

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Nikki Papenfuss

Final Grade: **Satisfactory**

Semester: **Fall**

Date of Completion: 11/24/2025

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

Faculty eSignature: Rachel Haynes MSN, RN

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)
10/17/25	1	Late survey (FT OB)	10/17/25
10/17/25	2	Late CDG Post	10/17/25

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
9/16/25	Ineffective thermoregulation	S/RH	N/A	N/A

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
Competencies:		S	N/A	S	S	N/A	N/A	S	N/A	S	N/A	S	N/A	N/A	N/A		N/A	S
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	N/A	S	S	N/A	N/A	S	N/A	S	N/A	S	N/A	N/A	N/A		N/A	S
b. Provide care using developmentally appropriate communication.		S	N/A	S	S	N/A	S	S	S	S	N/A	S	N/A	N/A	N/A		N/A	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	N/A	S	S	N/A	N/A	S	N/A	S	N/A	S	N/A	N/A	N/A		N/A	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	N/A	N/A	S	N/A	N/A	S	N/A	S	N/A	S	N/A	N/A	N/A		N/A	S
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	N/A	S	S	N/A	S	S	S	S	N/A	S	N/A	N/A	N/A		N/A	S
Clinical Location Age of patient		17/FTMC FN	NONE	Bellevue Elementary 14.4.V	1 Day Firelands OB	No Clinical	B/G CL UB	MIDTERM	St Mary	20/FTMC OB	NONE	FLU	NONE	N/A	N/A		N/A	FINAL
	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

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

Comments:

Week 2 E Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*: I think identity vs role confusion this stage is during adolescence between 12 and 18 years old. During this stage the teen may be developing their personal identity and with the athlete he may be trying to balance his athletic identity along with personal interest. The patient did make the comment that he will wrap his finger good and still be able to play in his upcoming game. I

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

feel that his athletic identity tops what is in his best personal interest. Yes, great job! I am not sure what the maternal/child text says, but the psych book does say this age range is 12-20, just as a heads up. RH

Week 4 1e: Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)* Industry vs inferiority I think we encouraged a sense of industry when we ask the kids to do the task of letting us know if they hear the beep or even by calling out the shape that they were seeing. Some of the little kids were so excited after the vision screening they seemed to have felt accomplished something. RH

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

Week 5 1e :Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*: During this clinical the stages of growth and development with the baby would be Trust vs Mistrust (infancy) these little ones are developing a sense of who they can trust. So when they are crying and we sooth them. They may start to understand if I cry I get the pacifier or my butt patted or even a diaper change. The nurses noticed the one baby when he would get wet he let them know by getting fussy and then he would get changed. RH

Week 5 – 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 7 1e: Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)* Industry vs inferiority the younger group of kids we met had a better understanding of Bullying they came up with great approaches/solutions. The older age group just thought it was a joke and did not care to go over any of the scenarios. I hope that some of our scenarios and teachings stick with the older kids, and they can see how being nice can help set their future. I had a younger kid say that I was a bully because I wouldn't allow him to get a prize before the game, we had set up for them to do. I had to explain to him that just because he is told no that does not make someone a bully it is setting boundaries and that he may not understand it now but eventually he will. How do you think the older child's behavior related to the Erikson's stage they were in? Good job identifying that there were two different groups at this clinical site. RH

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

Week 8 1e: Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)* Per Eriksons stage the kids for their age groups would once again be industry vs inferiority. These kids are beginning to master new skills and should start receiving recognition for their efforts. The little kids were a blast and the more praise we gave them for answering they seem to come out of their shells. They were getting excited to answer the questions. With the kids still learning their voice and who they are. Yes, good job. RH

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

Week 9 1e: Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*: New mothers the intimacy vs isolation stage is where I think they would be. This stage they could move closer to their partner but at the same time if they have postpartum depression they can start to self-isolate and this is not a good thing so educating them on postpartum depression and letting them know that there is plenty of help and to get help. Very nice! RH

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

Week 11 1e: Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*: Eriksons stages are not listed in the book for the age group of individuals we seen during the flu clinic but looking up the stages per the national library of medicine the patients we seen would be stage 7 Generativity vs Stagnation. Our patients would be at the generativity this is where they believe they are making a positive impact and contributing to the world such as getting the flu shot in order to not get sick and spread germs to any other individual. Great job. RH

Week 11- 1a,b- You did a great job communicating with the patients at the flu vaccine clinic. Your conversation helped to kept the clients calm throughout the process and you worked in an efficient manner to keep the line moving. Nice work! BS

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

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

Comments:

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

Week 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

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

Week 7: 1k- While interacting with the children at the Boys and Girls Club you did a great job acknowledging their perspectives, diversity, ages, and cultural factors, which all influence their behavior. BS

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

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

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

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

Comments:

Week 2 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)* Noticing: observed patient condition and pain level and noticed family involvement and understanding The patient mother noticed that he was nervous about getting these shots and she tried to console him by holding his hand afterwards patient was a little shaken due to being poked with a decent size needle in each leg. Interpreting would be to evaluate the family ability to follow up care this family seem to understand that they were to return to

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

have the sutures removed in 14 business days. Responding provides clear communication on how to treat the injury, they were provided follow up care and seemed to understand when to return and to return if the site showed any redness swelling or odor. Reflecting reflect on if the communication was effective and the care provided was good, before the shots were given the patient and his mother were informed of the medication and why he was getting the medicine they understood and ok'd the shots. **This is a great explanation of the situation. Can you list specifically what the social determinates of health are in relation to this patient? Education level, communication barrier, lack of comprehension, etc.? RH**

