

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

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

Student: Colleen Camp

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:		S	NA	S	S	NA	S	S	S	NA	NA	NA	NA	NA	NA		NA	S
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.																		
b. Provide care using developmentally appropriate communication.		S	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA		NA	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	NA	S	NA	NA	S	S	S	NA	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	S	S	S	NA	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	S	S	S	S	NA	NA	NA	NA	NA	NA		NA	S
Clinical Location Age of patient		ER 36	NA	Fisher Titus OB 23 year old mom, 1 day old	Belleve high school 14y	Boys and girls K-6th	Flu clinic All adults		Firelands OB and gynecologic	NA	NA	NA	NA	NA	NA		NA	
		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: My patient this week was in the 7th stage of Erikson's development because of her age range, and she was exhibiting stagnation in life. She was a 36-year-old female with no kids who lived at home with her mother. Her only involvement in the community was her job. BS

Week 2- 1a- Colleen, 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

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

Week 4: My patient was experiencing trust vs mistrust. I chose this stage because one of my patients was a newborn baby boy who is learning how to trust and depend on his mother to feed and take care of him. **BS**

Week 4: 1(a-d)- This week you were able to provide care and communicate with your patients using developmentally appropriate techniques. You were able to care for and communicate with a postpartum mother as well as care for them and their newborn. We discussed safety of the patients in regards to checking bands with mom/baby upon returning the newborn to the room. **RH**

Week 5: This week we did hearing and vision at the Bellevue high school their Erikson's stage is identity vs role confusion. I chose this because we were dealing with adolescent children who are learning who they are and making their own decisions on what they believe. **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 6: This week we were at boys and girls club and their Erikson's development was industry vs inferiority. I chose this because we were dealing with young kids ages 6-12 and they are learning social skills and how to be a little more independent from their parents. **BS**

Week 6- 1b- You did a great job interacting with the children at the Boys and Girls Club while using developmentally appropriate communication. This can be a chaotic and challenging environment, but your group did well and kept the kids engaged. **BS**

Week 7: My patients this week were in the 7th stage of Erikson's because they were exhibiting generativity. This means that they have found their purpose and meaning in their work. These patients believe that what they do is important and that they are making a difference in the world. By receiving their flu shot it showed that they want to protect the people they care for truly do enjoy their work. **BS**

Week 7- 1a,b- You did a great job communicating with the patients at the flu vaccine clinic. Your conversation helped to keep the clients calm throughout the process and you worked in an efficient manner to keep the line moving. Nice work! **BS**

Week 8: This week I had a newborn baby her Erikson stage was trust vs mistrust. I chose this stage because she is learning who to trust and making sure that someone is taking care of her and tending to her needs. If no one takes care of her she will develop mistrust. **BS**

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

Week 8 – 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 help newborns stay safe on the OB unit and completed mother newborn verification process whenever returning the newborn to the parents from the nursery. **KA**

responding appropriately to their questions. **KA/MD/RH/BS**

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
Competencies:		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	S	S	S	S	NA	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	S	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: 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. The issue of pronouns has been given a lot of attention in recent years. It seems younger people are much more comfortable discussing the issue, whereas many older folks are not so comfortable with it. BS
 Week 4: 1(f-i) We discussed the changes in a woman's body during pregnancy. We discussed the benefits of skin to skin and bonding with newborn and mother. We were able to discuss some of the prenatal choices one of the mothers made that could have had an impact on her newborn, such as being small for gestational age. 1(k, l)- You were able to provide care while also valuing the patient's values and beliefs. We discussed circumcisions and the choice both mothers made to circumcise their children while in the hospital. RH

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

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

Week 6- 1k- While interacting with the children at the Boys and Girls Club you did a great job acknowledging their perspectives, diversity, ages, and cultural factors, which all influence their behavior. BS

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

Week 8 – 1k and l – You recognized the uniqueness of the family you were caring for and ensured their opinions and questions were responded to with thoughtfulness and their perspective was validated. You respected the family and their right to make decisions for their infant and ensured they had the necessary information to do so. KA

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	S	S	S	NA	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	S	S	S	NA	NA	NA	NA	NA	NA		NA	S
d. Practice/observe safe medication administration.		S	NA	S	NA	NA	S	S	S	NA	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	S	S	S	S	NA	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	S	S	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: All H&V: 2B, C, G BG Club: 2G Flu: 2B, C, D, F, G

Comments:

Week 2: A SDOH for my patient was that she cannot drive. This causes an issue with transportation because she must rely on others to get to work, and she has to rely on others to take her to get her medications from the pharmacy. **Good one. Transportation is something that many of us take for granted, but is a very real issue for those without access to it. BS**

