EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Kayli Collins

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:
Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA).** The faculty member will initial if in agreement with the student's evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, U, or NA". If the student does not self-rate, then it is an automatic "U". A student who submits the clinical evaluation tool late will be rated as "U" in the appropriate competency(s) for that clinical week. Whenever a student receives a "U" in a competency, it must be addressed with a comment as to why it is no longer a "U" the following week. If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.**

METHODS OF EVALUATION:
Care Maps
Patient/Family Education
Preparedness for Clinical/Clinical Performance
Online Clinical Discussion Groups
Administration of Medications
Nursing Skills Completion of Clinical Performance Tool
Written Reports of Clinical Experiences
Documentation
Conferences with the Faculty
Lasater Clinical Judgment Rubric
vSim
Simulation Scenarios

7/11/25 KA

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
09/04/2025	3	Hearing/Vision Screening	09/18/2025 BS

Faculty's Name	Initials
Kelly Ammanniti	KA
Monica Dunbar	MD
Rachel Haynes	RH
Brian Seitz	BS

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
9/19/2025	Risk for postpartum hemorrhage	S/BS	NA	NA

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Make up	**Final**
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
Competencies: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	NA	NA		NA	
b. Provide care using developmentally appropriate communication.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	NA	NA	S	NA	**S**	**S**	**NA**	S	NA	NA	NA	NA	NA		NA	
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	NA	NA		NA	
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below and explain reason for choice)***		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
Clinical Location Age of patient		ER, 37	NA	NA	Fr OB, 19. Bell. HS	Boy & Girl. 5-12	Flu, 18-65		St Mary, 5-10	30, FT OB	NA	NA	NA	NA	NA		NA	
		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 1e: This patient was in the intimacy vs. isolation stage. This is the stage where intimate relationships are formed and where isolation is experienced. The patient tried calling people to pick her up from the ER but told the staff that she didn't really have anyone she's close enough to that would come pick her up. BS

Week 2- 1a- Kayli, 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 5 1e: My OB patient was 19 years old, so she was in the intimacy vs. isolation stage. During this stage isolation is experience as well as the forming of intimate relationships. She is in this stage because she is a new mother and in an intimate relationship with the child's father. BS
Week 5 – 1a, c, d – You did a wonderful job providing holistic care to the mom and baby you were assigned to this week. You did a great job assessing your assigned mother utilizing developmentally appropriate assessment skills and reporting any abnormal findings. You were able to identify safety measures used to keep newborns stay safe on the OB unit and completed mother newborn verification process whenever returning the newborn to the parents from the nursery. KA
Week 5 – 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 1e: According to Erkison's Stages, most of the kids were in the industry vs. inferiority stage, this stage is typically from ages 6-11. There were some 12-year-olds in this clinical and they would be part of the identity vs confusion stage. Industry vs. inferiority has to do with feelings of competence when tasks are completed versus the feeling of inferiority due to failure in completing tasks. Identity vs confusion has to do with adolescents developing their own personal identity. Good explanation. 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 1e- The people coming to get their flu shots during this clinical were anywhere from 18 years old to 65 years old. This puts them in the Intimacy vs isolation (18-40 years) and Generativity vs Stagnation (40-65) stages. Intimacy vs isolation is when young adults are looking for intimate, meaningful relationships. Generativity vs stagnation is when adults are focusing on contributing to the next generation. BS
Week 7- 1a,b- You did a great job communicating with the patients at the flu vaccine clinic. Your conversation helped to kept the clients calm throughout the process and you worked in an efficient manner to keep the line moving. Nice work! BS

Week 8 1e- Most of the kids at St. Mary's are in the inferiority vs industry stage, which is from 6 years old to 10 years old. Some of the younger kids who may be 5 years old would fall into the initiative vs guilt stage. Inferiority vs industry has to do with feelings of competence when completing tasks. The kids experienced this with the Heimlich and CPR mannequins. Initiative vs guilt stage is about kids taking initiative and exploring their surroundings. This was seen by the younger kids; some would jump up right away to try the mannequins while others were scared to try. Great explanation, Kayli! 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 responding appropriately to their questions. KA/MD/RH/BS

Week 9 1e- My patient this week was 30 years old, this puts her in the intimacy vs. isolation stage. She is forming intimate relationships with people, this is shown by her marriage and children with her husband. BS
Week 9- FTMC OB Objective 1 A, B, C, D: This week in OB you had the opportunity to work with a postpartum mother and newborn. You did an awesome job with providing appropriate care and communication for the developmental stage of the patients, and provided systematic and developmentally appropriate assessment techniques. We discussed some of the safety measures of each of them as well such as fall risk of a mom post vaginal delivery and security for the newborn. Great job! MD

