

EmEVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Madison Wright

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: M. Dunbar DNP, RN

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

Absence: (Refer to Attendance Policy)

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

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
8/28/2025	Risk for Postpartum Hemorrhage	Satisfactory/MD	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	NA	S	S	S	S	NA	S	NA	NA	NA	NA	NA		NA	S
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	NA	S	S	S	S	NA	S	NA	NA	NA	NA	NA		NA	S
b. Provide care using developmentally appropriate communication.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	S
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	S
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	S
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	S
Clinical Location Age of patient		Firelands OB, Mom 32, baby 1	No Clinical	No Clinical	ER, 42 yr male	HV Bellevue Middle School	FT OB, 32 yr mom	MIDTERM	SMCC & B&G	Flu	Empathy Bellv	No Clinical	No Clinical	No Clinical	No Clinical		No Clinical	FINAL
	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

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

Comments:

*End-of-Program Student Learning Outcomes

1E. Trust vs Mistrust. I chose this for the stage of development because the baby is still in the newborn stage, and they are being provided with basic needs from their mom, such as heat, food, etc. This allows the baby to develop trust toward the mother and create a bond. **Absolutely! This is so important! MD**

Firelands OB Week 2: 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 laboring mother and postpartum mother as well as care for them and a newborn. We discussed safety of the patients in regards to checking bands with mom/baby upon returning the newborn to the room and the different fall risk scale that is used. **RH**

1E Week 5- I chose generativity vs stagnation. My patient was a 42-yr old male, who was very much experiencing stagnation. He did not want to take the proper meds to benefit his health, and if he would, it would lead to generativity. You could tell he wanted to not have health issues, but refused to do the proper care to prevent these issues from occurring. **This is so difficult for this generation when taking care of their parents and potentially children at home. MD**

ER Clinical Objective 1A-D: This week in the ER you were able to provide care appropriate for the patient, communicate effectively, provide appropriate assessments, and describe safety measures for the patients you cared for. **Great job! MD**

1E Week 6: I chose Role confusion vs identity. Most kiddos I got to do the HV tests on were 7th grade and up, and you could tell they were at the stage of wanting to express themselves but also shy and embarrassed of their personality showing. Some were able to embrace their style and interests, but some were shy and reserved. I felt like this fit the best! **I agree! MD**

H & V Week 6 – 1a, b, & c – You did a great job utilizing the techniques you learned through your training to complete hearing and vision screenings on the high school students this week. You provided instruction, asked appropriate questions, and communicated with the students utilizing your knowledge of growth and development. **BS**

1E Week 7: I chose intimacy vs isolation. My patient was 32 and has a romantic relationship with her child's father. During this stage, the person would want to accompany time for a romantic relationship but also wants to be alone and independent. This stage is all about balancing both, while she's trying to care for a new child. **MD**

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**

1E Week 8: B&G Club: I chose industry vs inferiority because these kids wanted to help during tasks and often tried to beat out their other classmates to be a part of whatever task was at hand. **Perfect! MD**

BG Club Objective 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**

St. Mary's 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**

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

Week 9 1E: I chose generativity vs stagnation. Most of the clients were older and were choosing to be vaccinated to contribute to society by doing it for their job. This fits the role of generativity,. Perfect! MD

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

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	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	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA		NA	S
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		S	NA	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA		NA	S
g. Discuss prenatal influences on the pregnancy. Maternal		S	NA	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA		NA	S
h. Identify the stage and progression of a woman in labor. Maternal		S	NA	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA		NA	S
i. Discuss family bonding and phases of the puerperium. Maternal		S	NA	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA		NA	S
j. Identify various resources available for children and the childbearing family.		S	NA	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	NA		NA	S
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	S
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	S
	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

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

Comments:

Firelands OB Week 2: 1(f-i) We discussed the changes in a woman's body during pregnancy as well as looked at some charting from the OB/GYN office to discuss prenatal care during clinical. The nurses on the unit were able to point out which stages of labor the laboring patients were in. We also discussed the benefits of skin to skin and bonding with not only the mother, but the father as well. RH

Firelands OB Week 2: 1(j, k, l)- We were able to identify various resources that are provided to the family at the entrance of the unit at the ward clerk desk. It was also pointed out that all these resources are given to mothers upon discharge. 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**

ER Clinical Objective 1 K, L: This week you valued your patient's perspective on disease processes along with how diversity played a role in the care they received. You also provided respect for the patient and family. Great job! MD

