

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

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

Student: Aaron Brummett

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: Brian Seitz MSN, RN, CNE

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)

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
09/12/2025	Risk for infection	S/BS	NA	NA

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
Competencies:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	S	S	NA	NA	S	S	S	NA	NA	NA	NA	NA		NA	S
b. Provide care using developmentally appropriate communication.		S	NA	S	S	NA	S	S	S	S	NA	NA	NA	NA	NA		NA	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	NA	S	NA	NA	NA	S	S	S	NA	NA	NA	NA	NA		NA	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	NA	S	NA	NA	NA	S	S	S	NA	NA	NA	NA	NA		NA	S
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	NA	S	S	NA	S	S	S	S	NA	NA	NA	NA	NA		NA	S
Clinical Location Age of patient		FRMC ER, No pediatric pts. 33	NO CLINICAL	Firelands OB, 15 hours old	Belleve Highschool	No Clinical	Boys and Girls Club		Fisher Trus OB 20	FLU Clinic FRMC	No Clinical							
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS		BS	BS

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

Comments:

Week 2 – 1 E: One of the patients that I took care of in the ER was in the intimacy vs isolation phase of his life. He was being admitted to 1 South due to his anger issues and suicidal ideations he was experiencing at the time. I chose this one because he said all the drama between his two girlfriends that he had was driving him insane which

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led to him jumping off a tall ledge. He is actively trying to find that intimacy that people long for in this age group of people. **If the people in his life are causing this much distress it sounds like it's time for a change! BS**

Week 2- 1a- Aaron, you did a nice job discussing your patient you took care of during your ER clinical experience and the reason for her ER visit. Great job also of discussing the care that was provided to her in the emergency room. BS

Week 4 – 1 E: My patient that I took care of at Firelands OB was only 15 hours old upon arrival to the unit. This means that my patient was in the Trust vs. Mistrust stage in life. This stage primarily focuses on the infancy starting to develop trust through feedings, bonding, love, and even just providing a sense of safety for the baby. **BS**
Week 4 – 1a, c, d – You did a wonderful job providing holistic care to the mom and baby you were assigned to this week. You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. You were able to identify safety measures used to keep newborns stay safe on the OB unit and completed mother newborn verification process whenever returning the newborn to the parents from the nursery. KA

Week 5 – 1 E: The students that I interacted with throughout my clinical experience were adolescent which falls under the stage of identity vs. confusion. I chose this stage since they were all mostly freshman – juniors at the high school. Their ages could have ranged from 12-18 during this stage. **BS**
Week 5 – 1a, b, & c – You did a great job utilizing the techniques you learned through your training to complete hearing and vision screenings on the high school students this week. You asked appropriate questions and communicated with the students utilizing your knowledge in growth and development. KA

Week 7 – 1 E: The kids that I interacted throughout my clinical experience this week at the Boy's and Girl's club were from ages 6-12. This means that these children were within the Industry vs. Inferiority where children develop a sense of pride in accomplishments and abilities. I chose this group for them since they are within the age ranges 6-12. **BS**
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 – 1 E: On my clinical experience this week at Fisher Titus Medical Center we only had a mom and a baby for clinical. The mother was 30 years of age and the baby was born at 1:15 am that morning. So, when referring to the baby he would be going through the Erikson's stage trust vs. mistrust, and the mother would be going through intimacy vs. isolation. **BS**
Week 8- 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 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 – 1 E: On my clinical experience this week at FRMC (Flu Clinic), there was a wide range of stages of Erikson. One specific stage I will identify would be the age group of 65+. This means that they are within the stage Ego integrity vs. Despair and these patients had to receive the heavier dose of the flu vaccine. This is a stage where they reflect on their lives and either feel fulfillment or regret. **BS**

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Week 9: 1(a, b)- You did a good job communicating with patients at the flu/COVID clinic. You were able to work quickly and efficiently to provide vaccines to everyone who attended. RH

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

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

Comments:

Week 2- 1k- You did a nice job discussing a cultural implication that should be considered when planning care for patients. It sounds like she had a very supportive family that was involved in her care. Unfortunately for some patients, they do not always have that level of support. BS

Week 4 – 1k and l – You recognized the uniqueness of the family you were caring for and ensured the opinions and questions were responded to with thoughtfulness and their perspective was validated. You respected the family and their right to make decisions for their infant and ensured they had the necessary information to do so. KA

Week 5 – 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

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

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

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

**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 – 2 G: One factor of Social Determinants of Health that affected my patient was the neighborhood he was in and the social and community context. He had expressed to me while caring for him in the ER that the environment where he lives and the safety in his area is not the best. That’s why he had an ankle monitor since he