Week 4 2g: 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)*** There was a slight language barrier with one student she spoke Spanish the nurse knew a little Spanish to speak with her but I did not know any Spanish to explain the hearing process to her that could be a slight issue. Also the kids were all so young some of them we had to explain the hearing process a few times until they understood to raise your hand when you hear the beep and then put it down then raise it when you hear another beep. I had a few kids keep their hands raised and I had to tell them to lower their hand in between each beep. There was one little boy that was nervous he thought being at the nurse's office he was getting a shot, we explained to him he was not there for a shot we were just testing his vision he did really good he left with a smile on his face. **Clear communication is super important, especially if you have young children who are afraid of getting a shot, when really that is not the reason they are in the nurse's office to begin with. That poor little kiddo was probably so nervous and scared. Using clear (and developmentally appropriate) language helps make the situation calmer and less stressful for the nurses and the children. RH**

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

WEEK 5 2G: 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)*:**For my baby I was able to care for I would say the social determinants of health and or cultural elements would be the parents are young, they have a lot to learn. The father brought in his gaming system to play while they were at their stay instead of embracing the precious first days with the baby. We suspected both parents to be vaping in the room while baby was in the room, you could smell the vape and they kept trying to hide the vape when anyone entered into the room. My class mate informed the nurse and the nurse educated them that Firelands is a smoke free campus that includes vaping and dangers of smoking/vaping around the baby. **This is becoming more and more of a common practice with patients. They cannot seem to not vape for the few days they are admitted. This happens on the regular unit as well. It is sad when they are doing it on the maternity ward due to all the exposure to the babies. RH**

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 a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. You had the opportunity to administer PO medications to the postpartum mother while on clinical this week. KA

Week 7 2g 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)*** These kids came from all different households the one little girl I had the pleasure of speaking with went to school with my daughter in 1st grade as we talked I learned that her and her three other siblings lived with their grandmother she helps raise them. They attend the boys and girls club to get help with their homework, and this gives their grandmother a little break before their mother picks them up and takes them home. This gives the kids a meal before they go home and cuts the cost of childcare. Listening to this little girl touched home we also have an extended family household. **Many children who are at the B/G club do not have food once they go home or they have just snacks at home, so it is important that they are eating so they can have some dinner. Does the grandmother live with the mother and children? So it is a multiple family home? RH**

Week 8 2g 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)*. Some social determinants of health would be with the catholic school being a private school they may have limited access to some public health programs such as free lunch for all the kids. They offer free or reduced-priced meals for families that are eligible. Families that may be struggling financially may be to embarrassed to ask the school for help paying lunch.. Cultural elements that have the potential to influence patient care this is a private school with a faith-based education. Their religious beliefs may influence their decision around mental health interventions, or reproductive health. **great observations!**
Another SDOH could be the potential cost of the schooling (since it is private). Some families may desire to send their children there but are unable to afford tuition. RH

Week 9 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)*: Complacency and perceived risk of vaccines. I noticed an incline of parents declining their child the Hep B shot and erythromycin ointment. With all the new studies coming out this is halting parents getting these vaccines. **Though we may not agree, following what the patient wants for their child is a legal obligation we have. Good discussion topic! RH**

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

Week 11 2g 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)*Some employees may feel obligated that they need to get the flu shot in order to keep patients safe. I did have a few patients that were nervous getting the shot so I did try to talk to them to keep them distracted but I do believe that having a divider up would help a lot. That is a great idea. When I was there, there were a couple women who had long sleeves on who didn't want to take their whole arm out of their shirt and be exposed, so this could benefit the students and patients being more comfortable. RH

Week 11- 2d- You did a great job safely administering flu vaccines at the flu vaccine clinic. BS

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

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

Comments:

WEEK 2 Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*: Nurses speaking extremely loud about a negative situation they experienced and then carrying on and on. Nurses cursing loudly with patients in surrounding rooms. Nurses speaking/yelling patient in room one ALTs are negative (honestly, I am not sure that was the test) mind you room 1 has 4 family visitors and directly across from the nurse's station. I understand we are all adults but you need to remain professional during your whole shift. When my nurse was upset about a situation that happened before I got there she should have took some time to decompress not air all the business for the whole ER to hear. They should incorporate the quiet signs that Firelands Regional Medical Center utilizes for areas this would help keep the nurses mindful of their noise level. They need to do rounding with their nurses to let them know that this behavior is not acceptable and to be mindful of your surroundings you never know who is listening. **These are great examples of legal/ethical issues that you witnessed while at your ER clinical. The quiet signs would be a good idea to implement for them.** RH

Week 4 3d: Critique examples of legal or ethical issues observed in the clinical setting. (List Below)* I didn't experience any legal or ethical issues in this clinical setting they have a great flow on how things go to make sure everything runs smoothly for the kids. I don't know if you would have called it an ethical issue there was one little girl that her primary language was Spanish and they had to ask her, her name in Spanish which I felt bad that I didn't know Spanish to explain to her how the hearing process worked, but she picked up on what to do quickly. **Sometimes (depending on the school district) there is an interpreter that is with the student all day that helps with the language barrier. If there were no accommodations for this student in the school system, that could absolutely be a legal or ethical issue, because how would that student understand what was being taught to them if it is not in a language they understand?** RH