H & V Week 6 – 1j, k – You did a great job collaborating with the school nurse and your fellow students to ensure each student was screened in a timely manner and keep the flow going. It was apparent also that the staff at the school were committed to serving the needs of the students. BS

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

BG Club Objective 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

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

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

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

Comments:

2g. I factor I observed with my patient was her financial instability. While talking with her, she has 4 kids at home prior to her newborn. She was stating the challenges of being a single mom for a while, and how even with her boyfriend, it is still hard to split finances. This could play a role in her healthcare as she may not be able to afford checkups, medications, screenings, vaccinations, or doctor appointments. **Absolutely true! MD**

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

Firelands OB Week 2: 2(a-f)- We were able to identify some evidence-based nursing practice taking place on the unit in regards to the newborn in the nursery with the 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 medication administration while on the postpartum unit. You were able to perform a postpartum assessment with some assistance from faculty and had no issues asking for help when needed. RH

Firelands OB Week 2 Objective 2E- This week on clinical you administered medications. Even though you administered Tylenol you still did a dosage calculation to determine how many pills to give the patient. You are receiving a satisfactory rating for this competency. MD

Week 5 2g: My patient lacked access to healthcare because he is a caregiver for his Dad, which does not allow him to keep up on his health. This would fall under the social and community context of SDOHS. Due to my patients schedule from caregiving, it made it hard for him to do self-care, keep up on medications, or be seen by a provider. **What resources could you educate the patient on to help him in this situation? MD**

ER Clinical Objective 2 A-F: This week you discussed EBP in nursing, performed standard precautions, observed/gave care in an organized manner, observed safe medication administration with appropriate dosage calculations, and you were able to obtain information for proper decision-making. **Awesome! MD**

Week 6 2g: A big SDOH that can affect these kiddos care is their parent's lack of funding or accessibility for health resources. If the child scores poorly on their HV tests, does the parent have accessibility or can they afford to be seen by a provider? If the parent can afford it or has accessible care, will they be willing to transport the child to their appointments? These were the biggest two I could think of! **Absolutely! MD**

H & V Week 6 – 2b, c – You were organized throughout the screening and assisted others quickly and efficiently when needed. You did a great job working with your fellow students to ensure each student was screened appropriately and answering any questions they had. **Nice work! BS**

Week 7 2g: A SDOH for the mom I took care of would be finances. She had a lot of visits with her OBGYN during her pregnancy, as well as hospitalizations. This can be costly and put mom into a situation where she cannot afford to continue getting care. This in return can affect mom and babies' health. **Yes! MD**

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

Week 8 2g BG Club: An SDOH could be lack of healthcare accessibility due to parental schedules. Since children rely on their parents, if their parents are busy and cannot take them to appointments, this could interfere with their healthcare. They are at B&G club for after school care, most of these children have parents who are tied up with work or other responsibilities. **Absolutely! This is so tough as a parent! MD**

Week 9 2G: Although what I was witnessing was a productive aspect of healthcare, an SDOH may be lack of flu vaccine clinics at others' hospitals, or their insurance may not cover vaccines and they cannot afford one. **Perfect! Unfortunately, this competency was not addressed. Please be sure to address how you will prevent this from occurring in the future. MD**

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

Week 10 Objective 5G: Unfortunately, you did not address the unsatisfactory rating from last week. This unsatisfactory rating will maintain until it is addressed. Please reach out to me with questions. MD

I edited the comment box to say weeks 9&10, I also put it here for this week just in case!

Week 9+10 2g: I received a U for this competency as I did not address it. Although I made a comment below, I never filled out the box. To correct this in the future, I will look over the document twice before I submit it to make sure I answered the objectives and addressed them in the box.

Since I was able to find the comment in the box I changed the rating for week 10 to satisfactory. Thank you for reaching out professionally with this situation! MD

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	S
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	S
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	S
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	S
	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

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

Comments:

3d. One legal issue I observed in clinical was the fact the boyfriend had to sign an affidavit to claim his paternal rights of the child since they were not married. I wasn't even aware this was a thing, as I figured all he'd have to do is sign the birth certificate. Before that can be done, the father has to sign the affidavit. **Absolutely! There are so many legal items that go along with birth certificates! MD**