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was clashing with other people in his area which led to him getting in trouble with the law. Yeah this definitely doesn't sound like a good environment for this person to be in. BS

Week 4 – 2 G: One patient that I noticed that had a lot of negative factors associated with Social Determinants of Health was this baby in which her mother came in testing positive for opiates during pregnancy. This would be included under Social and Community context, and the effects that it had on this baby were extreme. Her environment around her at home was not stable and had a bad influence of drugs at home. The baby ended up getting pulmonary hypertension and was born prematurely due to the distress from the opiates. The baby had to undergo NG tube feeding and his respirations were always fluctuating high as well as his heart rate. Wow, that's sad! BS

Week 4 – 2b, c, d, e, f – You did a great job assessing and monitoring the newborn for their first bowel movement since it was almost 24 hours after birth. You were able to observe a circumcision and the nursing interventions provided during and after the procedure to the newborn. You also utilize appropriate precautions on the newborn who had not had their first bath. You were able to observe a circumcision and the nursing interventions provided during and after the procedure to the newborn. 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 the hepatitis B vaccine IM to the newborn and followed the additional steps needed for a vaccine. You worked with the family to gather information on the baby to appropriately document any feedings and output the newborn had while you were caring for them. KA

Week 5 – 2 G: One social determinant of health that I noticed at my clinical this week at Bellevue high school was education access and quality. I could tell that there were a lot of students that had glasses that weren't wearing them or only wore them when they felt like it was fitting. The lack of education from family members to keep them pursuing to use their glasses should be something taught in the home as well. Great point, Aaron. Kids at this age might not wear their glasses just to fit in, not realizing that this may make school work more difficult and could affect their school performance. BS

Week 5 – 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 7 – 2 G: One social determinant of health that I saw within one little boy that I spoke with was economic stability. He said that he was being bullied a lot due to the clothes he wears and was very sad that kids make fun of him. This made me sad, and I made sure to talk with the other kids during this time to try and explain the situation with the kids. It was convenient that our teaching at the Boy's and Girl's club was about bullying. Yes, great job, Aaron. Bullying at this age can have devastating effects on a child. It's good you were able to address this. You may have spared this one some very uncomfortable experiences. Nice work! BS

Week 8 – 2 G: One social determinant of health that I noticed during this week's clinical experience at Fisher Titus Medical Center was that the mom was speaking on the government shutdown and how that was affecting their care within regards to getting their social security cards and birth certificates. This would fall under healthcare access and quality about not receiving the full benefits of the governments' healthcare services due to the shutdown. Great point, Aaron. Very relevant. BS

Week 8- FTMC OB Objective 2 A-F: This week we had conversations on evidenced-based practices, performed standard precautions, organize care and recognized when assistance was needed, and utilize information for decision making for our post vaginal delivery patient and newborn. You also were able to assist with discussing medication administration for the mother and calculate medications for the patients. Great job! MD

Week 9 – 2 G: I didn't get the chance to really get any information out of my patients as they were just coming and going to receive their shots. One potential SDOH that could relate to getting vaccines in general would be dealing with the economic stability. Some people don't have the insurance to cover these sorts of vaccines and mostly all the clients we received that day had insurance through the hospital. Yes, good point. If this were a community flu vaccine clinic the demographic would be much different. BS

Week 9: 2(d)- You did a great job safely administering the vaccines (flu and COVID) at the vaccine clinic RH

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

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

Comments:

Week 2 – 3 D: Some legal and ethical issues that I could potentially see were some family members that I had answered call lights for seemed a bit aggressive with the client’s care. What I mean by this was it didn’t seem like the patient was wanting to push for a surgery or a type of care, but the family kept on insisting that we would do all the care without really including the patient. This takes away a patient’s autonomy which could potentially lead to an ethical or even legal dilemma. **It sounds like you dealt with a variety of family dynamics during your time in the ER!**

Week 4 – 3 D: Some legal and ethical issues that I saw at Fireland OB this week during my clinical experience was one of the moms tested positive for opiates at delivery. CPS had to be called at that point and at first, she was not allowed to have contact with the baby but later she was allowed. The baby was not allowed to go home with her at that moment so that CPS could further investigate what was going on. They had an uncle that was going to take the baby but not while we were still there. The baby was undergoing a lot of treatment so there wasn’t a for sure when the baby was going to be able to be discharged. **Hopefully this new mom can get herself together.**
BS

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

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

Week 5 – 3 D: Some legal and ethical issues that I could see happening at my clinical site would be potentially parents not wanting to get their kids the proper hearing or vision devices that they would need. This could fall under neglect for their own kids which create an ethical issue and potentially a legal one as well if drawn out too far. I wouldn't be able to sabotage my own kids' school performance like this, but it definitely happens. BS

Week 5 – 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

Week 7 – 3 D: Some legal and ethical issues that I saw while at the Boy's and Girl's club was potential fighting that seemed like was always occurring. Kids were always getting aggressive with one another and potentially could get a kid hurt. This could potentially turn into a legal issue with the parents and the club itself. I think personally I had to stop kids from putting hands on one another at least 6 different times. Yes, discipline isn't what it was at the club just a few years ago. It used to be staffed with several older ladies who had much better control over the kids than the current staff does. BS
3a,c- At the Boys and Girls Club, you acted with integrity, consistency, and respect for differing views and perspectives.