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

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

Week 5 3d: Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*: We got to watch a c-section this patient Spanish speaking and the department provided her and her family with the translator to ensure the patient knew what was going on every step of the way. We had another baby that had to stay in the nursery because he wasn't quite ready to be sent home and the mother was sick so they did have her distance herself when she visited the baby. It was nice to see how accommodating the unit was with the mom and baby. I did notice that one of the parents did decline twice to get their baby vaccinated with the Hep B vaccine. **These are all great examples.** RH

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 7 3d **Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*** A legal issue I would say is child safety and supervision. It is controlled chaos. The kids were everywhere, if the teachers were not paying attention the kids could have ran off without anyone knowing. I think the school needs to up their security cameras for better tracking I think it just would provide better safety. **Cameras are a great idea! I am not sure how they would wire them in that building since it is so old, but it could definitely be done.** RH

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

Week 8 3d: Critique examples of legal or ethical issues observed in the clinical setting. (List Below)* I am not really sure I seen any examples of legal or ethical issues I do think that it is weird that they connected all of the schools together at one point there was just the one brick school then they added on the rest over the years and added in door corridors to connect all the school ages. There are a lot of exits and a lot of hidden stairs that kids could get lost or sneak out if they really wanted to. I guess that could be the legal or ethical issue. **I did overhear one of the FRMCSN students who was a graduate of St. Mary's say that they had quite a few of their classmates attempt to "escape" during the school day, so that is a valid concern!** RH

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

Week 9 3d Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*: Legal or ethical issues observed in this clinical setting would be from the ER to labor and delivery is such a long long long walk if it was a true emergency there should have been a quicker route to get from labor and delivery to the ER. **The faculty were discussing this based on the drill that was done while your group was at clinical. I wonder how many babies were born on their way to the OB unit? That walk is quite the distance.** RH

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

Week 11 3d: Critique examples of legal or ethical issues observed in the clinical setting. (List Below)* I didn't like the open setting and no privacy for the patients. We had a line, and everyone just stood staring! I feel there should be patricians one it would make the students less nervous, and I feel would make the patient comfortable. Also at the Flu clinic there is no verification of who the patient is by ID you just take the patient word and what they wrote on the paper that is given to you. **Technically employees had to scan in with Laura at the front, so they were able to verify they were employees with her. We can definitely pass along to have some partitions for next year though, great idea!** RH

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

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

Comments:

Week 2 4D Provide patient centered and developmentally appropriate teaching. We had a patient come in because he tripped over a kitted fell fractured his ankle and obtained an open wound on his forearm. I educated this patient on why he was getting the tetanus shot due to him receiving an open wound when he fell and injured his ankle. Since he couldn't remember when his last tetanus shot was we were giving him this shot to be safe. Patient understood and I was able to give him his shot. I informed him that his arm may be sore for the next few days but it will go away. **Great educational point for your patient! This vaccine is one of people's least favorites because it causes the arm to be sore for quite a few days and is unpleasant.** RH

Week 4 D: Provide patient centered and developmentally appropriate teaching. I had to explain the process to the kids for the hearing that when they hear the beep that we need the to raise their hand so that we know that they can hear the beeps. Some kids we had to explain it a couple of times, but they got the hang of it. RH

Week 4 – 4b, d – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You then helped alphabetize and document the information further on the required ODH documentation forms. This was a terrific help to the school nurse. You did a nice job educating the

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

first graders as needed on the screening process and ensuring they were able to perform it correctly so the results would be valid. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. KA

Week 5 – 4d Provide patient centered and developmentally appropriate teaching.: I want to believe that I taught the baby that baths are nice. But patient centered and developmentally appropriate teaching. I let the parents know that the baby had a bath and did very well. I was able to pass meds and educated a mother that she was getting her Ibuprofen for her pain and that her baby will go back in 4 hours to do another hearing screening test. I love that you taught the baby to loves baths! That is one of my favorite parts of the clinical experience. RH

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 7 4d: **Provide patient centered and developmentally appropriate teaching.:** With our project we did have to adjust our teaching for each age group. Each of the age groups rotated through the three classrooms. I would like to believe that we taught the kids that being nice pays off better than being mean. I think we connected with the little kids they were prize oriented, but the older kids could have cared less about anything we had to say. Is there anything you would do differently now know that is how they were reacting to your teaching? RH

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

Week 8 4d: **Provide patient centered and developmentally appropriate teaching.:** My group had a blast teaching the kids about cyberbullying and stranger danger. I was able to educate kids about cyberbullying, and I think that we all learned new things with this project. The little kids are very educated on social media platforms, and they are very aware of bullying and cyberbullying. They came up with some great ideas about avoiding an individual that would be bullying them on the internet. I feel that they did take some good information from our presentation. That is great to hear. RH

Week 9 4d Provide patient centered and developmentally appropriate teaching. I think that I did a pretty good job on teaching the family on baby safety. The family seemed to understand everything that we talked about. But also this was her second child so it was just a refresher on the newborn course. Refreshers are always needed though because what if what they did with their first child has become an unsafe habit? Good job. RH

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

Week 11 4d Provide patient centered and developmentally appropriate teaching. I think I did a good job during flu clinic asking for allergies and which arm they would like the shot in along with asking them to apply pressure to stop the bleeding if they did bleed. So I could apply the band aid. There was not much teaching that I did during this clinic. You could have also educated on side effects or soreness at the injection site if they asked, that has been a common theme. RH

Week 11- 4b- You did a great job documenting the flu (and COVID) vaccines you administered at the flu clinic. BS