Firelands OB Week 2: 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 3d: One legal issue I got to observe was watching people call the ER desk PCT asking about how their person was doing after admission. It was not an easy job, as you have to be careful about who you release information to about the patient. Due to HIPPA, you cannot release medication information unless the patient has given permission, and in an emergent setting it is quite difficult to get permission from the patient themselves. **This is very true! As the charge nurse, how would you monitor this? MD**

ER Clinical Objective 3 A-C: Great job acting with integrity, respecting privacy, and following the Student Code of Conduct! MD

Week 6 3d: A legal issue surrounding HV screening is making sure the people who are conducting it are trained to perform these tests. We had to do online training and gain a certificate to be able to perform these tests, and someone who is not trained can cause a legal issue or not test these children correctly. **Yes! MD**

H & V Week 6 – 3a, b, c – You were professional and considerate with all the screenings you provided. You made sure to keep student privacy and follow HIPPA regulations throughout the day. You also maintained all the standards in the FRMCSN code of conduct while at the school. **BS**

Week 7 3d: One legal issue I got to be taught about was the Ohio vaccination record and how this can be a violation of HIPPA if the certified person does not access/use it correctly. You have a reason to access it, and they must be a patient currently under your care at that time you are accessing it, or else it is a violation. **Yes! An example was provided on this while we were there as well! MD**

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

Week 8 3d: One example of legal and ethical issues I witnessed at SMCC was children who were very eager to tell very personal stories about family members/friends. Even though they were innocently doing so, sharing in depth details could be a violation of someone's privacy and may even break HIPPA in some circumstances. **Absolutely! How did you respond to the kids when they began to provide stories? MD**

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

St. Mary's 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: Although this was a clinic to promote vaccinations, we must remember the patient's right to autonomy, and that also includes healthcare workers. Each worker had the right to refuse a vaccine if they filled out the proper forms. **Absolutely! This is so important! MD**

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	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)		S	NA	NA	NA	S	S	S	NA	S	NA	NA	NA	NA	NA		NA	S	
c. Summarize witnessed examples of patient/family advocacy.		S	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	NA		NA	S	
d. Provide patient centered and developmentally appropriate teaching.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA		NA	S	
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		S	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	NA		NA	S	
	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

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

Comments:

Firelands OB Week 2: 4(b, c)- You were able to chart your head to toe assessment on a postpartum mother. We discussed as a group the couple who advocated for themselves while in the c-section who wanted to do skin to skin with the mother and father immediately following birth. RH

Week 5 4d: I felt like this applied to my ER clinical experience as I helped teach our A-fib patient why it is so important to take his ordered cardiac meds to help decrease his risk of a PE or an MI. Excellent! MD

ER Clinical Objective 4 A, C, E: This week in your CDG you were able to determine a care plan based on noticing and interpreting and then how you would respond to the situation. You were also able to describe witnessed advocacy, and analyze what was going on with your patient. Great job! MD

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

Week 6 4d: I provided care by performing hearing and vision tests for Bellevue MS. I was able to instruct the children on how to perform the test and also answer any questions the children had. For example, I had a very curious kid who wanted to know what 20/32 meant on his test sheet, and I was able to explain we consider that passing for their vision screening. **Awesome! MD**

H & V Week 6 – 4b, d – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You then helped alphabetize and document the information further on the required ODH documentation forms. This was a terrific help to the school nurse. You did a nice job educating the middle schoolers as needed on the screening process and ensuring they were able to perform it correctly so the results would be valid. You were kind, caring, and professional with your interactions with the students. **Keep up the nice work. BS**

Week 7 4d: I was able to help educate the mom on completing her care videos, as well as keeping her informed of interventions for her sore nipples from breastfeeding. **Great! MD**

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

Week 8 4d: I was able to teach children at SMCC about how to perform first aid in critical situations, as well as minor. I also discussed importance of first aid kits and where to store them properly. **Perfect! MD**

BG Club Objective 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 9 4d: I was able to explain the procedure to my patients, and I was also able to give them education about how they may feel afterwards and what to expect. **Perfect! MD**

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

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

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

Comments:

Firelands OB Week 2: 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. We also were able to discuss nutrition when passing out meal trays to patients. RH

ER Clinical Objective 4 F-H: For this clinical, you were able to provide information correlating diagnostics, medications, and medical treatment for your patient you saw in your CDG. Great job! MD

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

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

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

**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:

Firelands OB Week 2: 5(a, b, c, e, g)- This week you showed excitement about being able to see a vaginal delivery. You did great with the postpartum assessment. You were able to professionally communicate with the staff on the unit. You were able to navigate meditech when finding information for your care map. RH