Week 8 – 3 D: Some legal and ethical issues that I could potentially see in an OB environment is the stress and education when it comes to vaccinations. This has always been an ethical topic especially when including their children potentially for the first time to receive vaccines. Nurses and healthcare workers need to be careful about their own personal views when giving proper education on vaccines. At the end of the day, it is up to us to educate the best we can and still respect the patient's rights no matter the choice. Well said! It is very important to be non-judgmental when providing care. BS

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

Week 9 – 3 D: Some legal and ethical issues that I see with this week's clinical would-be vaccines in general. What I mean by this is that people all over are always hearing information that's always coming out which could be non-factual information which could sway people one way or the other. Our jobs in the medical profession is to provide factual information when giving vaccines and allowing the patients to always make their own choices. Yes, it is. We can provide all the education and advice we want, but responsibility for healthcare decisions ultimately lies with the patient. BS

Week 9: 4(b)- Good job documenting your administration of vaccines. RH

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

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

Comments:

Week 2- 4a,c- Great job providing a list of interventions you and your nurse completed while taking care of patients. You also did a nice job discussing an example of patient advocacy you witnessed while on clinical. BS

Week 4 – 4 D: One teaching that was important for my patient and his family was to educate the parents on signs of infection and when to properly notify the health care provider. The mom tested positive for Group B Strep and only received one dose of antibiotics prior to giving birth when she was supposed to receive two. The reason for missing the second round of antibiotics was because she had a precipitous birth. BS

Week 4 -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

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Week 5 4 – 4 D: One teaching that I provided during this clinical experience was teaching the students on how to properly conduct vision and hearing tests. Some of the students had questions on their results and I explained to them what each reading meant when asked. This was a good sign which indicated that the students cared to see how they were performing in these sorts of tests. **Nice job! BS**

Week 5 – 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 high schoolers as needed on the screening process and ensuring they were able to perform it correctly so the results would be valid. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. **KA**

Week 7 4 – 4 D: One teaching that was implemented throughout the whole clinical was on what bullying was and how to react to bullies and what to do in certain situations with bullies. I even went out of my way to ensure that these two other boys would not bully another kid during my time at the clinical. It seemed like most kids that we interacted with throughout this clinical knew what bullying was but didn't care if they were doing it or not. **No, they don't. Several years ago, we had a child there that said she was a bully and that her mother actually encouraged her to be one. That way, no one would pick on her. Hard to imagine, but it happens. BS**

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 4 – 4 D: One teaching that I got to provide during this week's clinical was specifically geared towards the parents to the newborn child. Even though this wasn't their first child it was still good that I got to educate them over all the material that we had just learned. My specific teachings were over car seat safety, no co sleeping, routine screening tests that were going to be done at 24 hours old, and home safety in general. **Great job, Aaron. It never hurts to reinforce. BS**

Week 8- FTMC OB Objective 4 C: Great job analyzing pathophysiology of your mother's vaginal delivery and the newborn's potential complications! MD

Week 9 4 – 4 D: One teaching that was provided during the FLU clinic at the FRMC was just basic administration techniques that patients were asking about. We would inform the patients that if they were getting two different shots that we would like to put one in each deltoid to reduce the soreness just in one arm. Also educating the patients on if they were older than 65, they needed a stronger dose FLU vaccine. If patients were allergic to eggs, they would receive the egg free version. **Nice job. That's three educational pieces before the vaccine is even given! BS**

Week 9: 4(b)- Good job documenting your administration of vaccines. 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		
f. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		S	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA		NA	S
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		S	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA		NA	S
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		S	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA		NA	S
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA		NA	S
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA		NA	S
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS		BS	BS

**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- 4f,g,h- You did a nice job discussing the diagnostic and medical treatments that were performed for your patient(s). Nice job also explaining the medications administered to your patient and their role in treating her priority problems. BS

Week 4 – 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

Week 8- FTMC OB Objective 4 F-J: During our clinical day we were able to obtain this objective with a postpartum mother and newborn on their delivery day. We were able to determine what types of diagnostic test, pharmacotherapy, medical treatment, nutritional needs, and growth and developmental level of the patients. Awesome job! MD