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

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

Comments:

Week 2: 4(f, g, h) Great job explaining the diagnostic tests, pharmacotherapy, and medical treatment to your patient in your CDG this week. Did you get to observe the finger reduction/being put back in place? RH . I did not get to see his finger reduction/being put back in place unfortunately. I was just curious, that would have been a neat experience. RH

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 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

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

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

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

Comments:

Week 2: 5(a)- Marked satisfactory in all areas. “Don’t just observe, participate in learning. You do fine.” Natalie Gilbert, RN

Week 2: 5(b, c, f, g)- You did a great job staying positive and interactive with your clinical even though you said your preceptor was not the best. Once reminded of the key at the bottom of each competency, you did a good job evaluating yourself in regards to your clinical experience. The SBAR you provided in your CDG this week was so well written, great job! RH

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

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

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. 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. You provided hand off report to the appropriate nurse when leaving clinical at the end of shift. KA

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

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

FTMC OB Objective 5 A, B, C, F: During this clinical experience you were able to evaluate your participation in activities and communicate professionally with the care you provided your patients with the nursing staff. You demonstrated awesome enthusiasm in clinical with excitement with mother/newborn instructions. The nursing staff were happy to assist with your learning and stated it was awesome to have students with huge passion for learning! Amazing job this week! MD

Week 11- 5a,c- You had a great attitude and positive demeanor while administering flu vaccinations at the flu clinic. You also communicated effectively with other members of the healthcare team to ensure positive patient outcomes. BS

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

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

Comments:

Week 2 6a Recognize areas for improvement and goals to meet these needs.(List Below)* I need to work on my confidence and not let this negative experience impact me. I will start my next clinical more confident and be a better go getter by my next clinical date on September 11th. **Good job remaining positive and not letting this impact your other clinicals this semester. RH**

Week 2: 6(e)- This was changed to a “U” because you had to resubmit your tool after properly evaluating yourself, therefore making your tool late. Please address this “U” and state how you will prevent getting another “U” in the future. This will remain a “U” until it is addressed. RH

Week 3: 6e: I will make sure that I evaluate myself accordingly ensuring that I understand the clinical tool before filling it out and turning it in. I completely skipped over the colors at the bottom of the charts that indicate what needs to be filled out for each clinical experience. I will ensure that I slow down and pay attention. RH

Week 4 6a: Recognize areas for improvement and goals to meet these needs.(List Below)*: This clinical experience went well I believe. I feel I connected well with the kids and made some kids smile. Something I feel I could improve on is not to show up a hour early make sure that I read my times better. There are a lot of specific times for the clinicals this semester, being aware of start times is important. At least you were early and not late! RH

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

Week 5 6a. Recognize areas for improvement and goals to meet these needs.(List Below)*:Room for improvement and goals: Improvement will be to ensure to think before I speak . Goal would be to remember to be mindful and utilize my filter before I say things, also at my next OB experience I would like to care for mom to get that experience. My next OB clinical is October 15th I am pretty excited for this! We will be sure to pass this along so you can have the experience of caring for a new mom! RH

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

Week 7 6a Recognize areas for improvement and goals to meet these needs.(List Below)* areas of improvement would be to become better at programing the IV pump and hanging a secondary bag. I plan on attending open lab to practice this along with watch the videos that are provided online. Great idea! If you ever want more practice and the lab is not open, we are more than happy to open it for you for more practice. RH

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

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

Week 8 6a Recognize areas for improvement and goals to meet these needs.(List Below)* I feel this clinical went well one of my goals will be to shadow a school nurse I think I would like to work with kids after school they are full of so much information. Improvement I could work on would be taking the stairs more often so I would not be so winded walking up one flight of stairs. No my actual improvement would be to pack a lunch! I have always been horrible about packing but today it would have help so much to have food. I think I have come along way this clinical I honestly could not think of anything for improvement areas I showed up on time, came prepared, I helped bring in the boxes of goodie bags that were to be given to the classes. I am glad to hear you feel that you would be interested in school nursing, that is such a specialized area that not many people think of when they want to be a nurse. If you want to further talk with a school nurse, let one of us know and we can reach out to one of the hearing/vision sites and see if they offer a shadowing opportunity. RH

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

WEEK 9 6A Recognize areas for improvement and goals to meet these needs.(List Below)* Area for improvement would be that I need to remember respirations! I will improve on this with the next clinicals and that being the FIRST vital sign I get! YES! RH

Week 9 6B Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.: I put myself down as a U due to the fact that I lost track of my days and thought today was Thursday I have sim today not thinking and no its Friday and here I am just now filling out my clinical tool and turning in my CDG late. So I need to do better with time management and keep an eye on my calendar. Thank you for self evaluating your self as such and addressing it this week. Next week this will be an “S”

WEEK 9 6G Demonstrate ability to organize time effectively. I gave myself a NI due to me not having my days together and turning everything in late this week. I need to keep a better eye on my calendar and try to utilize my calendar on my phone to keep track of the days. Some students have done a reminder the day before it is actually due because the Friday due date has been difficult to switch to. Just a heads up, it will remain on Fridays in the spring semester as well. RH

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

WEEK 11 6A Recognize areas for improvement and goals to meet these needs.(List Below)*: This week was the Flu clinic I would like to have more practice during clinical next semester giving shots to build my confidence. I would like to work on the dart method of giving the shot I was more of a poke and slow I was so scared due to my inexperience. All the poor employees that I gave the shot to I hope their arms aren't too sore! You can always practice in the skills lab as well if you want some additional practice. RH