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

Objective

1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*

Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
Competencies: f. Describe psychological changes in response to the expectant mother's pregnancy. **Maternal**		NA	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA		NA	
g. Discuss prenatal influences on the pregnancy. **Maternal**		NA	NA	NA	NA	NA	NA	S	NA	S	NA	NA	NA	NA	NA		NA	
h. Identify the stage and progression of a woman in labor. **Maternal**		NA	NA	NA	NA	NA	NA	S	NA	S	NA	NA	NA	NA	NA		NA	
i. Discuss family bonding and phases of the puerperium. **Maternal**		NA	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA		NA	
j. Identify various resources available for children and the childbearing family.		NA	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA		NA	
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
l. Respect the centrality of the patient/family as core members of the health team.		S	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	NA	NA		NA	
		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. You did a nice job of explaining how these cultural factors could potentially affect her care. BS

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

Week 5 – 1j, k – You did a nice job discussing with the school nurse about cultural beliefs of the school system you performed hearing and vision screening in. She discussed the emphasis of community and you were able to observe different aspects of the school that supported this culture as well as resources available for children with hearing and vision deficits in the community. KA

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

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

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

Objective																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children encompassing cultural sensitivity and diversity. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	**Final**
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Engage in discussions of evidenced-based nursing practice.		S	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA		NA	
b. Perform nursing measures safely using Standard precautions.		S	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	NA	NA		NA	
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	NA	NA		NA	
d. Practice/observe safe medication administration.		S	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	NA	NA		NA	
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		S	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA		NA	
f. Utilize information obtained from patients/families as a basis for decision-making.		S	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	NA	NA		NA	
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) **(List Below)***		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
		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 2g: SDOH for this patient were her race, her gender, transportation, financial, addiction. She was an African American female who lacked transportation, couldn't afford a cab, and was struggling with addiction. Definitely sounds like she has some challenges. BS

Week 5 2g: SDOH for my OB patient were employment, age, and education. She is currently not employed; she is very young and has little understanding of medical terminology. These can all lead to health issues, or missed health concerns for her or her child. Nice job, Kayli. BS

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

Week 5 – 2b, c, d, e –You utilized appropriate precautions on the newborn who had not had their first bath. You did a wonderful job providing a baby bath to the newborn and monitored their temperature before and after bath as well as helped prevent hypothermia by utilizing appropriate warming techniques. You provided the congenital heart screening to the newborn ensuring the pulse oximeter was placed on the corrects limbs and monitored for 1 minute on each site. You did a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. You had the opportunity to administer PO medications to the postpartum mother while on clinical this week. KA

Week 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 2g- The main social determinant of health that I noticed with the kids at the Boys and Girls club was the lack of a stable household. A lot of the children talked about living with either their siblings, their aunts/uncles, or their grandparents. Most of the kids that disclosed this information stated that they switch between multiple houses. This can lead to lack of trust in people, a lost sense of control, and other things that can affect these kids. Yes, unfortunately this is true for many children. It seems inconceivable for those who grew up in a typical family situation, but it is normal for many. BS

Week 7 2g- The social determinant of health that would apply to the people in this clinical would be insurance and financial. Some people may wish to receive the flu vaccine but do not have insurance to cover it, leading them to pay out of pocket which can be expensive. Paying out of pocket may not be a problem for everyone but it can certainly cause someone who wished to receive the vaccine into not getting it due to the expense. Good point. Some places charge a lot more than others also. BS

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

Week 8 2g- A social determinant of health I noticed during this clinical was that a lot of the kids had great health literacy. One of the students was checking for a pulse and respirations on the CPR mannequin, without any guidance from our clinical group. Most of the kids already knew how to dial 911, as well as remembering how to do CPR and the Heimlich maneuver from previous years. I heard about that particular child, that's awesome! BS

Week 9 2g- Social determinants of health for this patient were positive. She had a good support system and good health literacy. These SDOH will help her along with her recovery from her c-section. BS

Week 9- FTMC OB Objective 2 A-F: This week we had conversations on evidenced-based practices, performed standard precautions, organize care and recognized when assistance was needed, and utilize information for decision making for our post vaginal delivery patient and newborn. You also were able to assist with discussing medication administration for the mother and calculate medications for the patients. Great job! MD