ER Clinical Objective 5A: You were marked excellent in all areas. "It was a super busy day. She was involved in a "Trauma standby" and observed stroke evaluation. She sought out opportunities to learn and was very helpful!" Kim Thomas, RN. Great job! MD

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

ER Clinical Objective 5 B, C, F, G: This week you were able to evaluate your own participation in clinical, communicate professionally with team members, and clearly communicate care in the form of an SBAR on your CDG. You also provided a CDG that met all of the requirements for being satisfactory. Great job! MD

H & V Week 6 – 5a, c, d – You did a great job showing interest and enthusiasm while at the school this week. You asked questions throughout the day to seek out new information while on clinical. You communicated and collaborated with the school nurse and school staff professionally and worked together to ensure the students received the appropriate care. BS

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 demonstrating awesome enthusiasm in clinical with excitement with witnessing an epidural placement and discharge instructions. The nursing staff were happy to assist with your learning! Amazing job this week! MD

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

St. Mary's 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

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

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

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

Comments:

6a. One area of improvement I would like to improve at is a newborn head to toe check off. I was able to witness one on clinical and help towards the end, but we had so many births during our clinical it interrupted my time to do a full one. To improve on this, I will try to do as many head to toe newborn check offs during my Fisher Titus OB clinical. **It is so hard to have clinical before receiving the content! We will do everything we can to get that experience for you! MD**

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

Firelands OB Week 2: 6(c, e, f, g)- 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 your time efficiently to care for your patient as well as see births during the day. RH

Week 5 6a: One area of improvement for clinical I'd like to have is priming IV tubing. I was able to do it on clinical, but it was definitely a refresher from last spring. To improve on this, I will recap videos provided by YouTube to refresh my IV priming skills until next clinical. **Awesome! MD**

ER Clinical Objective 6 B-I: You did amazing in clinical meeting all of this objective! Keep up the fabulous work! MD

Week 6 6a: I would like to improve my communication skills with my pediatric patients. Kids are scary!! You cannot address them like adults, and sometimes they may not understand medical lingo or certain phrases. To improve on this, I will seek more conversation with younger children during my next pediatric based clinicals! **They absolutely are! It can be very difficult to communicate with them for sure! MD**

H & V Week 6 – 6c, d, e, f, g, h, I – You came to clinical ready and prepared to learn. You were enthusiastic and displayed an ACE attitude while at the Bellevue Middle School. You were organized and timely with your hearing and vision screenings and documenting the findings on the provided forms. Terrific job! BS

Week 7 6a: I would like to improve on creating a therapeutic relationship with my patient. I did not spend a lot of time with Mom as I did baby, and next time I have clinical I can improve on this by spending time or having conversation with my patient not just about medical-related stuff. Getting to know your patient is an important part of building trust. **It absolutely is! MD**

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

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

Week 8 6a: I would like to improve on different ages and the difference in how to communicate. When we were at BG club and SMCC, there was a pretty big difference in how age groups were able to understand and communicate things. It was difficult to adjust to! To improve on this, I will try to spend more time teaching my little cousins about what I'm learning, so I can grasp what I can say for them to understand. This will help me in my pediatric scenarios /clinical with how to help them understand what is going on. **Awesome goal! I look forward to hearing how your practicing goes with your little cousins! MD**

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

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

St. Mary's 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: I would like to improve on my IM technique and knowing what to do in situations where I may have hit bone. This happened a few times while on this clinical, and it caught me off guard and I was unsure of what to do at first. Although I was able to correct it, I would like to improve on it further by reviewing material provided to me about IM injections or spend time in the lab practicing. Practice makes progress! MD

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

FINAL-Congratulations! You have satisfactorily completed the clinical portion of the Maternal Child Nursing course! It has been amazing watching you grow in confidence and skill throughout the semester! I cannot wait to see you be successful and graduate! Good luck next semester! MD

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

Student Name: Madison Wright			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: 8/28/2025 Risk for Postpartum Hemorrhage							
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	Be sure to provide all information for the assessment pieces. For the fundus, you provided that it was firm but where was it located in the abdomen? Was it midline? How far from the umbilicus? Also, how long was the patient in labor? This would be significant for the length of time with the oxytocin infusion. Also, I would highlight the patient's G7/P4-this is significant in her hemorrhage risk. MD
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	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	All criteria met. MD *It is important to keep in mind to check for PRN medications for Postpartum Hemorrhage. I am aware they were not on your patient's chart, but just remember to be on the lookout. MD
	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	All criteria met. MD
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	1	The BP should have been taken more than once on the shift. Your BP is the same as the initial assessment. Also, the patient would have had a minimum of 2 sets of lab work drawn during admission. It is important to see the progression throughout the stay. If the labs are pending, you can state as such. MD
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	