Week 11- 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

FINAL: You have satisfactorily completed the clinical portion of the Maternal Child Nursing course. You have had various opportunities to address the competencies throughout the semester. You have worked hard to further develop your nursing skills and clinical judgment throughout the course. You have shown growth in your nursing abilities and knowledge of our patient population. You interact well with patients, your peers, and the staff. Keep up the good work and continue to develop your knowledge into the next semester. RH

Student Name: Nikki Papenfuss		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	All criteria met. RH
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. RH
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3		
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Two interventions do not have frequency (80% so no points lost here, but be aware for future care maps so you do not lose points in this area)
	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	3	Love that you used a referral to lactation in your reassessment area. This is a great way to start thinking since the latch/feeding has not improved, this would be the next steps to take.
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	

Reference

An in-text citation and reference are required.

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

The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

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

Faculty/Teaching Assistant Comments:

Total Points: 45/45

Faculty/Teaching Assistant Initials: RH

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

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

* Course Objectives

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

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 3 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/18	Date: 9/22	Date: 10/2	Date: 10/6	Date: 10/17	Date: 10/30	Date: 11/3	Date: 11/5	Date: 11/18	Date: 11/18	Date: 11/21	Date: 11/21	Date: 9/25
	Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz			Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz			
Scenario Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	
Survey	S		S		S	S		S		S		S	
Faculty Initials	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

* 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): Foote (C), Papenfuss (A), Shelley (M)

GROUP #: 9

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/18/2025 1000-1130

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. Patient requests mountain dew. Recognizes the need for FHM. Recognizes FSBS of 225 (high). UA results- + for THC, glucose, nitrates.</p> <p>Mona CO feeling dizzy and lightheaded. VS reassessed. Notices low BP and rising HR. Bleeding discovered. Begins fundal massage. Notices uterus is firming up in response to fundal massage. BP reassessed, and improving.</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>Prioritizes the need for FSBS. Interprets contractions on the FHM. FSBS- 225, interpreted as being high. Patient assisted to left side to promote comfort. Interprets UA results as abnormal.</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 ne improving. Recognizes heavy bleeding.</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>Name and DOB verified. Patient questioned about contractions/pain. VS, assessment. Patient questioned about drug/THC use, past pregnancies, history of gestational diabetes (GD), prenatal care, usual dietary choices. Urine sent to lab. FHM applied. Patient assisted to left side. Obtains additional information in preparation to call the HCP. Call to HCP (Great job with report!). Orders received for nifedipine, acetaminophen, IV fluids, US to verify dates. Orders read back. Call to request US. UA results received. Medications prepared. Call to HCP to report UA results and to question nifedipine order. Order clarifies, medications prepared, allergies confirmed. Medications administered.</p> <p>Patient CO being dizzy, BP assessed. Perineal area assessed. Notices blood, calls for help. Fundal massage initiated. Call to HCP, order received for methylergonovine. Patient identified, methylergonovine prepared and administered. Keep needle cover on until ready to administer.</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, and did well with each. Discussed the use of calcium channel blockers to stop 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 needle safety to prevent accidents. 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)* 2. Identify social determinates of health and provide education and resources for pregnancy (1, 3, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the PPH. (1, 2, 4, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)* <p>*Course Objectives</p>	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: **N. Papenfuss**

OBSERVATION DATE/TIME: **9/25/25**

<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 caring for the newborn simulator. Your responses were thoughtful and reflective on how you felt and you compared your experience to caring for a real newborn.</p> <p>Great job.</p> <p>I enjoyed seeing your photos!</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 challenges associated with caring for a newborn and how to empathize with the 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 newborn patient and childrearing family. (1, 5, 6)* <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>Comments</p> <p>You are satisfactory for this simulation.</p>

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Papenfuss (M), Shelley (A)

GROUP #: 9

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/25/25 1000-1130

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>Ask about pain but no formal pain assessment done</p> <p>Obtain vitals</p> <p>Continue to head t toe assessment</p> <p>Cervical check after calling healthcare provider but before administering nubain</p> <p>Leopold’s position assessed</p> <p>Identify change in fetal strip after nubain admin</p> <p>Reassess vital signs after nubain administration</p> <p>Cervical check done. Notice changes in cervix and that water broke</p> <p>Notice baby is stuck and use HELPERR maneuvers</p> <p>APGAR 1 minute: 9</p> <p>Newborn assessment: thorough assessment (sucking, rooting, palmer, Babinski)</p> <p>Assess mom postpartum</p>
<p>INTERPRETING: (2,4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Offer nubain as pain relief due to not wanting epidural</p> <p>Interpret vitals as WDL</p> <p>Interpret fetal strip as accelerations</p> <p>Interpret fetal strip as early decelerations after nubain administration</p>
<p>RESPONDING: (1,2,3,5) *</p>	<p>Call healthcare provider prior to administering nubain medication. Good SBAR provided but not all data collected prior to calling</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>Nubain administration: provide education on medication, verify allergies, correct dose, incorrect needle size used, use of needle safety, inserts needle at 45 degree angle rather than 90 degree angle.</p> <p>Penicillin administration: education provided about why patient is getting medication and what GBS is, hang secondary fluid above primary fluid, program pump correctly</p> <p>Calling healthcare provider with update on fetal strip changes from accelerations to early decelerations</p> <p>Call healthcare provider with second update after nubain administration</p> <p>Prepare infant warmer with multiple blankets, hat, wristband, suction, and stethoscope for delivery</p> <p>When patient wants to start pushing put patient in McRoberts, call healthcare provider for help, suprapubic pressure, evaluate for episiotomy, hands and knees, rotational maneuvers, remove posterior arm</p> <p>Dry baby off immediately after birth and place on warmer. Suction mouth and nose</p> <p>Erythromycin ointment: administers to baby correctly, does not provide education prior to administration</p> <p>Vitamin K administration: provide education prior to administration, correct location, correct technique, correct needle size, correct dose, insert at 45 degree angle rather than 90 degree angle. Use of needle safety.</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 discussion of scenario and interventions performed during the simulation. Group identified good communication throughout simulation and said it was a strength that they kept each other in the loop throughout. Medication nurse acknowledged she used the wrong size needle for the nubain injection but stated she did not want to waste resources and administered the medication anyway. She was encouraged to next time change the needle so she was using the correct needle. Review of proper IM injection also reviewed at this time. Group stated they were trying to think ahead and anticipate next steps so they were more prepared for the simulation, which showed with some of their interventions. Emotional intelligence questions asked in relation to patient point of view and support person point of view. Questions also asked about student emotions and how that impacted their actions in their scenario.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p>	<p>You are satisfactory in this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to</p>