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

Week 4: My patient had positive SDOH and they include having a full time job, she had insurance to help cover the hospital bill, she has full transportation to get to and from follow up appointments and she is educated on how to care for a newborn baby. **Good for her! BS**

Week 4: 2(a, b, c, f)- We were able to identify some evidence-based nursing practice taking place on the unit in regards to the newborn in the nursery getting an IV. You performed safety measures when checking bands with the mother and newborn when returning the newborn to the room from the nursery. You were able to perform a newborn assessment with some assistance from faculty and had no issues asking for help when needed. **RH**

Week 5: Some SDOH that some of the students could have include not being able to afford glasses or contacts due to financial strain, Some students may not be able to go to a follow up appointment due to lack of transportation, and some students may be able to afford glasses and contacts and have health insurance for follow up appointments. **All good examples, Colleen. 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 6: Some SDOH that some of the students could have include lack of transportation due to parents having to work and not being able to pick them up. Lack of after school childcare due to financial struggles and not being able to pay for a babysitter while they’re at work. This program is good for children whose family may struggle with after school childcare because they get an extra meal after school and they can stay until someone can come pick them up so that they’re not home alone. **Yes, it really is a valuable service for those who need it. BS**

Week 7: A SDOH that some of the patients could have include not being able to afford a flu shot or do not have education about why the flu shot is needed. The flu clinic was great because the flu shot was free to the hospital employees. Another reason this a great thing is because if they are at work all they had to do was come down during their selected time and receive the flu shot without having to make an extra trip. **You and your fellow students greatly helped Corporate Health with the administration of flu vaccines at the employee clinic. BS**

Week 7- 2d- You did a great job safely administering flu vaccines at the flu vaccine clinic. **BS**

Week 8: An example of SDOH in my patient was that her mom was a first-time mom so she needed to be educated on some things like sleep safety and how often to feed the baby. A positive SDOH is that she did have health insurance to help cover the cost the hospital bill. **Yes, she will be learning many new things in the months and years ahead. Hopefully she has a supportive family to help. BS**

Week 8 – 2b, c, d, e, f – You did a great job assessing and monitoring the newborn and providing additional interventions since your patient had difficulty maintaining their body temperature. You also were able to assist with the additional monitoring provided to the newborn once they were connected to the cardiopulmonary monitor. You utilize appropriate precautions on the newborn who had not had their first bath. You did a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. You had the opportunity to administer PO medications to the postpartum mother this week. 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**

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	S	S	S	S	NA	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	S	S	S	S	NA	NA	NA	NA	NA	NA		NA	S
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		S	NA	S	S	S	S	S	S	NA	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	S	S	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: All H&V: All BG Club: All Flu: All

Comments:

Week 2: another patient I seen in the ER had overdosed this raises a ethical and legal issue because it could have been a suicide attempt and the patient may not have wanted to be brought back, but it is the ethical thing as a nurse to do. This would impede on the patient's autonomy to make their own decisions. **Great example, Colleen.**
This issue comes up every so often when patient's code and they haven't made their wishes clear. BS

Week 4: a ethical and legal issue I noticed on clinical was my baby patient was not breathing when he was born so they had to place him on a cpap machine for 15 minutes this caused him to get air around his heart and caused some collapsed alveoli in the lungs, and he had to be transferred to a bigger hospital. The nurses did the ethical thing to help the baby survive, but the legal portion is who is going to be responsible for the bill the parents or the hospital since the nurses did the ethical thing but it ended up causing harm to the baby. **This is a great example, Colleen. I hope he is OK! BS**

Week 4: 3(a-c)- You did a great job acting with integrity and respecting differing views, maintaining HIPAA, and following the Student Code of Conduct. RH

Week 5: One example of an ethical and legal issue that could happen in the school is having a dangerous person come in. Bellevue has no security to their entrances and we were just able to walk right into their school where all the other students walked in. School nurses and teacher have the ethical responsibility to protect the kids from any harm, but from a legal stand point they do not have any extra security devices to help make sure that no one gets in who isn't supposed to. **Great example! Many schools have some security measures in place, but not all I guess. 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 6: One example of ethical and legal issue that could arise from this after school program is that they are legal mandatory reporters. While they are at the boys and girls club the teachers must watch the kids and make sure that they are safe and, in some circumstances, and they may have to report a case of child abuse or neglect that a child reports to them. Ethically they know this is the right thing to do., but some people do not want to get involved in the situation, so it becomes an ethical and legal issue.

