health I observed at clinical this week was my patient's BMI greater than 30. This is a social determinant of health because this level classifies her as obese, of which BMI could lead to pregnancy complications such as gestational diabetes mellitus, large for gestational age, shoulder dystocia, along with other health issues that are not associated with pregnancy. Great observation looking how this can lead to future health problems. KA

Week 9 – 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: A social determinant of health I noticed during the flu clinic that could impact patients' health is whether they have Firelands Health insurance. This is because with the insurance, the flu vaccine is free, but if an individual does not have health insurance, they may not have the flu vaccine covered and not be able to afford it. Not

receiving the flu vaccine may lead to worse prognosis of health if they contract the flu, making this a social determinant of health. There are free flu clinic options locally.
Great job identifying how the having health insurance can impact flu vaccination. KA

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

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

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

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

Comments:

3d. week 4 An example of a legal/ethical issue that I observed in the clinical setting is that a nurse gave a patient a medication without asking if the patient had allergies. This is an ethical/legal issue because if the patient were to be allergic to a component of the medication but didn't know because the nurse didn't ask, the patient could have adverse reactions for which the nurse would be held accountable. KA

3d week 5: An example of a legal/ethical issue I observed in clinical was a doctor that said "If she would lose some weight…" when he was talking about the progression of a patient's pregnancy and her husband was walking past right when the doctor said it. This is a legal/ethical issue because the patient's husband could have conveyed that statement as judgmental and reported the doctor for the way he was speaking about a patient. This is a great example of a concern. This example is why it is stressed to be mindful of when and where patients' information is discussed. KA

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 through the day. You also maintained all the standards in the FRMCSN code of conduct while on the OB unit. KA

Week 6 3d: An example of a legal/ethical issue I observed this week was through a conversation I had with a girl who told me she has been left home alone before and did whatever she wanted. This is a legal/ethical issue because the girl was a kindergartener and it is not safe to be home alone at that age, therefore the parents could get in trouble if something happened to the girl in this situation. Great job identifying this concern. This also calls into question SDOH factors such as financial instability and lack of child care. KA

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

Week 6 – 3a,c- At the Boys and Girls Club, you acted with integrity, consistency, and respect for differing views and perspectives.
3d week 7: A legal or ethical issue I observed in clinical this week was a deaf student wearing headphones that allowed him to hear, and one of the kids making fun of him and asking why he was wearing the headphones. This is an ethical issue because the boy was being bullied for something out of his control, and the behavior of bullying is not an ethical behavior. KA

Week 7 – 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. BS

Week 8 3d: An example of a legal/ethical issue I observed during clinical this week was a situation when we were checking students pulse oximetry and one of the students said, "He needs his checked because he passes out." This situation was an ethical issue from my point of view because it would have been the ethical thing to check him and assess him further as a nurse to figure out what was going on, however I was not in the hospital setting to be working as a student nurse medically and so I did not do so. It can be difficult recognizing someone needs further testing but being unable to provide this care in the setting you are in. KA

Week 8 Objective 3A-C: You were professional and considerate with all students and staff you came in contact with. You made sure to keep student privacy throughout the day. You also maintained all of the standards in the FRMCSN Code of Conduct while at the school. KA/MD/RH/BS

Week 9 3d: An example of a legal/ethical issue I observed at clinical this week was a flood evacuation drill being conducted on my floor. This was an ethical issue on my clinical day because we had two fetal demises on my floor this day, and the chaos of all the people and noises of the drill on the floor could have disrupted the peace of the families trying to cope with the loss of their baby. This must have been very difficult for them especially with the added chaos. Drills are often scheduled very far in advance and do not always take into account what might be occurring on a unit when the drill is occurring. KA

Week 9 – FTMC OB Objective 3 A, B, C: Great job with acting with integrity and respecting different views on care of the patients we had this week in clinical! You were also able to respect health and medical information and followed the Student Code of Conduct policy! MD