<p>D= Developing B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Identify risk factors and implement appropriate nursing interventions upon completion of focused nursing assessment. (1, 2, 3, 4, 5)* 3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)* 4. Identify and implement appropriate nursing interventions in which heat loss occurs in infants. (1, 2, 5)* 	<p>attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

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

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

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

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

STUDENT NAME(S) AND ROLE(S): Papenfuss (A), Shelley (M)

GROUP #: 9

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/30/25 1000-1130

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>Notice safety items in bed (needle, medication, scissors)</p> <p>Obtain vitals</p> <p>Pain assessment (location, duration, makes worse, makes better, visualize throat)</p> <p>Respiratory assessment. Ask about breathing. Fully visualize chest while assessing. Identify lung sounds as wheezes.</p> <p>Assess IV site</p> <p>Assess GI, GU, ask about vaccines, ask about travel, ask about respiratory history, ask about cough history/duration, ask about pets at home, verify allergies with dad, ask about recent illnesses for child or in home, visualize ears and notice drainage from left ear, neuro assessment, skin turgor, asks father about developmental milestones</p> <p>Notice all medication errors in the chart</p> <p>Throat reassessment and pain reassessment after ibuprofen administration</p> <p>Reassess vitals</p> <p>Obtain vitals</p> <p>Respiratory assessment. Notice stridor and decreased oxygen saturation. Notice increase cough and ask about duration</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 as elevated</p> <p>Look up safe dose ranges for all medication orders in chart. Calls healthcare provider for clarification.</p> <p>Correct dosage calculation done for each medication</p> <p>Administer ibuprofen rather than acetaminophen since last dose of acetaminophen was too soon</p> <p>Prioritize staying in room with patient while having stridor</p> <p>Prioritize applying oxygen to patient</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 	<p>Remove safety items from bed and offer more appropriate toy/activity</p> <p>Raises bed to perform assessment but does not lower bed when leaving the room after assessment is</p>

<ul style="list-style-type: none"> • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>complete</p> <p>Returns to room to lower bed</p> <p>Call healthcare provider to question orders including IVF, ibuprofen, acetaminophen, and amoxicillin. Receives new orders and reads back all orders to healthcare provider</p> <p>Call healthcare provider and update about assessment findings</p> <p>Call healthcare provider to ask about acetaminophen and ibuprofen preference for administration.</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>Change IVF rate in pump</p> <p>Education provided to dad about croup and signs/symptoms of respiratory distress, update on plan of care</p> <p>Apply oxygen via nasal canula at 0.5L</p> <p>Call healthcare provider with update on respiratory status. Ask for order for oxygen. Receive order for dexamethasone. Readback orders to healthcare provider.</p> <p>Provide dad with updates on patient condition and keep informed on what is happening/what will happen</p> <p>Increase oxygen since no improvement</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 recognition of teamwork and communication throughout simulation. Discussion of medication orders and how team identified the doses were wrong. Students stated they were comfortable addressing orders because patient safety comes first. Team provided great education to father about croup and what to watch for at home. Emotional intelligence questions asked in relation to how students would feel if that was their child and how they felt during the respiratory distress part of the scenario. Students admitted to feeling nervous about calling healthcare provider to tell them the orders were wrong, but also understood it was a necessary thing to do because patient safety comes first</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>You are Satisfactory for this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns</p>

<p>E= Exemplary A= Accomplished D= Developing B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. 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)* 	<p>in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</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. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. 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

STUDENT NAME(S) AND ROLE(S): Papenfuss (A), Shelley (M)