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

Objective																		
3. Summarize the legal, moral and ethical issues related to care of children and the childbearing family. (2,6,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Make up	**Final**
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Act with integrity, consistency, and respect for differing views.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
d. Critique examples of legal or ethical issues observed in the clinical setting. **(List Below)***		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
		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 3d: An ethical issue that I witnessed was patients being asked to walk down the hall, in front of other patients, to preform a urinalysis. Patients were exposed in their gowns and staff walked with them to the bathroom and carried the cups for the urine sample. I feel this can be very uncomfortable for the patients. Yes, being in the hospital can definitely test/jeopardize one's dignity! BS

Week 5 3d: An ethical issue that I experienced was the patient vaping in her hospital room. The patient had admitted to vaping and smoking marijuana during pregnancy. The vape was seen in the patient's hand and in the bed when checking on her and her baby. The room smelt strongly of marijuana but was never actually seen. This is an ethical issue because the baby should not be inhaling either vape or marijuana. But both are legal, and the patient has the right to choose to do these. All we were able to do was educate the patient on the health of the baby and that Firelands has a no smoking policy. Wow! That's some bold behavior, right in her room? Not judging but that seems pretty wild to me! BS

Week 5 – 3a, b, c – You were professional and considerate with all the care you provided. You made sure to keep patient privacy and follow HIPPA regulations through the day. You also maintained all the standards in the FRMCSN code of conduct while on the OB unit. KA

Week 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 3d- The topic that my group discussed was Stranger Danger. An ethical issue that came up was when the kids were asking their "what if" questions. A few kids brought up the topic of guns. This is concerning because it was the 2nd and 3rd graders bringing this up. They stated things like "if I got kidnapped my papa would pew-pew them." I was unsure of what to say to these statements because it seems that guns are around them or talked about around them enough that they feel uncomfortable talking about it with other people outside of their home.

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

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

Week 7 3d- An ethical issue during this clinical would be people overhearing other's medical history. Everyone stands in a line and are close together making it very easy to hear other people's medical history. This may make people uncomfortable and may interfere with them telling the whole truth when asked things like "have you ever had a reaction to the vaccine". Another good point. Kayli. This could make some people pretty uncomfortable. BS

Week 8 3d- A legal issue during this clinical could be possible injury to one of the kids. Some kids were in casts, like their legs and wrists; the mannequin techniques could have caused more injury to them. To prevent further injury, my clinical group would demonstrate CPR and the Heimlich to these kids instead of the kids trying themselves. Great observation, Kayli! Better to be safe than sorry. 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 9 3d- An ethical issue that I noticed was in the nursery. There are windows lining the nursery, which I realize is to allow the parents to see their child in there without being in the room. I feel that other patients or visitors are able to see any assessments that are being done in the nursery even if they are not related to the patient. This could make the parents of the patient uncomfortable. Good observation, Kayli. There probably are some parents not happy about this. BS

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

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

Objective

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

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

Week 5 4d- In order to provide patient centered care, I asked her if she was comfortable with her partner being in the room during assessments, I always checked her name and date of birth and followed all the rights of medications. Teaching I provided was talking to her about the benefits of getting up and moving postpartum. I talked to her about the risks of clots and how moving around can greatly decrease that risk. I also talked to her about reporting an increase in vaginal bleeding and if she experiences on clots during that bleeding. Great education points. Considering her other behaviors, I would bet she was in need of this education. BS

Week 5 -4b, d - You did a nice job documenting the postpartum 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

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

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 4d- In order to provide developmentally appropriate teaching to the kids during this clinical, me and my partner created different scenarios based on the different age groups. For the younger kids we asked things like "if a stranger offered you candy from their car what would you do" and for the older kids we focused more on if they were walking alone or what to do when someone tries to contact them through social media. Great plan, Kayli. 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 4d- In order to provide developmentally appropriate teaching to the people in this clinical, I allowed them to ask questions and have an open conversation if they chose to do so. Generally, the people at this clinical knew what vaccines they wanted to get and knew about their medical history, like any reactions to the vaccines. They were allowed to choose which vaccine they wanted, and which arm the preferred to receive it in. BS
Week 7- 4b- You did a great job documenting the flu (and COVID) vaccines you administered at the flu clinic. BS