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

**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- 5f- Aaron, great job with your SBAR report! You even made a recommendation. My only suggestion would be to provide a brief description of her past history and include code status and allergies, if any. BS

From your assigned nurse: Aaron Brummett: Marked excellent in all areas. Kurt Hupp, RN

Week 4 – 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

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

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

Week 8- FTMC OB Objective 5 A, B, C, F: During this clinical experience you were able to evaluate your participation in activities and communicate professionally with the care you provided your patients with the nursing staff. You demonstrated awesome enthusiasm in clinical with excitement with mother/newborn instructions and watching a circumcision. The nursing staff were happy to assist with your learning! Amazing job this week! MD

Week 9: 5(a, c)- You showed a positive attitude while at the flu/COVID clinic this week. You were able to communicate effectively with other members of the healthcare team while there. RH

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

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

Comments:

*End-of-Program Student Learning Outcomes

Week 2 – 6 A: One area of improvement that I had seen in myself in this last clinical experience in the FRMC Emergency Room would be faster with medication administration. It has been about 5-7 months it seems since the last time I had pushed medications through a patient's IV site, so I felt a bit rusty. Once I did it once with my Nurse Preceptor I felt way better when administering the next patients' medications. My goal for this area of improvement is just to stay on top of my medication administration ensuring that I don't lose my confidence again and dexterity. I will make sure I review my medication administration notes before next clinical. **Yes, this will come from practice. With time, you will get your routine down. Plus, you'll get a lot of practice with medication administration next semester. BS**

Week 4 – 6 A: One area of improvement that I noticed during clinical was just being super cautious with other people's babies. I mean I have two kids of my own and I know how to care for my own but something about being responsible for a little baby that isn't mine makes me feel super careful just knowing how small and fragile they are. I saw this as somewhere I need to improve because it took me like 5 minutes to get the babies arms through his shirts when I should have had that done in like 30 seconds. Next time I am at my OB clinical I will make sure to not be as scared to handle babies knowing that I have done this sort of care before. I will achieve this confidence by getting hands on with all the babies I can during clinical. **I'm sure you did fine! BS**

Week 4 – 6c, d, e, f, g, h, I – Your thought process and time management skills have grown from previous semesters. You came to clinical ready and prepared to learn. You were enthusiastic and willing to learn whatever your faculty and staff was able to teach you. You were organized and timely with your care and documentation and delivered all your care with and ACE attitude. Terrific job! KA

Week 5 – 6 A: One area of improvement that I saw in myself was when conducting the vision test, I accidentally started the test on the left eye instead of the right eye. I was still taking results and recording them correctly but still not following the flow of the sheet could have caused issues. After the instructor helped me realize my mistake, I then corrected myself and proceeded to test students correctly. Next time when faced with a skill I will make sure to go over any skill before performing on actual clients before my next clinical. **Good plan, Aaron. BS**

Week 5 – 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 7 – 6 A: One area of improvement for this clinical experience would be to interact with all the students instead of the ones that were only wanted to be around me to play soccer with. At first, I went out of my way to talk to all these little kids, but I could have tried to go outside of that bubble to interact with all different areas with the kids. Next time when in a group setting, I will ensure that I interact with all parties involved during my clinical experiences. **I thought you did fine, Aaron. It's a pretty uncomfortable environment for some, but you did a good job interacting wwith the children at the Boys and Girls Club. BS**
6e- Professional behavior was observed throughout your time at the Boys and Girls Club this week. BS

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

Week 8 – 6 A: One area of improvement I noticed within myself after this week's clinical experience was during the Saint Mary's site. This had to do with public speaking in general, and how this isn't such a strong area for me even if it was just to a bunch of kids. Something about just having all eyes on me and listening to me speak gets me a bit nervous and this is something I want to get better at. My plan to get better at this is to be less dependent on reading from papers and to have more practice at home speaking before going into any sort of public speaking. *Great plan, Aaron. The worst part of nursing school for me were the class presentations we had to do every semester. I wanted nothing to do with speaking in front of a crowd all nervous and red-faced. I've gotten over most of that fear now, but I was very uncomfortable with it when I was in school. BS*

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 8- 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 9 – 6 A: One area of improvement I noticed within myself was just administrating IM injections in general and how I don't have a set way that I like to do them just yet. I tried a different approach when giving the injections and I believe I found the certain way I want to administer them now moving forward. Next time I plan to give an IM injection I will remember to position the safety lock upward and to the right so that it stays out of the way when giving IM injections. *Great realization, Aaron! An event like this, where you are doing the same thing repeatedly, can really help solidify your technique. It sounds like it did for you! BS*