Good point, Colleen. I would imagine that they do deal with issue from time to time. BS

Week 6- 3a,c- At the Boys and Girls Club, you acted with integrity, consistency, and respect for differing views and perspectives. BS

Week 7: an ethical issue that may arise is that the flu shot is required for people who work at the hospital and some people do not like to receive the immunizations. This could be an ethical issue because they need to have the flu shot to work there, but it goes against their values and beliefs. For this type of situation, the employee could fill out an exemption form, but not all reasons for exemptions are excepted. Great example, Colleen. Although recommended for most people, employees have some flexibility and autonomy if they do not wish to receive the vaccine. BS

Week 8: An ethical legal issue I witnessed at clinical is a mom had her baby at home and brought the baby in so that the baby could get care and the mother also received some care. The mother decided that she did was not financially stable enough to keep the baby, so she decided to give the baby up for adoption. Child protective services got involved and while we were at clinical the mother came back and decided she wanted her baby back so that she could give it to a co- worker. This is an ethical and legal issue because legally she is the mother and has the right to have the baby back, but ethically it is hard because you want to make sure the baby will be safe. Wow! What a unique situation. Hopefully she makes the right decision. I'm not sure how old the baby was but there are a lot of hormone fluctuations in the weeks following birth and I hope she is not making decisions because of that. 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 – 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

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Develop and implement a priority care map and/or plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA S	NA	S	NA	NA	NA	S	NA	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	S	S	S	NA	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.		S	NA	S	S	S	S	S	S	NA	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, D, E H&V: 4B, D BG Club: 4D Flu: 4B, D

Comments:

Week 2: one piece of patient education I provided to my patient was the effects that morphine and oxycodone can have on her body after she takes them as prescribed. I also educated her on straining her urine at home because she had a kidney stone, and to finish all her antibiotics for her UTI. I used skyscape as my resource. Way to go, Colleen! BS

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: I educated my patient on proper hygiene and how to take care of her peri area to prevent infection. I showed her how to use the peri bottle and how to use the lidocaine spray. BS

Week 4- 4a- Great work on your care map, Colleen. Please see rubric below for feedback. BS

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

Week 4: 4(b, c)- You were able to document the newborn assessment you performed and compared it to the student nurse who also performed the newborn assessment with you. Documentation was also completed on the postpartum mother you assessed. You were able to witness some postpartum mothers advocate for themselves when they wanted to breastfeed or bottle feed their newborn. The staff on the unit were supportive with whichever choice the mother made. RH

Week 5: One thing I educated many of the students on was to wear their glasses. Many of the students said that they do have glasses, but they either lost them or do not wear them. I told them it is important to wear their glasses so that they can see better in class and if they are old enough to drive it is important to wear them while they are driving. Yes, very important. Not wearing glasses when needed can cause unnecessary stress on the eyes, potentially making vision worse. 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 6: This week we taught the kids about stranger danger. We went over how to point out a dangerous stranger and how to report an incident if something occurs. We also taught them what to do if they encounter a stranger that makes them feel unsafe. Yes, and they had some pretty interesting responses! BS

Week 6- 4d- As you no doubt noticed at the Boys and Girls Club, when providing teaching to kids of various ages, we must continually adjust our approach based on their developmental level. BS

Week 7: Some teaching I provided to the patients was that the flu shot is an intramuscular shot that is given in the deltoid muscle. I also educated them on moving their arm after to help prevent soreness from the vaccine. Nice job! BS

Week 7- 4b- You did a great job documenting the flu (and COVID) vaccines you administered at the flu clinic. BS

Week 8: This week I educated the parents of my child on observing the baby for any signs of respiratory distress. The baby was having shallow respirations, and the doctor could not hear her lung sounds so she was hooked up to the monitor for four hours. Once she was taken off, I took the baby back to the room and educated them on nasal flaring, retractions, and grunting sounds. I explained that they need to hit the call light if they observed any of these signs. Very pertinent education, Colleen. Great job! BS

Week 8 -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

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)		S	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)		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: 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: 4(h-j)- During the clinical day you were able to complete a care map that discussed the patient's diagnostic tests, medications, and medical treatment. You were able to correlate the multiple attempts at an epidural for your patient with an increased risk for infection due to the number of times it took to place the epidural. RH

Week 8 – 4f, g, h, I, j – You utilized information from your patient's and the mother's charts as well as from your assessment to fill out the OB Patient Profile. You were knowledgeable on clinical and were able to discuss how the patient's diagnostic tests, medications, medical treatments, nutritional needs, and nursing interventions correlated to their disease process. You asked appropriate questions to help yourself make any connections that you did not understand or wanted further information on. KA

