

**EVALUATION OF CLINICAL PERFORMANCE TOOL**

**Maternal Child Nursing – 2021**

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

**Student:** Ann Hufnagle

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Fall

**Date of Completion:** 12/3/21

**Faculty:** Kelly Ammanniti, MSN, RN; Monica Dunbar MSN, RN; Brian Seitz, MSN, RN  
Elizabeth Woodyard, MSN, RN

**Faculty eSignature:** E.WOODYARD MSN,RN

**DIRECTIONS FOR USE:**

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, or U”. 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, the following week it must be addressed with a comment as to why it is no longer a “U”. If the student does not state why the “U” is corrected, then it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

**METHODS OF EVALUATION:**

- Care Plans
- 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) |
|----------|-----------------|-------------------------------------|----------------------|
| 9/23/21  | 1               | PPH Sim Eval Incomplete             | 10/20/21             |
| 10/14/21 | 1               | Shoulder Dystocia Survey Incomplete | 10/20/21             |
|          |                 |                                     |                      |
|          |                 |                                     |                      |
|          |                 |                                     |                      |

| Faculty’s Name     | Initials |
|--------------------|----------|
| Kelly Ammanniti    | KA       |
| Brian Seitz        | BS       |
| Elizabeth Woodyard | EW       |
| Monica Dunbar/     | MD       |

5/11/2021 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 instructor 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

| <b>Objective</b>   |      |     |      |   |      |                  |                    |         |                         |           |       |      |       |       |       |      |         |       |
|--|------|-----|------|---|------|------------------|--------------------|---------|-------------------------|-----------|-------|------|-------|-------|-------|------|---------|-------|
| 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 |
|  | 8/27 | 9/3 | 9/10 | 9/17  | 9/24 | 10/1             | 10/8               |         | 10/15                   | 10/22     | 10/29 | 11/5 | 11/12 | 11/19 | 11/26 | 12/3 |         |       |
| <b>Competencies:</b>   |      | NA  | NA   | S   | NA   | S                | S                  | S       | S                       | S         | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.   |      | NA  | NA   | S   | NA   | S                | S                  | S       | S                       | S         | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| b. Provide care using developmentally-appropriate communication.   |      | NA  | NA   | S   | NA   | S                | S                  | S       | S                       | S         | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| c. Use systematic and developmentally appropriate assessment techniques.   |      | NA  | NA   | S   | NA   | S                | S                  | S       | S                       | S         | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)  |      | NA  | NA   | N/A   | NA   | S                | S                  | S       | S                       | S         | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*  |      | NA  | NA   | S   | NA   | S                | S                  | S       | S                       | S         | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| <b>Clinical Location Age of patient</b>  |      | NA  | NA   | BV<br>1 <sup>st</sup> &<br>3 <sup>rd</sup><br>grade | NA   | FRMC<br>OB<br>20 | FTMC OB<br>NEWBORN | S       | Boys &<br>Girls<br>Club | Lactation | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
|  |      | BS  | EW   | EW  | EW   | EW               | EW                 | EW      | EW                      | EW        | EW    | EW   | EW    | EW    | EW    | EW   | EW      | EW    |

**Comments:**

1e. The stage of growth and development of the kids I interacted with was the school age period. The Erikson's stage is industry vs. inferiority. I chose these because of the ages of these kids and they all fell into this category. All of the children seemed to be right on track for their development. **EW**

Week 4 - 1b - You did a great job communicating with the 1st graders and 3rd graders. You were able to alter your explanation and communication techniques to help the different ages understand the screening and what was going on. **KA**

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

1e. The Erikson stage of growth and development that I would put my patient in is the intimacy vs. isolation phase. I chose this one because my patient fit in the age range of it which is 20-26 and I could also visibly see that she was experiencing this one. The goal of this phase is love and love was seen and felt between her and her baby's father no doubt. EW

1e. The Erikson's stage I identified my patient in for this clinical is the trust vs. mistrust phase. I was caring for a newborn and could visibly identify this was an appropriate finding. With the care we and his parent gave him he was able to trust us in giving him what he needs to survive and feel safe. EW

1e. The Erikson stage I feel the children I interacted with at the boys and girls club fell into was the industry vs. inferiority stage. I chose this stage because they were all school age children and I could visibly see the traits of this stage in them. They knew their expectations and felt inclined to do well and efficiently complete our activity with enthusiasm. You could tell they were really trying to create tools they will use in the future to be successful. And when they weren't successful at something you could visibly witness their feelings of inferiority. EW

WK8 1b,e- Nice job recognizing the need to adapt your communication strategy when interacting with children of different ages. Each group comes with unique challenges that must be taken into account. You recognized that the younger children were eager to make you happy and the older children were more concerned with how their peers reacted to their behavior. BS

1e. The Erikson stage I identified on the lactation clinical was pertaining to the nursing newborn. This stage I determined was trust vs. mistrust. I chose this stage because the newborn falls into the age range of it and the fact that the newborn is solely relying on the mother for its food and nutrition creates a huge need for trust. If that newborn were to go unfed mistrust in the mother would result.