Week 9: 6(d, e, g)- It had been a while since you have given an IM injection, but once you did a few injections, you were able to do so confidently and get through everyone in a timely manner. You also maintained professionalism throughout the experience. RH

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

Student Name: A. Brummett		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: Week 4							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Nice job listing abnormal observation and assessment findings based on your patient experience this week. Several abnormal findings were identified and listed. Nice job reviewing and including pertinent risk factors related to your priority problem of risk for infection.
	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	Four high priority nursing problems were identified. Risk for infection was appropriately selected as the top priority problem. Relevant assessment data was highlighted pertinent to the priority problem. Three potential complications were identified, each supported with signs and symptoms to monitor for.
	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	Nursing interventions related to the top priority were listed. Interventions were appropriately prioritized. Each listed intervention included a frequency and a rationale. All listed
	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	interventions were individualized and realistic to the patient situation.
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Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	An evaluation of all abnormal findings was provided along with a determination to continue the plan of care.
	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	

<p>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.</p>	
<p>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: Great job on your care map, Aaron! BS</p>	<p>Total Points: 45/45 Satisfactory BS</p> <p>Faculty/Teaching Assistant Initials: BS</p>

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	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* 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	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 3 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/11 & 9/18	Date: 9/22	Date: 9/25	Date: 10/6	Date: 10/16 & 10/17	Date: 10/23 & 10/30	Date: 11/3	Date: 11/4 & 11/5	Date: 11/18	Date: 11/18	Date: 11/21	Date: 11/21	Date: 10/28
	Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz			Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz			
Scenario Evaluation	S	S	U	S	S	S	S	S	S	S	S	S	
Survey	S		S		S		S		S		S	S	
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	
Remediation: Date/Evaluation/Initials	NA	NA	S/BS 10/6	NA	NA	NA	NA	NA	NA	NA	NA	NA	

* Course Objectives

You have completed the remediation assignment related to proper medication administration and medication errors that pertained to your group's performance in this simulation. Your assignment was completed satisfactorily, therefore you are now satisfactory for this simulation. RH

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): Brummett (M), Fox (C), Lee (A)

GROUP #: 1

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/11/2025 0700-0830

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
<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. Notices rhythm on fetal monitor. Patient requests drink, states she is peeing a lot. Notices contractions on fetal monitor, and that they should not occur at 33 weeks. UA results obtained, THC present. Pain rated 4/10. Patient requests mountain dew and McDonalds.</p> <p>Mona CO feeling dizzy and lightheaded. VS reassessed. Notices low BP and rising HR. Bleeding discovered. Notices uterus is firming up in response to fundal massage.</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 need for VS, interprets VS to be normal. Interprets accelerations on fetal monitor. Interprets need to reposition patient. Interprets need for FSBS. Interprets BS of 225 to be high.</p> <p>HR interpreted as being high, BP low. Fundus recognized as boggy. Recognize need to massage fundus. VS assessed. Interprets need to weigh pads. BP interpreted to be improving.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Nurse enters room, identifies patient, begins assessment, VS. Applies fetal monitor. Assists patient to left side. Urine sample sent to lab. Obtains FSBS- 225. Call to physician to report patient history of gestational diabetes, BS of 225. Provider orders UA to confirm dates, LR at 250 ml/hr, Procardia, acetaminophen. Orders read back. Inquires about marijuana use, prenatal care. Asks questions in attempt to verify dates. Explains that mountain dew and McDonalds may not ne the best dietary choices. Education provided about</p>

	<p>dietary choices and suggests better choices. Also recommends prenatal care for pregnancy. Call to provider to question order for Procardia, inform about the lack of prenatal care. Medications prepared, patient identified, confirms allergies, begins IV infusion, administers Procardia and acetaminophen. Education provided about marijuana use.</p> <p>Fundus immediately massaged. Feet elevated and head put down. Explains to patient about the PPH. VS reassessed. Call to provider to report bleeding, dizziness, boggy uterus. Order received for methylergonovine. Call to HCP to confirm dose of methylergonovine. Confirmed, methylergonovine administered. BP reassessed. Pad weighed- 600 gm.</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 importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally</p>

<p>2. Identify social determinates of health and provide education and resources for pregnancy (1, 3, 4, 5)*</p> <p>3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the PPH. (1, 2, 4, 5)*</p> <p>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)*</p> <p>*Course Objectives</p>	<p>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): Brummett (A), Fox (M), Lee (C)