Reference

An in-text citation and reference are required. **Completed MD**

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

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

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*

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

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

Faculty/Teaching Assistant Comments:

Total Points: 43/45 Satisfactory MD

Faculty/Teaching Assistant Initials: MD

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:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD
Remediation:	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Date/Evaluation/Initials															

* 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:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	S	S	S	S	S	S	S	S	S
Faculty Initials	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD
Remediation:	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Date/Evaluation/Initials										

* Course Objectives

Comments:

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

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

GROUP #: 10

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/18/2025 1200-1330

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>Begins assessment with VS, pain assessment. Fetal heart monitor applied. Patient requests a mountain dew, nurse recommends clear liquids until determination is made regarding contractions. Notices FSBS- 225. UA results analyzed- +for THC, glucose, nitrates. Mona CO feeling dizzy and lightheaded. VS assessed. Notices low BP and rising HR. Bleeding discovered. Begins fundal massage. Notices uterus is firming up in response to fundal massage. BP reassessed. Pad weighed- 600 g.</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>Pain rated at 4/10. Prioritizes need to send urine to lab. FHM interpreted to have contractions present. Prioritizes assisting patient to left side. Prioritizes the need to acquire FSBS. FSBS- 225- interpreted as being high. UA results interpreted as abnormal.</p> <p>HR interpreted as being high, BP low. Fundus recognized as boggy. Recognize need to massage fundus. Interprets need to weigh pads. BP interpreted to be improving. Engaging with patient during fundal massage to keep her informed.</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>Patient identified. Begins assessment- VS. Urine sent to lab. Patient assisted to left side. Patient questioned about history/prenatal care. Patient is offered assistance with scheduling an appointment with OB/GYN. Dietary education related to diabetes management provided. Call to HCP with update, orders received for IV fluid, nifedipine, acetaminophen, US to verify date. Orders read back. Medications prepared, patient identified, medications administered. Need for IV fluid explained to patient, IV fluid initiated. Patient questioned about THC use, education provided.</p> <p>Fundus immediately massaged upon discovery of bleeding. Calls to team for assistance. Call to provider to report low BP, high HR, bleeding, dizziness, boggy uterus. Good report. Order received for methylergonovine. Patient identified, allergies confirmed, Methylergonovine prepared (4 ml drawn up- 1 ml is the correct dose- make sure to double-check) and administered. BP reassessed. Call to patient's wife to update. Fundus firming up. Call to HCP to report</p>

	improving symptoms.
<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)* 2. Identify social determinates of health and provide education and resources for pregnancy (1, 3, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the PPH. (1, 2, 4, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)* <p>*Course Objectives</p>	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate 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): Meyer (M), Ruffing (A), Wright (C)

GROUP #: 10

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/25/25 1200-1330

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, alleviating factors, Obtain vitals</p> <p>Perform cervical exam when prompted by healthcare provider but before nubain administration</p> <p>Pain reassessment and vitals reassessment after nubain administration</p> <p>Repeat cervical exam. Notice water broke and change in cervix</p> <p>Notice change on fetal strip after nubain administration</p> <p>Notice baby is stuck and begin HELPER maneuvers</p> <p>APGAR 1 minute: 9</p> <p>Newborn assessment: thorough assessment (sucking, rooting, palmar grasp, Babinski)</p>
<p>INTERPRETING: (2,4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Offer other pain management options besides epidural</p> <p>Interpret vitals as WDL</p> <p>Prioritize antibiotics</p> <p>Interpret fetal strip as accelerations</p> <p>Interpret fetal strip change as early decelerations</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>Penicillin administration: education provided about GBS status and why patient needs antibiotic, hang fluids correctly (primary below secondary), program pump correctly. Scan patient and medication, verify allergies. Does not verify name/DOB.</p> <p>Education provided on nubain for pain relief (side effects, what to watch for, how patient and baby will be monitored)</p> <p>Call healthcare provider prior to nubain administration.</p> <p>Nubain administration: education previously provided. Correct dose administered, correct needle size used, correct technique, use of needle safety. States that they would have verified name/DOB, verified allergies, and scanned the patient and medication prior to administration.</p> <p>Call healthcare provider with update on cervical change and change in fetal strip</p> <p>Call healthcare provider when mom starts to feel the need to push.</p> <p>Call for help, evaluate for episiotomy, McRoberts, suprapubic pressure, rotational maneuvers, remove posterior arm, hands and knees</p> <p>Dry off baby, place under warmer, suction mouth and nose, put hat on baby, offer skin to skin with mom</p> <p>Vitamin K and erythromycin ointment: education provided on both medications prior to administration. Scan medications and scan patient prior to administration, correct dose, correct needle size, correct technique, use of needle safety.</p> <p>Call healthcare provider with update on delivery and assessment findings of baby</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 throughout simulation. Team identified communication and teamwork as strengths of simulation. Discussion of how to properly apply eye ointment due to students never witnessing it or doing it themselves in the clinical setting. Group led discussion on simulation (what went well and what could be improved). Group members talked through medication administration process as well as all safety checks that are</p>