Week 10 3d: An ethical issue I experienced at my flu clinic experience was through a patient I had that bled kind of badly. This is an ethical issue because I know that in situations with exposure to blood, I should have gloves on, but I did not have any access to gloves during the clinic and could have come into contact with her blood. Especially if I had an open cut on my hand and the patient had a blood borne infection, this could have put me at risk due to the fact I was not wearing gloves. Great job identifying this risk. It could also be considered a legal one especially if you were exposed to bloodborne pathogens. KA

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

Objective

4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*

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

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

Comments:

4d week 4: An example of patient centered care and developmentally appropriate teaching I provided during this clinical was by educating my patient on safety when ambulating. I asked my patient if she uses a walker, cane or any assistive device when getting around at home, and she said no. I explained to her using nonmedical terms why it is important for her to begin using one of these devices to help her get around with her limited mobility and decrease the risk of falls. I allotted plenty of time for the education to make sure that my patient understood and that I was able to actively listen to anything she may have to say, without distractions. I ensured that this was developmentally appropriate and patient centered by asking her if she had any questions and asked if she understood what I was telling her, along with implementing the teach back method to verify that she understood KA

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

4d week 5: A way that I provided patient centered care this clinical and developmentally appropriate teaching was by educating parents of a new baby on the assessments we do so that they would feel more comfortable when I had to take their baby out of the room. I thoroughly explained to them in terms they would understand that I would be listening to their babie's heart and lung sounds, testing reflexes, palpating the fontanels, spine, and skull, etc. Great job! KA
Week 5 -4b, d - You did a nice job documenting the newborn assessment in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessments accurately. You kept up on your charting and ensured documentation was completed in real time. You provided patient education that was focused on the parents' concerns and answered all of the questions appropriately. KA

Week 6 4d: This week I provided developmentally appropriate teaching on stranger danger to kids ages 6-12 by using terminology that they would be able to understand, making the presentation appealing with visuals appropriate for their age, and adjusting the presentation as needed based on which age group I had. I shared a cartoon video for the younger group, and a video of actual people that was more fitting for the older group. This remained patient/child centered by providing time for them to ask plenty of questions and responding to the questions thoroughly. Great job with your education. I know this is a rambunctious group. KA

Week 6 – 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
4d week 7: I provided patient centered care and developmentally appropriate teaching this week when teaching children what I needed them to do to get their hearing and vision screened. I made this patient centered by allowing the kids to choose whether they wanted to stand or sit during the hearing screening and also allowed them to ask me questions if they would like. This was developmentally appropriate by explaining in terms that they would understand and making sure to point out things physically such as the letters I wanted them to read or where I needed them to go so that they would understand. Nice job ensuring the students knew how to properly perform the screenings. KA

Week 7 – 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. BS

Week 8 4d: An example of patient centered and developmentally appropriate teaching that I gave this week was by teaching students kindergarten through fifth grade about what a nurse is. My group and I adjusted our presentation to be developmentally appropriate by doing wound care demonstrations and show and tell of nursing objects on the younger age groups, while we did a nursing bingo game with the older groups. We kept this patient centered by allotting time for questions and also allowing the students hands on participation. Great job educating the students at St Mary's this week! KA

Week 9 4D: Patient centered and developmentally appropriate teaching I gave at clinical this week was discharge education on caring for the baby at home such as umbilical cord care, car seat and crib safety, how to bathe the baby, etc. I kept this education patient centered by allowing her to share stories from her previous experiences in care with her other child and allowing her time to ask any questions she may have. I also kept the education developmentally appropriate by using terms she would understand and being able to talk to the patient from a more similar and comfortable point of view since we were so close in age. Great job educating the family while you were in OB this week! KA

Week 9 – FTMC OB Objective 4 C: Great job analyzing pathophysiology of your mother's vaginal delivery and the newborn's potential complications! MD

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

Week 10 4d: I provided patient centered and developmentally appropriate teaching on a patient at the flu clinic by instructing her to keep her arm active as much as she can to decrease the amount of soreness she will experience. This was patient centered because she shared concern about her arm becoming sore from the shot, and I addressed her concern with education. I also remained at a developmentally appropriate level by keeping the education conversation friendly and not sounding too formal so that she would feel comfortable talking with me. Nice job educating people at the flu clinic. KA

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

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

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

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

Comments:

Week 5 – 4f, g, h, I, j – You utilized information from your patient's and the mother's charts as well as from your 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 knowledge 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

Week 9 – FTMC OB Objective 4 F-J: During our clinical day we were able to obtain this objective with a postpartum mother and newborn during their stay. We were able to determine what types of diagnostic test, pharmacotherapy, medical treatment, nutritional needs, and growth and developmental level of the patients. Awesome job! MD

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

Objective

5. Collaborating professionally with members of the health care team, childbearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*

Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Demonstrate interest and enthusiasm in clinical activities.		NA	NA	S	S	S	S	S	S	S	S	NA	NA	NA	NA		NA	
b. Evaluate own participation in clinical activities.		NA	NA	S	S	S	S	S	S	S	S	NA	NA	NA	NA		NA	
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	NA	S	S	NA	S	S	NA	S	S	NA	NA	NA	NA		NA	
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	NA		NA	
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	S	NA	NA	S	NA	~~NA~~ S	NA	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)		NA	NA	S	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA		NA	
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	S	~~S~~ NA	NA	NA	S	NA	S	NA	NA	NA	NA	NA		NA	
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA						

****Evaluate these competencies for the offsite clinicals: ER: 5A, B, C, F, G H&V: 5A, B, C BG Club: 5A, B Flu: 5A, B, C**

Comments:

Week 4 – 5a – You had the opportunity to work with Courtney Schmitt, RN in the ER and were marked satisfactory in all areas.

Week 4 – 5g – You satisfactorily completed your CDG questions related to your ER experience. You responded thoughtfully to each question and ensured word count was met. You included an in-text citation and reference supporting your responses. Keep up the wonderful work! KA

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

Week 5 – 5a, c, d, e, f, – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical and your excitement was palpable. You were able to see a cesarean delivery while on clinical this week! You also were able to see hearing screenings and the newborn screening (PKU)/heel stick lab draw performed on the newborn. You were also very interactive with the newborn who had primary pulmonary hypertension. You asked multiple questions regarding his care and volunteered to hold and comfort him. You communicated and collaborated with the OB staff professionally and worked together to ensure the patients received the appropriate care. You did a nice job navigating the EMR and gathering information on your patient to ensure you could provide appropriate care throughout your clinical day. KA
Week 5 – 5g – You completed the care map this week for your OB experience versus the CDG questions. KA

Week 6 – 5a,b- You showed interest and enthusiasm as you presented your material to the children at the Boys and Girls Club. Nice work! BS

Week 7 – 5a, c, d – You did a great job showing interest and enthusiasm while at the school this week. You asked questions throughout the day to seek out new information while on clinical. You communicated and collaborated with the school nurse and school staff professionally and worked together to ensure the students received the appropriate care. BS

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

Week 9 – FTMC OB Objective 5 A, B, C, F: During this clinical experience you were able to evaluate your participation in activities and communicate professionally with the care you provided your patients with the nursing staff. You demonstrated awesome enthusiasm in clinical with excitement with mother/newborn instructions. The nursing staff were happy to assist with your learning and stated it was awesome to have students with huge passion for learning! Amazing job this week! MD
Week 9 – 5a – You had the opportunity to care for a patient with meconium-stained amniotic fluid. I am glad this helped you apply the classroom content to the clinical setting better. KA
Wek 9 – 5e – You discussed the purpose for tracking vaccinations in the population and the usage of a statewide system to keep track of all immunizations administered. You identified the vaccines are entered in this system by the pediatrician's office. KA
Week 9 – 5f – You did a nice job writing an SBAR for your patient in your CDG this week. It was clear and concise. I would add your patient's fundal and lochia assessment since she is postpartum. Other than that, you had a clear purpose and intention behind your SBAR. Great job! KA
Week 9 – 5g – You thoughtfully responded to all required CDG questions related to your OB experience. You included an in-text citation and a reference to support your ideas. You did a great job sharing your unique experience from the clinical setting. Keep up the excellent work! KA

Week 10- 5a,c- You had a great attitude and positive demeanor while administering flu vaccinations at the flu clinic. You also communicated effectively with other members of the healthcare team to ensure positive patient outcomes. BS