GROUP #: 9

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/5/2025 1000-1130

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>Notices temp of 102.5. Notices mucous membranes pink and moist. Pain rated 2/10. Exposes abdomen and inspects. Notices bruising. When mom leaves room Jack is questioned about origin of bruising. Begins assessment, Jack CO stomach pain, vomits 100 mL. VS- temp 102.1. Notices elevated HR. Pain assessment- 6/10. Notices mucous membranes are pink and tacky, skin tenting, cap refill 3 sec.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interprets temp of 102.5 as being high and in need of medication. Prioritizes the need to question Jack about the bruises.</p> <p>Inspects vomit, contains Pedialyte and bile. Temp interpreted as high. Interprets HR to be elevated. Interprets signs and symptoms of dehydration. VS and signs of dehydration interpreted as improved following fluid bolus.</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>Introduction, patient identified, allergies confirmed. Assessment- VS, inquires about symptoms. Asks about normal bowel habits. Mentions bruising, mom immediately says he fell off his bike. Call to HCP to question acetaminophen dose. New order received and read back. Call to HCP to question cetirizine dose. New order received. Medications prepared, patient identified, allergies confirmed, acetaminophen and cetirizine administered. Mom questioned about bruises. Contact precautions initiated. Emesis basin provided. Mom exits room to get some food. While mom is away, Jack is questioned further about bruising and changes the story. Says that mom's friend is not very nice, admits that friend punched and pushed him. Good job staying with Jack while med nurses phones HCP. Call to case management to report suspicious bruising. Mom returns and assessment nurse asks if everything is good at home. Mom says they are good now.</p> <p>Begins assessment and VS. Determines the need to medicate. Call to HCP to report rotavirus +, signs of dehydration, vomit and pain. Recommends fluid. Orders received for fluid bolus and maintenance fluid, Zofran. Orders read back. Contact precautions initiated. Zofran prepared, patient identified, allergies confirmed, Zofran administered. IV fluid bolus initiated and maintenance fluid began. VS reassessed following fluid bolus.</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 scenario. Teamwork and communication were great. Discussed the nurse's role when they discover a potential abusive situation, which was handled well during the scenario. Discussed the potential benefit of separating mom and child to have individual conversations with each. Team noticed the clinical signs of dehydration and reacted appropriately to request IV fluid from the HCP.</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"> 5. Select physical assessment priorities based on individual patient needs. (1, 2)* 6. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 7. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 8. Utilize the concepts of growth and development to identify concerns in assessment findings associated with potential child abuse and make appropriate referrals as necessary. (1, 3, 5)* 9. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* <p>*Course Objectives</p>	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family</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. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response 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 commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Nikki Papenfuss OBSERVATION DATE/TIME: 11/18/25 SCENARIO #: Student Developed Scenarios

CLINICAL JUDGMENT						OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* <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 deviations from normal with physical assessment and inquiry. Information seeking regarding patient condition as well as with parent/support person at bedside when appropriate.</p> <p>When developing your scenario, you noticed the important assessment aspects to include for a patient/support person with your assigned diagnosis.</p> <p>Through the scavenger hunt you were able to notice various details of each of the ten scenarios simulated.</p>
INTERPRETING: (2, 4)* <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>You were able to interpret data pieces and prioritize accordingly.</p> <p>For each scenario, care was given in gathering details needed in order to phone the healthcare provider and provide SBAR.</p> <p>When developing your scenario, you interpreted the expected path of the disease process and necessary nursing interventions to include in the patient's care.</p> <p>You utilized clinical judgment to interpret appropriate responses to NCLEX style questions related to each scenario.</p>
RESPONDING: (1, 2, 3, 5)* <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 with communication that was collaborative between roles. Clear communication was utilized between colleagues.</p> <p>Clear communication was utilized with patient and family and layman's terms were utilized when appropriate.</p> <p>Responded with interventions that were planned accordingly and verbalized when necessary.</p> <p>Skill in identifying focused assessments as well as timely reassessments were utilized.</p> <p>Family members and others of the healthcare team were kept up to date on patient condition.</p> <p>Education was provided to patient and family on for current health status as well as for preventative measures.</p> <p>In response to your assigned disease process you developed a comprehensive simulation that encompasses aspects of assessment, interprofessional communication, and nursing interventions appropriate for the patient.</p> <p>You developed appropriate NCLEX questions for your scenario based on your disease process.</p>
REFLECTING: (6)* <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 						<p>Reflected with a self-analysis of assessment and analyzation of data to identify missing pieces of the scenario.</p> <p>Actively participated in providing constructive feedback to all groups observed throughout the simulation.</p> <p>You developed debriefing questions specific to your scenario to assist your peers in reflecting on the importance of your simulation.</p>
SUMMARY COMMENTS:						

E = exemplary, A = accomplished, D = developing, B = Beginning

Based off of Lasater's Clinical Judgment Rubric

Developing or higher in all areas is required for satisfactory completion of this simulation.

Objectives

1. Select physical assessment priorities based on individual patient needs. (1, 2)*
2. Provide quality, prioritized patient-centered care in an organized, safe manner to patients and families. (1, 2, 4, 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 patient and family. (1, 3, 5, 6)*
5. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)*

The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS/RH

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Jessica Bower, Seth Linder, Nikki Papenfuss, Brooke Schafer
Simulation