	<p>done prior to administering medications. Each group member listed area of improvement for next simulation. 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 A= Accomplished D= Developing B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Identify risk factors and implement appropriate nursing interventions upon completion of focused nursing assessment. (1, 2, 3, 4, 5)* 3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)* 4. Identify and implement appropriate nursing interventions in which heat loss occurs in infants. (1, 2, 5)* 	<p>You are satisfactory in this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p>Responding: 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: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p>

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME:

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

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

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

/e360/apps/v9/releases/1701549781/public/upload/firelands/media/dropbox/143040-1finalmcnclinicalevaluationtoolwright.docx

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME:

OBSERVATION DATE/TIME:

<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.</p>

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Meyer (A), Ruffing (C), Wright (M)

GROUP #: 10

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/30/25 1200-1330

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>Obtain vitals</p> <p>Notice safety items in bed (medication, needle, scissors)</p> <p>Respiratory assessment. Remove gown to visualize chest. Ask about color, temperature of skin, positioning of patient</p> <p>Notice medication errors in orders in chart (ibuprofen, IVF, and amoxicillin)</p> <p>Pain assessment (location, FACES scale)</p> <p>Respiratory reassessment. Pull gown down to visualize chest</p> <p>Obtain vitals</p> <p>Pain assessment (location, FACES scale)</p> <p>Respiratory assessment. Identify stridor lung sounds. take gown down to visualize chest but not enough to visualize retractions</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Interpret temperature as elevated</p> <p>Look up safe dose range for medication orders in chart.</p> <p>Give ibuprofen first due to acetaminophen not being due</p> <p>Interpret temperature as elevated, interpret heart rate as elevated, interpret oxygen saturation as low. Interpret combination of symptoms as respiratory distress</p> <p>Prioritize oxygen application to patient</p> <p>Stay in room with patient while in respiratory distress</p>
<p>RESPONDING: (1, 2, 3, 5) *</p>	<p>Remove unsafe items from bed</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>Education provided to father about plan of care and asked if he had any questions</p> <p>Call healthcare provider to clarify orders including ibuprofen, amoxicillin, acetaminophen and IVF. Readback orders</p> <p>Change IV rate on pump</p> <p>Medication administration: verify name/DOB, verify allergies, educate on what medications are for (ibuprofen, amoxicillin, and cetirizine), scan patient, scan medication, give correct dose administered.</p> <p>Verify with pharmacy that dosage calculation was correct and how to correctly round due to oral syringe not having odd numbers for their dosage calculation.</p> <p>Education provided to father about croup (what it is, signs/symptoms to look for, how to manage at home, signs/symptoms of respiratory distress) education provided about ear infection and how to take antibiotics at home</p> <p>Put oxygen on patient due to low oxygen saturation. Start at 0.5 L</p> <p>Call respiratory for breathing treatment. Stress importance of treatment and communication respiratory status.</p> <p>Educate father on plan of care and what is happening with patient while waiting on breathing treatment</p> <p>Medication administration after breathing treatment</p> <p>Call healthcare provider. Give update on symptoms/respiratory distress episode. Receive an order for dexamethasone. Had healthcare provider read back order to students.</p> <p>Education provided to father about steroid.</p> <p>Medication administration: acetaminophen, dexamethasone.</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</p>