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

Objective																		
5. Collaborating professionally with members of the health care team, childbearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Demonstrate interest and enthusiasm in clinical activities.		S	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA		NA	S
b. Evaluate own participation in clinical activities.		S	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA		NA	S
c. Communicate professionally and collaboratively with members of the healthcare team.		S	NA	S	S	NA	S	S	S	NA	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	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: 5A, B, C, F, G H&V: 5A, B, C BG Club: 5A, B Flu: 5A, B, C

Comments:

Week 2- 5f- Nice work on your SBAR report, Colleen. You provided pertinent information, giving the next nurse a clear picture of what is going on. Had she not been about to go home, I would just suggest to include any allergies and code status. BS

From your assigned nurse in the ER: Colleen Camp; marked excellent in all areas. A. Ernsberger, RN.

Week 4: I gave myself an NA for the CDG because I did a care map this week instead of the questions. (the care map counts as your CDG this week) BS

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

Week 4: 5(a, b, c, g)- This week you showed excitement about being able to see the c-section. Though you seemed nervous for the newborn assessment, you did great with minimal prompting of what to do next. You were able to professionally communicate with the staff on the unit. RH

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

Week 7- 5a,c- You had a great attitude and positive demeanor while administering flu vaccinations at the flu clinic. You also communicated effectively with other members of the healthcare team to ensure positive patient outcomes. BS

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

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

Comments:

Week 2: One thing I could improve on is being a little faster with my critical thinking, like knowing what each med does and why it is prescribed to my patient without having to look up every medication. To help with this I will review my medication templates and make sure I am prepared to answer medications by my next clinical.

That's understandable, Colleen! Over time you will become familiar with many of the commonly prescribed medications. Just keep in mind there are over 20,000 of them, and no one can be familiar with them all. This is why resources like Skyscape are so beneficial. BS

Week 4: One thing I could improve on is my newborn assessment and remembering all of the reflexes I need to check for. To improve my assessment I will watch Kellys newborn assessment video 3 times before my next clinical. **Great plan, repetition helps a lot! BS**

Week 4: 6(c, e, f, g)- You began to not feel the best in the c-section, but you were able to identify that and remove yourself from the situation, great job! You maintained professional behavior while on clinical throughout the day. During the clinical day, you asked good questions to further your knowledge of the pregnant and postpartum patient. You were able to organize you time efficiently to care for your patient as well as see births during the day. **RH**

Week 5: One thing I can work communication with the students when giving them directions. I feel like sometimes my directions were not clear when I asked them to read the chart because some of them read the chart backwards when I asked them to read the line. To improve my communication I will participate more in lecture and ask 2 questions before my next clinical. **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 6: One thing I can improve on educating and knowing how to respond to magical thinking and figuring out how to change the way I speak based off the different age groups. To do fix this I will review my Erikson’s and read in the book for tips to improve how to teach the kids in different age groups before my next clinical. **You never know what will come out of these kids’ mouths! In the moment, you just have to think for a minute before you respond, because they will surprise you when you least expect it. BS**

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

Week 7: An area for improvement is being more confident while giving the IM injections on a person. This was my first time giving an IM on a patient, so I was very nervous. To improve on this skill, I will practice IM injections 3 time before my next clinical. **You should feel a lot more confident in giving IM injections after your participation at the flu clinic! Great job. BS**

Week 7- 6d,e,g- You may have been a bit nervous at first, but I could not tell and you performed well. You also worked in a timely manner to get all of the clients through the line. Professional behavior was observed at all time throughout the clinical experience. **Nice work! BS**

Colleen, Nice work this first half of the semester! **Keep it up! BS**

Week 8: An area I can improve on is counting the baby’s vital signs. To correct this I will practice newborn vitals 3 times before my next clinical. **This does take some practice, great plan. 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 – 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 9: I gave myself a U because I forgot to turn in my clinical tool on time. To fix this I will make sure to set a reminder on my phone to make sure I turn it in every Thursday night. **Sounds good, Colleen! BS**