GROUP #: 1

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/25/25 0700-0830

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2,5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Pain assessment: location, rating, duration, description</p> <p>Obtain vitals</p> <p>Medication nurse reassesses pain prior to pain medication administration</p> <p>Assess IV site prior to medication administration</p> <p>Cervical exam prior to nubain administration</p> <p>Cervical exam after nubain administration. Identify that water broke. Ask about odor, consistency, color, amount, and verify time.</p> <p>Notice baby is stuck and start HELPERR maneuvers to deliver baby</p> <p>APGAR 1 minute: 9</p> <p>Newborn assessment on baby: thorough newborn assessment including reflexes (sucking, rooting, Babinski)</p>
<p>INTERPRETING: (2,4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interpret vitas as WDL</p> <p>Offer nubain for pain relief due to not wanting epidural</p> <p>Interpret fetal monitor as accelerations</p> <p>PCN administered prior to delivery</p> <p>Interpret that water broke and has cervical change after nubain administration</p> <p>Interpret early decelerations after medication administration</p>
<p>RESPONDING: (1,2,3,5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B 						<p>Verify birth plan/visitors with patient</p> <p>Medication administration: offer education on nubain prior to administration. Verify name/DOB, verify allergies, scan pt, scan</p>

<ul style="list-style-type: none"> • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>medications. Education on GBS status and antibiotics. Hang primary and secondary fluids correctly (secondary bag above primary bag). Call healthcare provider prior to nubain administration per order. Nubain administration with correct needle, correct technique, correct dose, use of needle safety.</p> <p>Call healthcare provider after medication administration/cervical recheck. Update with ROM and new cervical change</p> <p>Call healthcare provider when patient states she needs to push. Asks for new orders. Stops oxytocin.</p> <p>Evaluate for episiotomy, put in McRoberts position, provide suprapubic pressure, attempt to remove posterior arm, roll patient on hands and knees, rotational maneuvers</p> <p>Newborn care: dry off, put on hat, skin to skin with mom, put under warmer if needed</p> <p>Medication for newborn: erythromycin and vitamin K. education provided to mother prior to administration. Vitamin K administration: use of correct needle size, correct location, use of needle safety, incorrect dose administered.</p> <p>Call healthcare provider with update on delivery and self-report medication error with vitamin K. Due to recognition of medication error, a “D” is given for evaluation rather than “B”</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 interventions performed. Group stated good teamwork, communication, and proper interventions (HELPERR). Team identified medication error and discussion about how this could have been prevented. Each member identified a strength and area for improvement for next simulation. Emotional intelligence questions related to</p>

	<p>patient point of view and support person point of view. Each member also identified their emotions throughout the simulation and how it impacted their actions/how they reacted during the scenario.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 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>You are unsatisfactory in this scenario. Please refer to remediation assignment for further instructions. RH</p> <p>Following remediation, 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. 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 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: 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: Independently evaluates and analyzes personal clinical</p>

	performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered.
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Lasater Clinical Judgment Rubric Scoring Sheet

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

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 						Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.
INTERPRETING: (2, 4)* <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.
RESPONDING: (1, 2, 3, 5)* <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 						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.

<ul style="list-style-type: none"> Being Skillful: E A D B 	<p>Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> Evaluation/Self-Analysis: E A D B Commitment to Improvement: E A D B 	<p>Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> Utilize the concepts of growth and development to identify concerns with patient safety and provide appropriate interventions to address safety concerns. (1, 3, 5)* Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1, 2, 5)* Collaborate with members of the healthcare team to provide safe, holistic, and comprehensive patient care. (1, 2, 4, 5, 6)* Utilize SBAR communication in interactions with members of the health team. (5)* <p>*Course 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> <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</p>

decision points are identified, and alternatives are considered
 Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses

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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): **Brummett (C), Fox (A), Lee (M)**

GROUP #: **1**

SCENARIO: **Pediatric Respiratory**

OBSERVATION DATE/TIME(S): **10/23/25 0700-0830**

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					<p>Introduce self, obtain vitals</p> <p>Skin assessment and mucous membranes assessed for dehydration status</p> <p>Pull gown down while performing respiratory assessment. Ask about cough (productive, sounds).</p> <p>Perform circulatory assessment (brachial pulses, radial pulses)</p> <p>Patient complain of throat pain, does not do pain assessment</p> <p>Visualize ears and notice yellow drainage from left ear</p> <p>Does not ask respiratory history once father enters room</p> <p>Notices medication errors in chart</p>
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	