	<p>first. Team provided great education to father about croup and what to watch for at home. Emotional intelligence questions asked in relation to how students would feel if that was their child and how they felt during the respiratory distress part of the scenario. Students admitted to being nervous about calling healthcare provider but did recognize they needed to do so for patient safety.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Review appropriateness of prescribed medications for prevention of errors and administer medications utilizing the concepts of growth and development. (1,2,5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)* 	<p>You are Satisfactory for this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. 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

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

STUDENT NAME(S) AND ROLE(S): Meyer (A), Ruffing (M), Wright (C)

GROUP #: 10

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/5/2025 1200-1330

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Notices temp 102.5. Pain rated at 2. Exposes abdomen, notices bruise. Recognized that the ordered dose of acetaminophen and cetirizine are inappropriate. Notices improvement in pain. Notices mom wearing sunglasses.</p> <p>Notices lab results + for rotavirus. Jack CO stomach pain, vomits 100 ml. VS remeasured following Zofran and fluid bolus.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interprets temp as elevated and needs medication. Interprets that mom is hiding bruises by wearing sunglasses.</p> <p>Interprets the need for contact precautions. Interprets there is bile and Pedialyte in the vomit.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Introduction, mom identified. Begins assessment- VS. Exposes abdomen to assess, uncovering bruise. When asked about bruise mom immediately says he fell off his bike. BRAT(TY) diet discussed with mom. Call to provider regarding dose of cetirizine and dose and route of acetaminophen. New orders received and read back.</p> <p>Acetaminophen and cetirizine prepared, patient identified, medications administered. Mom steps out to get something to eat. While mom is away, Jack is questioned about the origin of bruising. Jack says mom's friend isn't very nice to them. Jack says he punched and pushed him, grabbed his arm, and hit mom too. VS reassessed following medication. Call to case management to report suspicious bruise and potential abuse.</p> <p>Initiates contact precautions. Informs mom of lab results. Call to</p>

	<p>provider with update and to request IV fluid. Orders received for fluid bolus and maintenance fluid and Zofran. Orders read back. Zofran prepared, patient identified, Zofran administered. Fluid bolus administered and maintenance fluid initiated.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenario. Teamwork and communication were great. Discussed the nurse’s role when they discover a potential abusive situation, which was handled well during the scenario. Discussed the potential benefit of separating mom and child to have individual conversations with each. Team noticed the clinical signs of dehydration and reacted appropriately to request IV fluid from the HCP.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 5. Select physical assessment priorities based on individual patient needs. (1, 2)* 6. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 7. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 8. Utilize the concepts of growth and development to identify concerns in assessment findings associated with potential child abuse and make appropriate referrals as necessary. (1, 3, 5)* 9. Utilize interpersonal skills in the interactions with 	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes 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</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: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response Shows mastery of necessary nursing skills</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses</p>

<p>patients, families, and members of the health team. (3, 5)*</p> <p>*Course Objectives</p>	
--	--

Lasater Clinical Judgment Rubric Scoring Sheet

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

CLINICAL JUDGMENT						OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Noticed deviations from normal with physical assessment and inquiry. Information seeking regarding patient condition as well as with parent/support person at bedside when appropriate.</p> <p>When developing your scenario, you noticed the important assessment aspects to include for a patient/support person with your assigned diagnosis.</p> <p>Through the scavenger hunt you were able to notice various details of each of the ten scenarios simulated.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>You were able to interpret data pieces and prioritize accordingly.</p> <p>For each scenario, care was given in gathering details needed in order to phone the healthcare provider and provide SBAR.</p> <p>When developing your scenario, you interpreted the expected path of the disease process and necessary nursing interventions to include in the patient's care.</p> <p>You utilized clinical judgment to interpret appropriate responses to NCLEX style questions related to each scenario.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Responded with communication that was collaborative between roles. Clear communication was utilized between colleagues.</p> <p>Clear communication was utilized with patient and family and layman's terms were utilized when appropriate.</p> <p>Responded with interventions that were planned accordingly and verbalized when necessary.</p> <p>Skill in identifying focused assessments as well as timely</p>

	<p>reassessments were utilized.</p> <p>Family members and others of the healthcare team were kept up to date on patient condition.</p> <p>Education was provided to patient and family on for current health status as well as for preventative measures.</p> <p>In response to your assigned disease process you developed a comprehensive simulation that encompasses aspects of assessment, interprofessional communication, and nursing interventions appropriate for the patient.</p> <p>You developed appropriate NCLEX questions for your scenario based on your disease process.</p>
<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 	<p>The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS/RH</p>