Student Name: C. Camp				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	Eight high priority nursing problems were identified. Risk for infection was 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	
Respon	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
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

ding	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	intervention included a frequency and a rationale. All listed interventions were individualized and realistic to the patient situation.
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	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: Colleen, Great work on your care map! BS</p>	<p>Total Points: 45/45 Satisfactory BS</p> <hr/> <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 Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills														
	Adult Head to Toe Assessment (*1, 2, 5, 6)	Breastfeeding and Bottle Feeding (*1, 2, 3, 6)	Breast Assessment (*1, 2, 3, 4, 5, 6)	Circumcision Care (*1, 2, 6)	Broselow Tape (*1, 2, 3, 5)	Leopold's (*1, 2, 3, 5, 6)	APGAR (*2, 3, 4, 5, 6)	Breast Self-Exam (*1, 4, 5, 6)	Pediatric Vital Signs (*1, 4, 5)	Pediatric Lab Values (*1, 4, 5)	C-Section Care (*1, 2, 5, 6)	Health Literacy (*2, 5, 6)	Safety (*1, 2, 3, 5, 6)	Postpartum Assessment (*1, 2, 6)	Newborn Bath and Cord Care (*2, 4)
	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21	Date: 8/20 & 8/21
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	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 Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (*1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditch (*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 & 10/2	Date: 10/6	Date: 10/16 & 10/17	Date: 10/23 & 10/30	Date: 11/3	Date: 11/4 & 11/5	Date: 11/18	Date: 11/18	Date: 11/21	Date: 11/21	Date: 10/2
		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	U	S	S	S	S	S	S	S	S	S	S	S
Survey	S		S		S	S		S		S		S	S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
Remediation: Date/Evaluation/Initials	NA	S 9/28 BS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:

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

vSim Objectives

9/22/2025 vSim Maternity Case 1

1. Performs focused antepartum assessment of patient with severe preeclampsia. (1, 2, 4)*
2. Recognizes signs and symptoms of severe preeclampsia (hypertensive disorders). (1, 2)*
3. Communicates severe preeclampsia to the interprofessional team. (1, 2, 3, 5)*

4. Administers prescribed antihypertensive medication (magnesium sulfate). (1, 2, 3, 5)*
 5. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)*
- * Course Objectives

10/6/2025 vSim Maternity Case 4

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

11/3/2025 vSim Pediatric Case 3

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

*Course Objectives

11/18/2025 vSim Pediatric Case 1

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

* Course Objectives

11/21/2025 vSim Pediatric Case 4

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

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Camp (A), Collins (M)

GROUP #: 6

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/11/2025 1500-1630

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Noticed VS appear WNL. 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. Inquires about pain. Recognizes need for FSBS. UA results obtained, THC present.</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. VS reassessed.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Prioritizes need for VS, interprets VS to be normal. Interprets accelerations on fetal monitor. Interprets need to reposition patient. Prioritizes 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. Inquires about pregnancy history/complications-gestational diabetes. Patient asks for a mountain dew and cheeseburger. Call to HCP to update. Call to HCP to report FSBS, HCP inquires about prenatal care. Questions patient about prenatal care and diet R/T gestational diabetes. Education provided about the importance of prenatal care while pregnant. Call to HCP to report</p>

	<p>lack of prenatal care. Orders received for IV fluid, Nifedipine, US to verify due date, acetaminophen. Call to obtain US. Medications prepared, allergies confirmed, patient questions blood pressure medication. Call to HCP to question nifedipine order, clarification provided. Nifedipine prepared and administered. IV fluids initiated. Call to HCP to report results of UA, ordered to provide education about THC use. Education provided.</p> <p>Calls for help when bleeding is discovered. Call to HCP to report PPH. Order received for methylergonovine. Assessment nurse initiates conversation with patient while massaging fundus. Allergies confirmed, methylergonovine administered.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, 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 communicates well; explains carefully to patients; gives clear directions to team; could</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>be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>
--	---

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Camp (A), Collins (M)

GROUP #: 6

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/25/25 1500-1630

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2,5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Pain assessment: rating, location, radiation, duration, description</p> <p>Obtain vitals</p> <p>Cervical exam after calling healthcare provider but before nubain administration</p> <p>Pain reassessment after nubain administration</p> <p>Cervical exam repeated</p> <p>Notice baby is stuck and begin HELPER maneuvers</p> <p>APGAR 1 minute: 9</p> <p>Newborn assessment: thorough assessment with reflexes (rooting, sucking, Babinski, plantar, palmer)</p>
<p>INTERPRETING: (2,4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Offer some pain relief options since patient does not want an epidural</p> <p>Interpret vitals as WDL</p> <p>Interpret fetal monitor as accelerations</p> <p>Prioritize pain medication</p> <p>Interpret change in cervical exam</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>Discuss birth plan with mother about pain relief options</p> <p>Educate mother on what accelerations are on fetal monitor and what that means for baby</p> <p>Call healthcare provider for update on patient and ask about nubain administration</p> <p>Educate about nubain and impact on baby</p>