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

Objective

6. Critique own strengths and areas for improvement modifying behaviors accordingly to achieve personal and professional goals. (7,8)*

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

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

Comments:

6.a. week 4 An area for improvement I recognized I had at my clinical was when drawing up a medication from a vial. I accidentally threw the needle cap away, so when I was done drawing up the medication, I was not able to recap the needle to safely remove it. A goal I have for this is to improve my needle safety when drawing up

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

medications by midterm of the semester. I will reach this goal for taking all the opportunities I can at clinicals to practice drawing up medications, including asking for opportunities. Great idea! You can also volunteer to be the medication nurse in simulation to have more practice. KA

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

6a week 5: An area for improvement I had this week was trying to display more confidence in myself when caring for an infant patient. I felt very awkward and nervous when holding a baby or doing any care on the baby because I don't get much exposure to infants. My goal is to display more confidence in caring for infants by my nest OB clinical, and I can accomplish this my practicing with the infant mannequins in sim and any chance I get in the lab or at school. You will gain more confidence in time. I loved your enthusiasm and how you pushed yourself out of your comfort zone by taking multiple opportunities to provide newborn care while you were on clinical. KA

Week 5 – 6c, d, e, f, g, h, I – Your thought process and time management skills have grown from previous semesters. You were very interactive and information seeking throughout the whole clinical experience. You came to clinical ready and prepared to learn. You were enthusiastic and willing to learn whatever your faculty and staff was able to teach you. You were organized and timely with your care and documentation and delivered all your care with and ACE attitude. Terrific job! KA

Week 6 6a: An area for improvement I recognized this week was being prepared on how to respond to the children's magical and curious thinking. I did not consider how speaking about stranger danger may draw a lot of "what if" responses from the kids, and therefore was surprised when I had to formulate a response for that on the go. My goal to improve this is to improve my communication skills with younger populations by the end of the semester, and I can complete this by reviewing the chapters of the different developmental stages in the book as well as taking any opportunities I get to communicate with children. Great idea. Practicing your communication with different age groups will definitely help strengthen this skill. KA

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

6a week 7: An area for improvement I noticed this week was making sure to explain directions to children slow enough, because sometimes they would need me to repeat things or would forget parts of what I said. My goal is to focus on slowing down my communication with children and I would like to complete this by the end of the semester. I can accomplish this goal by practicing at St. Mary's Health Fair, in pediatric simulations, and other personal or clinical interactions I may have with children. This would be a great place to practice your communication skills. KA

Week 7 – 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 Bellevue Middle School. You were organized and timely with your hearing and vision screenings and documenting the findings on the provided forms. Terrific job! BS

Midterm – You are satisfactory for clinical at midterm. You have had a variety of clinical experiences and have had the opportunity to complete all competencies except 2e. Please seek out opportunities to practice dosage calculation while on clinical during the second half of the semester to be able to address this clinical competency. It has been wonderful working with you and watching you grow over the semester. Keep working hard as you finish the course. KA

Week 8 6a: An area for improvement I recognized at clinical this week was my time management skills because I felt like it was easy to run the groups at St. Mary's over time and leave other students waiting. My goal for this is to improve my presentation time management by the end of the semester, and I can do so by practicing for my cultural population presentation before presenting on Monday. Time management is definitely a skill that takes practice. I thought you did a nice job keeping track of your time as the day went on and ensuring your presentation was completed by the assigned time. KA

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

Week 9 6a: An area for improvement I recognized at clinical this week was my confidence in providing education to patients. My goal for this improvement is to display increased confidence in educating patients before next semester, and I can reach this goal by practicing education in simulations, at future clinicals, and even on family members that may need education on a health-related topic. Great idea. Practice will help you increase your confidence in skills you do not get to perform frequently. KA

Week 9 – 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 for improvement I recognized at my flu clinic clinical was the speed that I give IM injections. This is because rather than doing it like a dart, I felt like I would softly press the needle in, and I felt like I was inserting it too slowly. My goal is to improve my confidence in administering IM injections by my first clinical next semester, and I can do so by being med nurse in simulation, practicing at any open labs, and taking the opportunity to do so at clinicals. Practice makes perfect. KA