	<p>Pain assessment done prior to ibuprofen administration (location, rating using FACES scale)</p> <p>Notice increased cough upon reassessment.</p> <p>Pain reassessment with FACES scale. Notice increased pain from previous</p> <p>Respiratory assessment. Ask about difficulty breathing. Remove gown to visualize chest. Identify stridor lung sounds. Does not ask about retractions.</p> <p>Notice increased heartrate and decreased oxygen.</p> <p>Ask about cough</p> <p>Reassess lungs after breathing treatment. Notice increased oxygen saturation</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 elevated temperature</p> <p>Look up safe dose ranges for medications in chart and calls healthcare provider for clarification</p> <p>Give ibuprofen first due to acetaminophen not being due</p> <p>Prioritize staying in room with patient while having stridor</p> <p>Correlate stridor with respiratory distress and an emergency</p> <p>Calculate correct dose for dexamethasone</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Provide education to father about croup (signs/symptoms of respiratory distress, what causes croup, smaller airways, length of illness, cool mist humidifier, take out in cool air)</p> <p>Call healthcare provider with questions about medications.</p> <p>Ask about clarification of orders (fluid rate, amoxicillin, ibuprofen). Readback new orders back to healthcare provider.</p>

	<p>Additional education provided to father about smoking in the home.</p> <p>Change IV fluid rate on pump</p> <p>Medication administration: verify name/DOB, verify allergies with patient and father, scan patient, scan medications, education provided on each medication (ibuprofen, cetirizine, amoxicillin), administer in cheek</p> <p>Call respiratory therapy for breathing treatment. Stresses importance of urgency.</p> <p>Apply oxygen at 0.5 liters to increase oxygen</p> <p>Educate/reassure father on what is going on</p> <p>Reassured patient when says he is scared</p> <p>Call healthcare provider with update on patient status and ask for oxygen order. Receive order for steroid. Readback orders</p> <p>Medication administration: verify name/DOB, verify allergies, scan patient, scan medications, correct dose/med math</p> <p>Call healthcare provider to question acetaminophen order. Readback new order to provider.</p> <p>Medication administration: verify name/DOB, verify allergies, scan patient scan medications, correct dose administered</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of 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</p>

	<p>felt during the respiratory distress part of the scenario. Students admitted to feeling nervous and stressed at that time but really wanted to make sure they were doing everything they could for their patient prior to “freaking out.”</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Review appropriateness of prescribed medications for prevention of errors and administer medications utilizing the concepts of growth and development. (1,2,5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)* 	<p>You are Satisfactory for 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 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. Shows mastery of necessary 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: SCENARIO: Empathy Simulation

STUDENT NAME: **A. Brummett**

OBSERVATION DATE/TIME: 10/28/2025

<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.</p> <p>Great job.</p> <p>I enjoyed seeing your pregnancy photo!</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p>Simulation Objectives:</p> <ol style="list-style-type: none"> 1. Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)* 2. Describe how patient-centered care is dependent on past medical history, cultural history, and social history. (1, 2, 3, 4)* 3. Describe your psychological and social response to the simulation and how it impacts the care provided to the pregnant patient and child-bearing family. (1, 5, 6)* 	<p>Comments</p> <p>You are satisfactory for this simulation. BS</p>

Developing to accomplished is required for satisfactory completion of this simulation.

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Brummett (M), Fox (C), Lee (A)

GROUP #: 1

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/4/2025 0700-0830

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
<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 skin turgor is elastic. Notices bruising on abdomen, slightly distended. Bruising noticed on arm as well. Recognizes additional bruising on other areas. Tries to elicit additional information about bruising and mom's boyfriend. Seeks additional information from mom.</p> <p>Patient CO not feeling well, vomits. Questions Jack about pain. VS-temp 102.1. Skin tenting noted. VS rechecked following medication administration.</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 as being above normal and in need of medicine. Interpreted the need to investigate bruises further. Interprets the need to ask mom to step out to further question Jack about bruising. Interprets the need to assess all skin. Prioritizes the need to seek additional information related to bruising from mom.</p> <p>Temp interpreted as elevated. Interprets assessment information and determines signs of dehydration. Interpreted the need for IV</p>