	<p>Medication administration. Verify name/DOB, verify allergies, (nubain) verify pain assessment prior to administration, correct dose, correct needle used, correct technique, use of needle safety. (penicillin) hang primary bag below secondary bag of fluids, prime tubing correctly, program pump, provide education on why this medication is being given</p> <p>Call healthcare provider when realize mom is ready to push (call for help), eval for episiotomy, McRoberts position, suprapubic pressure, rotational maneuvers, hands and knees, remove posterior arm</p> <p>Newborn care: dry off immediately after birth, swaddle babe, offer skin to skin, put in warmer “eww”</p> <p>Medication administration for baby- provide education about medications to be given to baby, scan baby, scan medications, correct dose, correct needle used, correct technique, use of needle safety.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario and interventions performed. Group identified good communication used throughout the scenario and identified it as a strength. Each member was able to provide area of improvement for future simulations. Emotional intelligence questions asked in relation to patient point of view and support person point of view. Questions also asked about student emotions and how that impacted their actions in their scenario.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p>	<p>You are satisfactory in this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data</p>

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

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: C. Camp

OBSERVATION DATE/TIME: 10/2/2025

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

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: C. Camp

OBSERVATION DATE/TIME: 10/16-17/2025 SCENARIO: Escape Room

CLINICAL JUDGMENT	OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Responded to safety issues by correcting each of them to provide a safe environment for the patient's care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient's respiratory distress by providing the patient with the ordered breathing treatment.</p> <p>Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.</p>

SUMMARY COMMENTS:

E = exemplary, A = accomplished, D = developing, B = Beginning
Based off of Lasater's Clinical Judgment Rubric

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

Scenario Objectives:

1. Utilize the concepts of growth and development to identify concerns with patient safety and provide appropriate interventions to address safety concerns. (1, 3, 5)*
2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1, 2, 5)*
3. Collaborate with members of the healthcare team to provide safe, holistic, and comprehensive patient care. (1, 2, 4, 5, 6)*
4. Utilize SBAR communication in interactions with members of the health team. (5)*

*Course Objectives

You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! KA/MD/RH/BS

Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs

Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse

Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy

Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Camp (M), Collins (A)

GROUP #: 6

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/23/25 1500-1630

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *						
• Focused Observation:	E	A	D	B		Obtain vitals
• Recognizing Deviations from Expected Patterns:	E	A	D	B		Notice medication, scissors, and needle in the bed
• Information Seeking:	E	A	D	B		Pain assessment (location, description, Respiratory assessment. No retractions noted at this time. Lung sounds clear. Ask about cough
						Visualize ears, notice drainage
						IV assessment done when changing IV rate
						Reassess temperature and pulse ox after ibuprofen administration
						Notice increased coughing and discomfort in chest
						Obtain vitals
						Respiratory assessment. Identify retractions, identify lung sounds as stridor
INTERPRETING: (2, 4) *						
• Prioritizing Data:	E	A	D	B		Interpret temperature as elevated
• Making Sense of Data:	E	A	D	B		Identified medication error for ibuprofen, IV fluids, and amoxicillin

	<p>Does correct dosage calculation for medication orders</p> <p>Correlate stridor, low oxygen saturation, increased heart rate, increased respiratory rate as respiratory distress</p> <p>Identify elevated temperature</p> <p>Stays in room while patient in respiratory distress</p> <p>Identified medication error for acetaminophen</p> <p>Correct dosage calculation for medication orders</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Remove unsafe items from bed. Educate father on preventing patient from getting unsafe items</p> <p>Call healthcare provider. SBAR provided. Clarify orders stating doses are not safe. Clarify ibuprofen, IV fluids, and amoxicillin. Does not read back orders to healthcare provider</p> <p>Correct IV pump to be at correct rate.</p> <p>Medication administration: verify name/DOB, verify allergies, provide education on medications (cetirizine, ibuprofen, amoxicillin), scan patient, scan medication.</p> <p>Apply supplemental oxygen due to low oxygen saturation</p> <p>Call respiratory therapy for breathing treatment. Stresses urgency</p> <p>Call healthcare provider for clarification of acetaminophen clarification. New order received for acetaminophen and added dexamethasone. Does not readback orders</p> <p>Medication administration: verify name/DOB, verify allergies, educate on medications (acetaminophen and dexamethasone), scan patient, scan medications</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. Emotional intelligence questions asked in relation to how students would feel if that was their child and how they felt during the respiratory distress part of the scenario. Students admitted to feeling nervous and stressed at that time but really wanted to make sure they were doing everything they could for their patient prior to “freaking out.” Team stated they would have educated father about smoking cessation as well as signs and symptoms to look for in croup patients including how to care for the patient at home.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <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)* 	<p>You are Satisfactory for this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient’s condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p>Responding: 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</p>