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

Student Name: Mallory Jamison	**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: 5		

	Criteria	3	2	1	0	Points Earned	Comments
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	You did a nice job listing all the abnormal assessment findings, lab findings, and risk factors for your patient. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	You did a nice job listing the patient's nursing priorities and highlighting the problem with the highest priority. You set a realistic goal. You highlighted the pertinent information. Consider highlighting the unsuccessful latching in the assessment box since successful breastfeeding can help the uterus contract and prevent PPH whereas in her case that is not occurring. You included pertinent complications and signs and symptoms the nurse should assess for related to your nursing priority. KA
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Respon	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	You did a nice job listing all nursing interventions relevant for the nursing priority. Interventions were prioritized, included frequency, were realistic, and were individualized. KA
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

ding	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

	Criteria	3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	You did a great job reassessing all highlighted information in the assessment section. You did not list if you were continuing or discontinuing the patient's plan of care. KA
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	0	

Reference

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

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

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

Faculty/Teaching Assistant Comments: Nice job satisfactorily completing your care map. See comments above for suggestions to improve your care maps in the future. KA

Total Points: 42/45

Faculty/Teaching Assistant Initials: KA

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

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

* Course Objectives

Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Lab Skills**									
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (* 1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditech (* 1,2,3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date: 8/20 & 8/21	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 10/20**
Evaluation	S	S	S	S	S	S	S	S	S	S
Faculty Initials	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
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: 9/11 & 9/18	**Date: 9/22**	**Date: 9/25 & 10/2**	**Date: 10/6**	**Date: 10/16 & 10//17**	**Date: 10/23 & 10/30**	**Date: 11/3**	**Date: 11/4 & 11/5**	**Date: 11/18**	**Date: 11/18**	**Date: 11/21**	**Date: 11/21**	**Date: 10/28**
		Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz			Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz		
Scenario Evaluation	S	S	S	S	S	U							S
Survey	S		S		S	S							S
Faculty Initials	KA	KA	KA	KA	KA	KA							KA
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA	NA	S							NA

* Course Objectives

Comments:

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

1. Performs focused antepartum assessment of patient with severe preeclampsia. (1, 2, 4)*

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

* Course Objectives

10/6/2025 vSim Maternity Case 4

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

* Course Objectives

11/3/2025 vSim Pediatric Case 3

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

*Course Objectives

11/18/2025 vSim Pediatric Case 1

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

* Course Objectives

11/21/2025 vSim Pediatric Case 4

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

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Dobias (A), Jamison (M), McNeely (A)
GROUP #: 2
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/11/2025 0830-1000

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Notices VS appear to be WNL. Mona CO pain with contractions. Patient requests mountain dew. FSBS 225. Notices UA tested + for THC, glucose. Mona CO feeling dizzy and lightheaded. VS reassessed. Notices low BP and rising HR. Bleeding discovered. Notices uterus is firming up in response to fundal massage.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (2, 4)*					Prioritizes need for VS, interprets VS to be normal. Interprets need for fetal monitor and to assist patient to left side. Interprets need for FSBS. FSBS 225, interpreted to be high. Interprets BP to be low. Interprets need for fundal massage.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1, 2, 3, 5) *					Nurse enters room, identifies patient, begins assessment, VS. Applies fetal monitor. Fetal monitor applied, patient assisted to left side. Orientation established. Urine sample sent to lab. Questions patient about GDM, prenatal care. Call to lab for UA results. Dietary education provided. Call to provider with update, provider inquires about prenatal care. Patient questioned about pregnancy history, THC use. Offers counseling. Call to provider with requested information. Orders received for US to verify dates. Requests orders to stop contractions. Orders received for Procardia (nifedipine), acetaminophen, and IV fluids. Water provided to patient. Call to provider to question order for nifedipine. Call to provider to ask for routes for medication. Medications prepared, allergies confirmed, medications administered. IV fluids initiated. Education provided
• 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	

	about uses of nifedipine. Call to request US to determine gestation. Questions patient about dizziness. Exposes patient to check for bleeding. Fundal massage initiated. Call to provider to report PPH. Order for methylergonovine (remember to read back orders). Call to patient's wife to update her and request her to come in. Assessment nurse comes in to finish assessment (this would not be an appropriate time to do this). Methylergonovine prepared and administered, Mona educated.
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Identify social determinates of health and provide education and resources for pregnancy (1, 3, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the PPH. (1, 2, 4, 5)*	**You are Satisfactory for this scenario! BS** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses

4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)* *Course Objectives	

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Dobias (M), Jamison (C), McNeely (A)
GROUP #: 2
SCENARIO: Shoulder Dystocia and Newborn Care
OBSERVATION DATE/TIME(S): 9/25/25 0830-1000

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1,2,5) *					Pain assessment: location, rating, duration
• Focused Observation:	E	A	D	B	Obtain vitals
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Perform cervical exam during initial assessment
• Information Seeking:	E	A	D	B	Reassess vitals and repeat cervical exam after nubain administration. Identify that water broke and ask about odor, consistency, color, amount, and verify time.
					Encourage and positively motivate mom to push
					Notice baby is stuck and begin HELPERR maneuvers
					Assess mom post-partum and other team members assess baby.
					Newborn assessment: thorough assessment complete (sucking, rooting, moro reflex, palmer grasp, Babinski, plantar)
					APGAR 1 minute: 9
					Post-partum assessment: BUBBLELE complete

	APGAR 5 minute: 9
INTERPRETING: (2,4) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interpret vitals as WDL Offer nubain as option for pain control due to not wanting epidural Administer PCN prior to delivery Interpret fetal monitor as accelerations with each contraction. Interpret rupture of membranes after nubain administration
RESPONDING: (1,2,3,5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Discussion of birth plan with patient. Education on epidural and pain medication options for patient preference. Medication administration: Educate on reason for antibiotic and GBS status. Hand primary bag below secondary bag. Check name/DOB, verify allergies, scan all medications. Does not call healthcare provider prior to nubain administration (does state to do so in orders). Correct dose administered, correct needle size used, correct technique, needle safety used. Call healthcare provider with update after rupture of membranes with update. Call healthcare provider when notice patient feels that she needs to push. Put patient in mcroberts position, rotate to hands and knees, suprapubic pressure, evaluate for episiotomy, remove posterior arm, rotational maneuvers. Newborn interventions: put baby in warmer, dry baby off, wrap in hat, suction nose/mouth, offer skin to skin Medication administration for baby: provide education on vitamin K and erythromycin to mother prior to administration. Correct dose, correct needle used, correct technique, proper needle safety for vitamin K injection. Eye ointment applied Offer information about lactation consultants
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of scenario and interventions performed. Group stated good teamwork and communication was used throughout simulation. Team reviewed EMAR to see specific parameters for medications. Team identified they should have called provider prior to nubain administration per special instructions. Each member identified strength and area for improvement for next simulation. Emotional intelligence questions related to patient point of view and support person point of view. Each member identified own feelings and reactions related to the simulation and how it impacted their actions/how they

	reacted during the scenario.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** **1. Select physical assessment priorities based on individual patient needs. (1, 2)*** **2. Identify risk factors and implement appropriate nursing interventions upon completion of focused nursing assessment. (1, 2, 3, 4, 5)*** **3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)*** **4. Identify and implement appropriate nursing interventions in which heat loss occurs in infants. (1, 2, 5)***	**You are Satisfactory in this simulation! RH** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

Lasater Clinical Judgment Rubric Scoring Sheet

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

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.
RESPONDING: (1, 2, 3, 5)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Responded to safety issues by correcting each of them to provide a safe environment for the patient's care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient's respiratory distress by providing the patient with the ordered breathing treatment. Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.
REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.

SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing to accomplished is required for satisfactory completion of this simulation.** Scenario Objectives: 1. Utilize the concepts of growth and development to identify concerns with patient safety and provide appropriate interventions to address safety concerns. (1, 3, 5)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1, 2, 5)* 3. Collaborate with members of the healthcare team to provide safe, holistic, and comprehensive patient care. (1, 2, 4, 5, 6)* 4. Utilize SBAR communication in interactions with members of the health team. (5)* *Course Objectives	You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! KA/MD/RH/BS Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses

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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): Dobias (C), Jamison (A), McNeely (M)
GROUP #: 2
SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/23/25 0830-1000

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Introduce self, obtain vitals
• Focused Observation:	E	A	D	B	Notice needle and medication in bed and remove items
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Verify patient name/DOB
• Information Seeking:	E	A	D	B	Respiratory assessment. Identifies lung sounds as wheezes. Does not pull gown down to visualize entire chest. Asks about retractions
					Medication error for ibuprofen not identified or investigated, incorrect/unsafe dose administered to child
					Pain assessment (location). No further questions about pain.
					Reassess temperature, throat pain (only location), and respiratory assessment after ibuprofen administration
					Respiratory assessment. Identifies lung sounds as stridor. Does not full remove gown to visualize chest
					Obtain vitals. Notice elevated heart rate, increased respiratory rate and decreased oxygen
					Checks chest retractions prior to breathing treatment
					Assess throat pain. Only asks about location, no further questions asked
					Medication error for acetaminophen and IV fluids not identified or investigated. Unsafe dose administered to child
INTERPRETING: (2, 4) *					Interpret temperature as elevated
• Prioritizing Data:	E	A	D	B	Identified medication error with amoxicillin. Does not identify medication error with ibuprofen. Does correct med math for order in chart related to ibuprofen. Does correct med math with new amoxicillin order.
• Making Sense of Data:	E	A	D	B	Interpret temperature as improved after ibuprofen
					Interpret temperature as elevated
					Interpret breath sounds as stridor and medical emergency

	Stays in room while patient has stridor until respiratory arrives Identify elevated temperature and need for acetaminophen Does not catch medication error for acetaminophen, but does do correct med math per the order in the chart.
RESPONDING: (1, 2, 3, 5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Remove unsafe items from bed, offer a stuffed animal instead Call healthcare provider about medication orders. No SBAR provided during call. Ask for clarification on amoxicillin Provide education to father about croup (what disease is/how it is caused, home care after discharge, cool mist humidifier, cool night air to help with breathing) Medication administration: check name/DOB, verify allergies, provide education on ibuprofen, cetirizine, and ibuprofen, scan patient, scan medication, correct dose administered per orders Students state they would place patient in precautions at this point Call respiratory therapy for breathing treatment after respiratory assessment Call healthcare provider with update on stridor and asks for additional orders. No SBAR provided. Receive order for oxygen and dexamethasone. Readback orders Apply oxygen at 1L via NC Education provided to dad about breathing effort and what is happening Medication administration: check name/DOB, verify allergies, provide information about dexamethasone, correct dose administered Medication administration: check name/DOB, verify allergies, provide information about acetaminophen, scan medication, correct dose administered per the chart
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Group discussion of scenario and good communication between team members in simulation. Through discussion of scenario, group identified missed medication errors in the orders in the chart. Group members stated the amoxicillin order was the only order they double checked because it was a new medication and they thought the other orders would be correct. Each group member did dosage calculation for each medication error including acetaminophen, ibuprofen, and IV fluids. Discussion about what would need to be assessed in patient after these errors and how to report medication error

	per facility protocols. Group discussion of feelings and emotions after discussion of medication errors. Group discussion and reflection should be done related to the team as a whole as well as individually. Simulation is evaluated as a group and should be debriefed as such.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Review appropriateness of prescribed medications for prevention of errors and administer medications utilizing the concepts of growth and development. (1,2,5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* **4.** Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)*	**You are unsatisfactory in this scenario. Please refer to remediation assignment for further instructions. RH** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. 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. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance. Responding: Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring but not competence. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills. Reflecting: Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices. Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. You have completed the remediation assignment related to proper medication administration and medication errors that pertained to your group's performance in this simulation. Your assignment was completed satisfactorily, therefore you are now satisfactory for this simulation. RH

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Mallory Jamison OBSERVATION DATE/TIME: 10/28/25

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

*Course Objectives

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: _____