						fluid. Temp interpreted as in need of acetaminophen.
RESPONDING: (1, 2, 3, 5) *						Enters room and introduces self, begins VS and assessment. Pain assessed with appropriate scale. Uncovers belly to assess abdomen. Abdomen assessed and palpated, with bruising noted. After reviewing the orders, call to HCP to question acetaminophen dose. New dose ordered and route questioned, HCP sticks with the PO route. Also questions cetirizine order, new dose ordered. Also informs the HCP about bruising, order for case management referral to investigate further. Orders all read back. Call to pharmacy to clarify acetaminophen order. Acetaminophen prepared. Medication nurse introduces himself, educates mom about cetirizine. Patient identified, allergies identified, medications administered. IV flushed. Questions Jack about the bruises and he gives another explanation. Jack says mom's friend is not nice to him or his mother. Jack says he punched him in the belly. Call to case management to report potential abuse and lack of supervision for Jack at home.
<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 						Vomit assessed. Call to lab for stool results- + for Rotavirus. Call to provider with concerns of dehydration, lack of urine output, distended abdomen. Order for a NS bolus and IV fluid, Zofran. Orders read back. Identifies patient, IV bolus initiated. Call to HCP with update and to inquire about precautions. Contact precautions initiated. Zofran prepared, patient identified, Zofran administered appropriately. Mom is updated about rotavirus and the need for contact precautions. Maintenance fluid initiated. Acetaminophen prepared and administered.
REFLECTING: (6) *						Team discussed the scenario. Also discussed the importance of checking recommended doses for medications and questioning as appropriate. Team did well with provider communication. Discussed rotavirus and the need for contact precautions. Good job with SBAR communication, orders all read back. Teamwork was very well. Team noted suspicious bruising and recognized the need to contact someone to investigate further.
SUMMARY COMMENTS: * = Course Objectives						You are Satisfactory for this scenario! BS

<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. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 6. Identify social determinates of health and provide education and resources for pregnancy (1, 3, 4, 5)* 7. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the PPH. (1, 2, 4, 5)* 8. 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>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 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 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 Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response Shows mastery of necessary 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 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: A. Brummett OBSERVATION DATE/TIME: 11/18/25 SCENARIO #: Student Developed Scenarios

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 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>
<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>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>
<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 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</p>

	<p>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>
<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>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>
<p>SUMMARY COMMENTS:</p> <p>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. 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, 	<p>The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS/RH</p>

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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Aaron Brummett, Melisa Fahey, Yasmin Perez, Saige Ruffing

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

CLINICAL JUDGMENT						OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*						<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 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 inquired about diet but did not provide and specific education related to the topic. You provided a focused assessment to the children of the household recognizing concerns requiring immediate medical assistance. KA</p>
• Focused Observation:	E	A	D	B		
• Recognizing Deviations from Expected Patterns:	E	A	D	B		
• Information Seeking:	E	A	D	B		
INTERPRETING: (2, 4)*						<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</p>
• Prioritizing Data:	E	A	D	B		
• Making Sense of Data:	E	A	D	B		

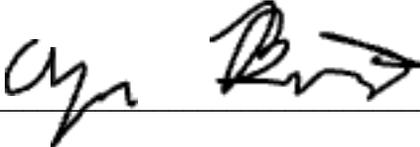
	<p>mother to discuss more of her dysfunctional family dynamic. MD</p> <p>Interpreted conditions in the kitchen as being dirty, messy, and unsafe for children. Interpreted exposed cleaning supplies as dangerous for children. Interpreted the lack of nutritious foods as not ideal for the family. Interpreted 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 were able to interpret safety and health issues with each member of the family. 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/ Flexibility: E A D B • Being Skillful: E A D B 	<p>In the mother encounter you provided her with education on safety and smoking cessation resources. You also provided important education on not using the unprescribed medications that she had on the table and offered to dispose of them appropriately. You discussed providing her with resources from Job and Family Services as well. Great job 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 removed excess blankets and toys from the crib. 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</p>

	<p>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. KA</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 how reviewing the chart during prebrief allowed them to create a plan for the home visit. They did state this plan rapidly changed as they were performing their assessments of each family member. During the visit with the mother, they noticed the filth, poor self-care, bruising on her face, random and unlabeled medications in the room, as well as various foods/drinks and cigarettes. The group was able to assess mother and perform a post-partum assessment as well as a post-partum depression screening. They stated they felt this was a priority because they could tell the mother was withdrawn and not doing well. The provided various resources to her such as transportation access, case management, nutrition, and doctor referrals. Group also provided education related to medications, safe housing, and how to obtain a protection order from the partner. While interacting with the partner, they noticed more filth in this area of the home as well as lack of education on infant nutrition. The group also noticed inappropriate drawings on the refrigerator drawn by a child. The group was able to educate the partner about how to correctly make and heat up a bottle for the infant as well as educate on proper nutrition for children. They offered some resources for WIC and family/individual counseling. When entering the children's room, the group again noticed the filth and multiple safety concerns. Safety concerns included space heater, multiple blankets on top of infant in crib, toys in the crib with infant. The group assessed both children and noticed both were not being taken care of. Group noticed failure to thrive for infant and an acute asthma attack for the older child. They decided to call CPS as well as squad after getting consent from mother to do so. Group was able to lead discussion with minimal prompting to reflect on interventions provided in each situation of the scenario. RH</p> <p>Upon completion of the simulation, you created an education plan focused on Monica for post-partum depression, domestic violence, and nutrition/substance abuse.</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>
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EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2025
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date:  11-25-25.