Week 8 4d- In order to provide developmentally appropriate teaching, we used simple words that were easy to understand. We also did visual demonstrations of all the techniques like CPR, Heimlich, dialing 911, and how to navigate a smart phone. We adjusted the teaching based on the grade levels of the kids, like the older kids were focusing on navigating a smartphone while the younger kids used the play phone to practice dialing 911. That's a great approach. Needs of this age range of kids will vary greatly. BS

Week 9 4d- I provided patient center and developmentally appropriate teaching to a family during this clinical. Me and another student provided discharge education to the mother about self-care for herself postpartum and education about the newborn. We provided this education under the guidance of Monica to make sure all topics were covered and explained well. Great job! BS

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

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

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	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA		NA	
g. Correlate the pharmacotherapy in relation to the patient's disease process. **(noticing, interpreting, responding)**		S	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA		NA	
h. Correlate the medical treatment in relation to the patient's disease process. **(noticing, interpreting, responding)**		S	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA		NA	
i. Correlate the nutritional needs/diet in relation to the patient's disease process. **(noticing, interpreting, responding)**		NA	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA		NA	
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. **(noticing, interpreting, responding)**		NA	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA		NA	
		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 5 – 4f, g, h, I, j – You utilized information from your patient's chart as well as from your assessment to create a care map that correlated the patient's diagnostic tests, medications, medical treatments, nutritional needs, and nursing interventions to their disease process. You were knowledgeable on clinical and were able to discuss how these aspects interrelated and if you did not have an answer you looked the information up to assist you with making the connections. KA

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

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

Objective

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

Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Demonstrate interest and enthusiasm in clinical activities.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
b. Evaluate own participation in clinical activities.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
c. Communicate professionally and collaboratively with members of the healthcare team.		S	NA	NA	S	NA	S	S	NA	S	NA	NA	NA	NA	NA		NA	
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA		NA	
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA		NA	
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		S	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA		NA	
g. Consistently and appropriately post comments in clinical discussion groups.		S	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA		NA	
		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 job on your SBAR report with the information you were provided. Some patients are not very forthcoming with their information, and it sounds like your patient fits in this category. BS

From your assigned ER nurse: Kayli Collins: Marked satisfactory in all areas. "Great work today with your straight cath!" Kayla Hodgkinson, RN

Week 5 – 5a, c, d, e, f, – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You had the opportunity to see a cesarean birth. You communicated and collaborated with the OB staff professionally and worked together to ensure the patients received the

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

appropriate care. You did a nice job navigating the EMR and gathering information on your patient to ensure you could provide appropriate care throughout your clinical day. You provided hand off report to the appropriate nurse when leaving clinical at the end of shift. KA

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

Week 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 9- FTMC OB Objective 5 A, B, C, F: During this clinical experience you were able to evaluate your participation in activities and communicate professionally with the care you provided your patients with the nursing staff. You demonstrated awesome enthusiasm in clinical with excitement with mother/newborn instructions. The nursing staff were happy to assist with your learning and stated it was awesome to have students with huge passion for learning! Amazing job this week! MD

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

Objective																		
6. Critique own strengths and areas for improvement modifying behaviors accordingly to achieve personal and professional goals. (7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	**Final**
	8/22	8/29	9/5	9/12	9/19	9/26	10/3		10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28		
a. Recognize areas for improvement and goals to meet these needs. **(List Below)***		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
b. Accept responsibility for decisions and actions.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
c. Demonstrate evidence of growth and self-confidence.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
d. Demonstrate evidence of research in being prepared for clinical.		S	U	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		S	U	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
f. Describe initiatives in seeking out new learning experiences.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
g. Demonstrate ability to organize time effectively.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
i. Demonstrates growth in clinical judgment.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	
		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 6a: I feel I can improve in my confidence during med passes. I know how to give IV medications, but I got nervous during the clinical. I did give the medications safely, but I don't want to become so nervous or shaky while doing so. To improve this I will review how to give medications before clinicals to prevent any anxiety during med passes. You just need a little time, Kayli. Comfort with certain aspects of nursing comes with experience. Once you gain that confidence, anxiety with medication administration will be a thing of the past! BS

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

Week 3- 6d,e- You received U in these competencies for coming to clinical with an incomplete uniform. Please respond below regarding how you will prevent this in the future. BS

Week 3 – 6d,e- remediation- In order to prevent this from happening in the future I will make sure that I have everything out of my car the next time it breaks down. I'll look ahead on my schedule and make sure I grab everything I could possibly need for the upcoming clinical/simulation/class.