<p>completion of nursing assessment. (1, 2, 5)*</p> <p>4. Utilize the concepts of growth and development to 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: Jameson Lee, Cathryn Palagyi, Neveah Walton, Madison Wright OBSERVATION DATE/TIME: 11/21/25 SCENARIO: Comprehensive Simulation

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

<ul style="list-style-type: none"> • Making Sense of Data: E A D B 	<p>also able to interpret the safety concerns throughout the room with the environment, unprescribed medications, cigarette smoking. You connected the patient’s pain with the bruising around her eye. You encouraged the mother to discuss more of her dysfunctional family dynamic. MD</p> <p>Interpreted conditions in the kitchen as being dirty, messy, and unsafe for children. Interpreted exposed cleaning supplies as dangerous for children. Interpreted the lack of nutritious foods as not ideal for the family. Interpreted multiple empty beer bottles as potential alcohol abuse. Interpreted father’s bottle preparation method to be inadequate (formula expired, not using the correct quantity). BS</p> <p>You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit. You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit. You interpreted acute respiratory status changes and lethargy as major assessment concerns in the children in this home environment. KA</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>In the mother encounter you provided education about community resources for the safety of her and the children. You provided the mother with information for an exterminator for the poor home environment that could lead to severe health risks for the family. Additionally, you gave the mother information on smoking cessation and to not take unprescribed medications. You took the medication to be disposed of properly as well. Great 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 seeking further treatment for them. You responded with intervention</p>

	<p>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 the need for involvement by CPS, law enforcement, and hospitalization for medical treatment of both children and chose to go the route of seeking emergency placement for the children. 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, safe space heater usage, and no drinking of alcoholic beverages. You removed excess toys and blankets from the crib, cleaned the area and cleaned and changed the children. 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 were able to develop a plan from the chart in prebriefing. They decided their main focus would be the patient's potential domestic abuse and history of post-partum depression. Group was able to immediately notice the mother was anxious and not making eye contact while they were assessing her. They did not perform a post-partum assessment but in reflecting on the encounter said they would have if they did it again. The group was able to educate about the importance of follow up care, nutrition, and the importance of medication compliance while in the room with mother. They were able to provide resources about WIC, family counseling, birth control, and transportation. When moving onto the partner encounter, the group noticed the partner had a vastly different story from the mother. The group was concerned with the pictures on the refrigerator and the partner's stand offish attitude. Group was able to educate the partner on how to properly make a bottle (amount of formula/water, not using expired items, how to warm it appropriately) and proper nutrition for family unit. The group provided resources for WIC and counseling for the family unit. When the group inquired about the pictures on the refrigerator, the partner was not concerned and said it was just a drawing. When moving into the children's room, the group noticed many safety issues. The specific examples provided by the group included multiple blankets on the baby while in the crib, the space heater, and the toys in the crib. They also noticed the lack of food and poor nutrition for both of the children. Group decided Jill was most likely failure to thrive and Jack was in acute respiratory distress. Group decided to call child protective services for the children. During debriefing, discussion was had about possibility of calling for an ambulance to take</p>

	<p>children to the hospital rather than leaving them in the home. The group said they were not convinced the mother would have given consent so they were not sure what to do. Group lead discussion during debriefing with minimal prompting while discussing their assessments and interventions. RH</p> <p>Upon completion of the simulation, you created an education plan focused on Monica for family safety resources, counseling for post-partum depression, and methods of birth control.</p>
<p>SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p>Developing or higher in all areas is required for satisfactory completion of this simulation.</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. Provide quality, patient-centered care in an organized, safe manner. (1, 2, 4, 5)* 2. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 3. Utilize the concepts of growth and development to provide therapeutic communication with the family unit. (3, 5)* 4. Identify safety measures for the family unit in the home setting. (1,3,5)* 5. Demonstrate thorough environmental assessment in the home setting. (1,3,5)* <p>*Course Objectives</p>	<p>Excellent job in communicating without judgement and providing appropriate education, information regarding resources, and intervention for family.</p> <p>You are satisfactory for this scenario. KA/MD/BS/RH</p>

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

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

Week 9+10 2g: I received a U for this competency as I did not address it. Although I made a comment below, I never filled out the box. To correct this in the future, I will look over the document twice before I submit it to make sure I answered the objectives and addressed them in the box.

Student eSignature & Date: Madison Wright 11-27-25