<p>3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</p> <p>4. Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)*</p>	<p>understanding. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered.</p>
--	---

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Camp, Collins

GROUP #: 6

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/4/2025 1500-1630

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *						
• Focused Observation:	E	A	D	B		Notices temp of 102.1. Notices mucous membranes pink and moist. Notices bruising. Additional bruising noted on abdomen. Patient requests Pedialyte. Temp reassessed following acetaminophen- 99.1.
• Recognizing Deviations from Expected Patterns:	E	A	D	B		
• Information Seeking:	E	A	D	B		
						Jack CO abdominal pain, nausea, vomits 100 mL. Vomits again. Temp 102.1. Skin tenting noted, Mucous membranes tacky, cap refill 3 sec. Nausea reassessed following Zofran administration.

<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Interprets temp of 102.1 to need medication. Pain interpreted as 2. Interpreted improvement in temp- 99.1.</p> <p>Temp interpreted as above normal at 102.1, prioritized the need for additional acetaminophen. Signs interpreted as dehydration.</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>Introductions, patient identified. Begins assessment- VS. Questions Jack about bruises. Uncovers abdomen and finds additional bruises. Assesses pain with appropriate pain scale. Pedialyte provided. Call to provider to question doses of cetirizine and acetaminophen. New orders received and read back. Patient identified, allergies confirmed, cetirizine and acetaminophen administered. When mom leaves room, bruises investigated further. Jack explains that mommy's friend put the bruises on him and that he hurts mommy too. Call to case management to report bruising and the story behind them.</p> <p>Begins assessment. VS. BS- hyperactive. Assessed for signs of dehydration. Contact precautions initiated for rotavirus. Call to HCP to report rotavirus and signs of dehydration. Orders received for fluid bolus and maintenance fluid, Zofran for nausea. Patient identified, fluid bolus initiated, Zofran administered.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenario. Teamwork and communication were great. Discussed the nurse's role when they discover a potential abusive situation, which was handled well during the scenario. Discussed the potential benefit of separating mom and child to have individual conversations with each. Team noticed the clinical signs of dehydration and reacted appropriately to request IV fluid from the HCP.</p>

SUMMARY COMMENTS: * = Course Objectives

Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.

E= Exemplary

A= Accomplished

D= Developing

B= Beginning

Scenario Objectives:

5. Select physical assessment priorities based on individual patient needs. (1, 2)*
6. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)*
7. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*
8. Utilize the concepts of growth and development to identify concerns in assessment findings associated with potential child abuse and make appropriate referrals as necessary. (1, 3, 5)*
9. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)*

*Course Objectives

You are Satisfactory for this scenario! BS

Lasater Clinical Judgement Rubric Comments:

Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess.

Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family

Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse

Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response Displays proficiency in the use of most nursing skills; could improve speed or accuracy

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

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **C. Camp**

OBSERVATION DATE/TIME: **11/18/25**

SCENARIO #: **Student Developed Scenarios**

CLINICAL JUDGMENT						OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*						<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>
• 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>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>
• Prioritizing Data:	E	A	D	B		
• Making Sense of Data:	E	A	D	B		
RESPONDING: (1, 2, 3, 5)*						<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</p>
• 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>date on patient condition.</p> <p>Education was provided to patient and family on for current health status as well as for preventative measures.</p> <p>In response to your assigned disease process you developed a comprehensive simulation that encompasses aspects of assessment, interprofessional communication, and nursing interventions appropriate for the patient.</p> <p>You developed appropriate NCLEX questions for your scenario based on your disease process.</p>
<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</p> <p>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 	<p>The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS/RH</p>

<p>provide therapeutic communication with the patient and family. (1, 3, 5, 6)*</p> <p>5. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)*</p>	
---	--

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Colleen Camp, Sydney Fox, Abby McNulty, Brittany Rodisel OBSERVATION DATE/TIME: 11/21/25 SCENARIO: Comprehensive Simulation

CLINICAL JUDGMENT COMPONENTS NOTICING: (1, 2, 5)*	OBSERVATION NOTES
<ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>In the mother encounter you noticed suspicious bruising on the mother’s face and neck. You also noticed the poor environment with chips, pop, rats, spider, and cockroaches scattered throughout the room. You obtained vital signs 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 provided a thorough assessment to both the newborn and the 8-year-old brother. You asked questions focusing on multiple concerns and gather as much data as possible. KA</p>
INTERPRETING: (2, 4)* <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>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</p>