Week 5 6a- Something that I can improve on is communication with my patient concerning emotions. Postpartum patients are at risk for postpartum depression, I knew I needed to assess this with my patient, but I was unsure of how to ask. Kelly was in the room with me during my BUBBLE LE assessment and helped me with the emotions section. The second assessment I did on my patient I was able to ask about her emotions on my own, but I still felt very awkward when asking. To improve this, I will start my assessments by asking the patient how they are feeling so that they feel more open to having a conversation if there are any concerns. Great idea. There are topics that are more difficult or awkward to bring up or discuss, and this is one of them. Like you mention, having a plan to address them can make it go a little easier. With time, addressing them gets a little easier and you will gain comfort addressing them. BS

Week 5 – 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 answered call lights promptly and helped staff whenever they asked for assistance. You were organized and timely with your care and documentation and delivered all your care with and ACE attitude. Terrific job! KA

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 6a- Something I want to improve on is quick thinking. I wasn't prepared for all the "what if" questions from the kids, so when they came up with wild scenarios I stumbled on my words. By the end of the clinical, me and my partner would ask the kids what they think they should during these wild scenarios instead of trying to come up with answers to satisfy them. You never know what they're going to say or ask. It sounds like you were able to think on your feet and came up with a good alternative. Good thinking! BS

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

Week 7 6a- Something I want to improve on is not reacting when an IM injection hits a patient's bone on insertion. This is something that startled me when it first happened, I just reminded myself that when patients are very thin that it is possible to hit bone. It only happened with a few people and I know it will take more practice to get used the feeling. Yeah, that can be a little unnerving! BS

Week 7- 6d,e,g- You performed very well at the flu vaccine clinic, Kayli. 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

Week 8 6a- Something I want to improve on is talking to kids. I felt I was talking to them either too adult like or too childlike. I want to be able to find a middle ground, I'm sure I will develop this skill with upcoming clinicals. Yes, you will. It just takes a little practice. You will do great! 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 9 6a- Something to improve on from this clinical is remembering to count respirations along with other vital signs. Me and another student went into a patient room for her Q4 vital sign check. We measured all other vital signs but were talking with the patient and forgot to count her respirations. We did go back a redo the respiration status. It happens. I'm sure if she were in any respiratory distress you would have picked up on it during your conversation. BS

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

Week 9- FTMC OB Objective 6 D-I: I am so proud of you for being prepared for clinical, exhibiting professional behavior, actively seeking out new learning experiences, your organization, and growth in clinical judgment! You did an awesome job displaying an ACE attitude in clinical this week! Keep up the amazing work! MD

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

Student Name: K. Collins **Date or Clinical Week:** Week 5				**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)*		
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 postpartum hemorrhage.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Four high priority nursing problems were identified. Risk for postpartum hemorrhage was appropriately selected as the top priority problem. Relevant assessment data was highlighted pertinent to the priority problem. Three potential complications were identified, each supported with signs and symptoms to monitor for.
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Nursing interventions related to the top priority were listed. Interventions were appropriately prioritized. Each listed intervention included a frequency and a rationale. All listed interventions were individualized and realistic to the patient situation.
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

	Criteria	3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	An evaluation of all assessment findings was provided along with a determination to continue the plan of care.
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Reference

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

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

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

Faculty/Teaching Assistant Comments: Kayli, Excellent work on your care map! Well done! BS

Total Points: 45/45 Satisfactory BS

Faculty/Teaching Assistant Initials: BS

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)	Meditech (* 1,2,3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date: 8/20 & 8/21	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 8/20 & 8/21**	**Date: 10/20**
Evaluation	S	S	S	S	S	S	S	S	S	S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Simulation**												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 3 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/11 & 9/18	**Date: 9/22**	**Date: 9/25 & 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: 10/7**
		Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz			Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz		Pre-Quiz, Scenario, SBAR, and Post Quiz		
Scenario Evaluation	S	S	S	S	S	S	S	S					S
Survey	S		S		S	S		S					S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS					BS
Remediation: Date/Evaluation/Initials	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 <u>least 80%</u> 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					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					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. 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.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (2, 4)*					Prioritizes need for VS, interprets VS to be normal. Interprets accelerations on fetal monitor. Interprets need to reposition patient. Prioritizes need for FSBS. Interprets BS of 225 to be high. 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.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1, 2, 3, 5) *					Nurse enters room, identifies patient, begins assessment, VS. Applies fetal monitor. 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
• 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	