OBSERVATION DATE/TIME: 11/21/25 SCENARIO: Comprehensive

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>In the mother encounter you noticed suspicious bruising on the mother’s face and neck. You also noticed the poor environment with chips, pop, rats, spider, and cockroaches scattered throughout the room. You obtained vital signs (proper sitting position utilized for BP) and asked if she was experiencing pain. Additionally, you noticed that the mother had an unprescribed medication, is a current cigarette smoker, and had a dysfunctional family dynamic when having conversations on home life. MD</p> <p>Noticed rodents and pizza boxes in kitchen. Noticed exposed cleaning supplies that kids could get into. Noticed expired infant formula. Noticed lack of nutritious foods in the refrigerator. Noticed open beer bottles. Witnessed father preparing bottle improperly and intervened. BS</p> <p>You noticed the signs of respiratory distress and dehydration in the children. You noticed environmental concerns throughout the home that would be safety hazards. You recognized the need and ability to educate the 8-year-old son in the family and educated him on no juice for the infant, no extra blankets in the crib, space heater usage, and no drinking of alcoholic beverages. You provided a thorough assessment to both the newborn and the 8-year-old brother. You asked excellent questions focusing on multiple concerns and gather further data on safety concerns and abuse. KA</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>In the mother encounter you interpreted the suspicious bruising on the mother’s face for physical abuse from her partner. You identified there were educational opportunities for abused women and children. You were also able to interpret the safety concerns throughout the room with the environment, unprescribed medications, cigarette smoking. You connected the patient’s pain with the bruising around her eye. You encouraged the mother to discuss more of her dysfunctional family dynamic. MD</p> <p>Interpreted conditions in the kitchen as being dirty, messy, and unsafe for children. Interpreted exposed cleaning supplies as dangerous for children. Interpreted the lack of nutritious foods as not ideal for the family. Interpreted multiple empty beer bottles as potential alcohol abuse. Interpreted father’s bottle preparation method to be inadequate (formula expired, not using the correct quantity). BS</p> <p>You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit. You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit. You interpreted acute respiratory status changes and lethargy as major assessment concerns in the children in this home environment. KA</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ 						<p>In the mother encounter you provided education on abuse resources and emotional support groups and safety plans along with encouraging her that the abuse is not her fault. You also provided education on smoking cessation, safer sleeping options for the newborn. You educated on not ingesting unlabeled medications and offered to dispose of it properly as well. You provided education on birth control to prevent another pregnancy and information on breastfeeding the newborn more frequently. Great job</p>

<p>Flexibility: E A D B</p> <p>• Being Skillful: E A D B</p>	<p>with the mother encounter! MD</p> <p>Educated father that cleaning supplies should not be stored in places where the children could get access to them. Educated father to pay attention to expiration dates and how to properly and safely prepare a bottle. Educated that there are resources available to assist with healthy food choices. BS</p> <p>You responded to safety, psychosocial issues calmly. You were confident in your approach to each family member. You sought further information regarding potential abuse from all members of the family. You responded by prioritizing the safety and health concerns of each family member and seeking further treatment for them. You responded with intervention regarding safety of children; flexible and creative with ideas and interviewing each member of the family. You provided a focused assessment to the children of the household recognizing concerns requiring immediate medical assistance. You recognized the need for involvement by CPS, law enforcement, and hospitalization for medical treatment of both children. You recognized that you only had consent to treat the mother in this situation and sought maternal consent to call for medical assistance and treat the children of the household. You did an excellent job providing thorough education the 8-year-old that was age appropriate. You provided interventions for the asthma attack including the child sit up higher. You removed excess toys and blankets from the crib, cleaned the area, and removed the bugs. KA</p>
<p>REFLECTING: (6)*</p> <p>• Evaluation/Self-Analysis: E A D B</p> <p>• Commitment to Improvement: E A D B</p>	<p>Group discussion of how reviewing the chart during prebrief prepared them for the visit with the infant. The group felt the chart did not prepare them well for the visit with the mother or other family members. During visit with mother, they noticed the abuse she was enduring, her post-partum depression, alcohol, cigarettes, poor diet, the vermin, and unlabeled medication open on the table. Group stated they did a modified BUBBLELE assessment but did not ask about her incision and wish they would have. They provided education regarding follow up care, smoking cessation, cleaning the area, proper medication storage, proper nutrition, and information about birth control. They were able to provide resources about transportation to appointments, OHGO, WIC, and safe harbor. While interacting with the partner, they noticed the inappropriate drawings on the refrigerator, the unsecured cleaning supplies, copious amounts of beer, and more vermin. The group was able to educate the partner on how to properly make a bottle (heat up properly, correct amount of formula, not expired items), nutrition, and to secure cleaning supplies. They were able to provide resources regarding how to get out of an abusive situation (they believed mother was abuser at this point), how to get transportation assistance, and an exterminator. The group then moved onto the children's room and noticed the filth had continued. They noticed a variety of safety issues regarding unsafe sleep with the infant as well as inadequate or unsafe food (juice in the bottle, lack of food for older child). They noticed both children were in need of medical attention due to Jack's retractions and poor respiratory status and Jill's signs of dehydration and weight loss indicating failure to thrive. They were able to get consent from the mother and send both children and the mother to the hospital via squad and then to safe harbor. The group was able to lead discussion about their experience and interventions with minimal prompting. RH</p>

	<p>Upon completion of the simulation, you created an education plan focused on Monica for proper follow up care, house cleanliness, and substance abuse in the home.</p>
<p>SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p>Developing or higher in all areas is required for satisfactory completion of this simulation.</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. Provide quality, patient-centered care in an organized, safe manner. (1, 2, 4, 5)* 2. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 3. Utilize the concepts of growth and development to provide therapeutic communication with the family unit. (3, 5)* 4. Identify safety measures for the family unit in the home setting. (1,3,5)* 5. Demonstrate thorough environmental assessment in the home setting. (1,3,5)* <p>*Course Objectives</p>	<p>Excellent job in communicating without judgement and providing appropriate education, information regarding resources, and intervention for family.</p> <p>You are satisfactory for this scenario. KA/MD/BS/RH</p>

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: Nikki Papenfuss 11/24/25