	<p>environment, unprescribed medications, cigarette smoking. You connected the patient's pain with the bruising around her eye. You encouraged the mother to discuss more of her dysfunctional family dynamic. MD</p> <p>Interpreted conditions in the kitchen as being dirty, messy, and unsafe for children. Interpreted exposed cleaning supplies as dangerous for children. Interpreted the lack of nutritious foods as not ideal for the family. Interpreted multiple empty beer bottles as potential alcohol abuse. Interpreted father's bottle preparation method to be inadequate (formula expired, not using the correct quantity). BS</p> <p>You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit. You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit. You interpreted acute respiratory status changes and lethargy as major assessment concerns in the children in this home environment. KA</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>In the mother encounter you encouraged immediate removal of her and the children for safety. You also provided many community resources for the abuse and discussed with the mother that the abuse was not her fault. You discussed with the mother to not take unprescribed medications and took the medication for proper disposal. You encouraged her to use birth control to prevent further pregnancies. You provided praise for using the smoking cessation information provided in a previous scenario and encouraged continuing to use them. Additionally, you encouraged bonding with the newborn as much as possible. Awesome job in the mother encounter! MD</p> <p>Educated father that cleaning supplies should not be stored in places where the children could get access to them. Educated father to pay attention to expiration dates and how to properly and safely prepare a bottle. Educated that there are resources available to assist with healthy food choices. BS</p> <p>You responded to safety, psychosocial issues calmly. You were confident in your approach to each family member. You sought further information regarding potential abuse from all members of the family. You responded by prioritizing the safety and health concerns of each family member and</p>

	<p>seeking further treatment for them. You responded with intervention regarding safety of children; flexible and creative with ideas and interviewing each member of the family. You provided a focused assessment to the children of the household recognizing concerns requiring immediate medical assistance. You recognized the need for involvement by CPS, law enforcement, and hospitalization for medical treatment of both children. You recognized that you only had consent to treat the mother in this situation and sought maternal consent to call for medical assistance and treat the children of the household. You recognized the need and ability to educate the 8-year-old son in the family and educated him on no juice for the infant, no extra blankets in the crib, and no drinking of alcoholic beverages. You provided interventions for the asthma attack including proper inhaler usage. You removed excess toys and blankets from the crib and cleaned the area. 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 about how they had a plan after reviewing the chart and their plan minimally changed after beginning their assessments. The group noticed mom’s post-partum depression based on their assessment findings which included her anxiousness and lack of eye contact. They also noted she was not bonding with the baby. Group was able to educate mother on cleaning, alcohol intake, smoking cessation, proper and safe medication storage, follow up care, and proper nutrition. They provided resources about WIC, nutrition, domestic violence shelters, and social services to her as well. The group then moved onto the partner encounter. During this encounter they noticed he had some marks on his face that he said was from the mom when they got into an argument. They also noticed the inappropriate drawings on the refrigerator. Group was concerned with the vermin and provided resources for an exterminator. Group was able to educate on how to make a bottle properly (water to formula ratio, how to warm it up, not using expired products), proper nutrition for a child and infant, alcohol use, and how to store cleaning supplies safely. The group wanted to add education about AA to partner but did not think of this until after they left the room. When entering the children’s room, the group said they noticed the kids were “not good” right away. They noticed a variety of safety concerns including the space heater, multiple blankets covering the infant in the crib, and the filth of the room. Group was able to assess each child and was able to identify the respiratory distress (wheezes, retractions, low oxygenation) and failure to thrive (sunken fontanel, lost</p>

	<p>weight, can see ribs, poor skin assessment). Group requested to get consent and send children and mother to hospital by squad. Group was able to lead discussion during debriefing of assessment findings and interventions done throughout scenario. RH</p> <p>Upon completion of the simulation, you created an education plan focused on Jill focusing on crib safety, dehydration/failure to thrive, and hygiene.</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. Provide quality, patient-centered care in an organized, safe manner. (1, 2, 4, 5)* 2. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 3. Utilize the concepts of growth and development to provide therapeutic communication with the family unit. (3, 5)* 4. Identify safety measures for the family unit in the home setting. (1,3,5)* 5. Demonstrate thorough environmental assessment in the home setting. (1,3,5)* <p>*Course Objectives</p>	<p>Excellent job in communicating without judgement and providing appropriate education, information regarding resources, and intervention for family.</p> <p>You are satisfactory for this scenario. KA/MD/BS/RH</p>

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2025
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date: ____Colleen Camp 11/25/25