	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. 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.
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)*	**You are Satisfactory for this scenario! BS** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could

2. Identify social determinates of health and provide education and resources for pregnancy (1, 3, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the PPH. (1, 2, 4, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)* *Course Objectives	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 (A), Collins (M)
GROUP #: 6
SCENARIO: Shoulder Dystocia and Newborn Care
OBSERVATION DATE/TIME(S): 9/25/25 1500-1630

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1,2,5) *					Pain assessment: rating, location, radiation, duration, description
• Focused Observation:	E	A	D	B	Obtain vitals
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Cervical exam after calling healthcare provider but before nubain administration
• Information Seeking:	E	A	D	B	Pain reassessment after nubain administration
					Cervical exam repeated
					Notice baby is stuck and begin HELPERR maneuvers
					APGAR 1 minute: 9
					Newborn assessment: thorough assessment with reflexes (rooting, sucking, Babinski, plantar, palmer)
INTERPRETING: (2,4) *					Offer some pain relief options since patient does not want an epidural
• Prioritizing Data:	E	A	D	B	Interpret vitals as WDL
• Making Sense of Data:	E	A	D	B	Interpret fetal monitor as accelerations
					Prioritize pain medication
					Interpret change in cervical exam
RESPONDING: (1,2,3,5) *					Discuss birth plan with mother about pain relief options
• Calm, Confident Manner:	E	A	D	B	Educate mother on what accelerations are on fetal monitor and what that means for baby
• Clear Communication:	E	A	D	B	Call healthcare provider for update on patient and ask about nubain administration
• Well-Planned Intervention/ Flexibility:	E	A	D	B	Educate about nubain and impact on baby
• Being Skillful:	E	A	D	B	

	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 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 Newborn care: dry off immediately after birth, swaddle babe, offer skin to skin, put in warmer "eww" 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.
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	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.
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**	**You are satisfactory in this scenario! RH** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data

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

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: K. Collins OBSERVATION DATE/TIME:

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

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: K. Collins OBSERVATION DATE/TIME: 10/16-17/2025 SCENARIO: Escape Room

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

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

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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Camp (M), Collins (A)
GROUP #: 6
SCENARIO: Pediatric Respiratory
OBSERVATION DATE/TIME(S): 10/23/25 1500-1630

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Obtain vitals
• Focused Observation:	E	A	D	B	Notice medication, scissors, and needle in the bed
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Pain assessment (location, description,
• Information Seeking:	E	A	D	B	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) *					Interpret temperature as elevated
• Prioritizing Data:	E	A	D	B	Identified medication error for ibuprofen, IV fluids, and amoxicillin
• Making Sense of Data:	E	A	D	B	

	Does correct dosage calculation for medication orders Correlate stridor, low oxygen saturation, increased heart rate, increased respiratory rate as respiratory distress Identify elevated temperature Stays in room while patient in respiratory distress Identified medication error for acetaminophen Correct dosage calculation for medication orders
RESPONDING: (1, 2, 3, 5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Remove unsafe items from bed. Educate father on preventing patient from getting unsafe items 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 Correct IV pump to be at correct rate. Medication administration: verify name/DOB, verify allergies, provide education on medications (cetirizine, ibuprofen, amoxicillin), scan patient, scan medication. Apply supplemental oxygen due to low oxygen saturation Call respiratory therapy for breathing treatment. Stresses urgency Call healthcare provider for clarification of acetaminophen clarification. New order received for acetaminophen and added dexamethasone. Does not readback orders Medication administration: verify name/DOB, verify allergies, educate on medications (acetaminophen and dexamethasone), scan patient, scan medications

REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	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.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Review appropriateness of prescribed medications for prevention of errors and administer medications utilizing the concepts of growth and development. (1,2,5)*	**You are Satisfactory for this scenario! RH** 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 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. 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. 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

3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)*	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. 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.

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					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					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. 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.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	

INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interprets temp of 102.1 to need medication. Pain interpreted as 2. Interpreted improvement in temp- 99.1. Temp interpreted as above normal at 102.1, prioritized the need for additional acetaminophen. Signs interpreted as dehydration.
RESPONDING: (1, 2, 3, 5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	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. Begins assessment. VS. BS- hyperactive. Assessed foe 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.
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	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.

SUMMARY COMMENTS: * = Course Objectives	You are Satisfactory for this scenario! BS
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	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

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: _Kayli Collins 11-27-2025