1e. After caring for this patient I identified that the Erikson's stage of psychosocial development was the Intimacy vs Isolation stage. I chose this stage because her age places her in this one and I found it to be fitting. She was visibly meeting the milestones for this stage given she had come in with her boyfriend. In this stage young adults form relationships and dabble with intimacy and if failing to do so can fall into isolation habits which I did not feel this patient was doing. She was very outgoing and seemed content psychosocially. EW

| <b>Objective</b>   |      |     |      |      |      |      |      |         |       |       |       |      |       |       |       |      |         |       |
|--|------|-----|------|------|------|------|------|---------|-------|-------|-------|------|-------|-------|-------|------|---------|-------|
| 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 |
|  | 8/27 | 9/3 | 9/10 | 9/17 | 9/24 | 10/1 | 10/8 |         | 10/15 | 10/22 | 10/29 | 11/5 | 11/12 | 11/19 | 11/26 | 12/3 |         |       |
| <b>Competencies:</b>   |      | NA  | NA   | NA   | NA   | S    | S    | S       | NA    | NA    | NA    | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| f. Describe psychological changes in response to the expectant mother's pregnancy. <b>Maternal</b>   |      | NA  | NA   | NA   | NA   | S    | S    | S       | NA    | NA    | NA    | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| g. Discuss prenatal influences on the pregnancy. <b>Maternal</b>   |      | NA  | NA   | NA   | NA   | S    | S    | S       | NA    | NA    | NA    | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| h. Identify the stage and progression of a woman in labor. <b>Maternal</b>   |      | NA  | NA   | NA   | NA   | S    | S    | S       | NA    | NA    | NA    | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| i. Discuss family bonding and phases of the puerperium. <b>Maternal</b>  |      | NA  | NA   | NA   | NA   | S    | S    | S       | NA    | NA    | NA    | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| j. Identify various resources available for children and the childbearing family.  |      | NA  | NA   | S    | NA   | S    | S    | S       | S     | S     | NA    | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.  |      | NA  | NA   | S    | 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.  |      | NA  | NA   | S    | NA   | S    | S    | S       | S     | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
|  |      | BS  | EW   | EW   | EW   | EW   | EW   | EW      | EW    | EW    | EW    | EW   | EW    | EW    | EW    | EW   | EW      | EW    |

**Comments:**

WK6 1 F-L: Ann you did a great job working with the family and taking care of the patient's needs. You assisted with a bath and were able to also witness a CB. EW

WK8 1j- Thank you for sharing your thoughts on the services provided by the Boys and Girls Club. BS

| <b>Objective</b>   |      |     |      |      |      |      |      |         |       |       |       |      |       |       |       |      |         |       |
|--|------|-----|------|------|------|------|------|---------|-------|-------|-------|------|-------|-------|-------|------|---------|-------|
| 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 |
|  | 8/27 | 9/3 | 9/10 | 9/17 | 9/24 | 10/1 | 10/8 |         | 10/15 | 10/22 | 10/29 | 11/5 | 11/12 | 11/19 | 11/26 | 12/3 |         |       |
| a. Engage in discussions of evidenced-based nursing practice.  |      | NA  | NA   | S    | NA   | S    | S    | S       | NA    | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| b. Perform nursing measures safely using Standard precautions.   |      | NA  | NA   | S    | NA   | S    | S    | S       | NA    | NA    | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| c. Perform nursing care in an organized manner recognizing the need for assistance.  |      | NA  | NA   | S    | NA   | S    | S    | S       | NA    | NA    | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| d. Practice/observe safe medication administration.  |      | NA  | NA   | NA   | NA   | S    | S    | S       | NA    | NA    | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.   |      | NA  | NA   | NA   | NA   | S    | S    | S       | NA    | NA    | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| f. Utilize information obtained from patients/families as a basis for decision-making.   |      | NA  | NA   | S    | NA   | S    | S    | S       | NA    | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
|  |      | BS  | EW   | EW   | EW   | EW   | EW   | EW      | EW    | EW    | EW    | EW   | EW    | EW    | EW    | EW   | EW      | EW    |

**Comments:**

Week 4 - 2f - After performing the hearing and vision screening assessments on the children you appropriately identified who passed and who needed to be rechecked for potential vision or hearing issues at a later date based on your findings. KA

WK6 2 A-F: Good job giving an IM injection and taking into consideration pt's history to make decisions. EW

WK9 2F: Utilized the information given from mom to make adjustments and suggestions for successful breastfeeding. EW

| Objective   |      |     |      |      |      |      |      |         |       |       |       |      |       |       |       |      |         |       |
|---|------|-----|------|------|------|------|------|---------|-------|-------|-------|------|-------|-------|-------|------|---------|-------|
| 3. Summarize the legal, moral and ethical issues related to care of children and the child-bearing 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 |
|   | 8/27 | 9/3 | 9/10 | 9/17 | 9/24 | 10/1 | 10/8 |         | 10/15 | 10/22 | 10/29 | 11/5 | 11/12 | 11/19 | 11/26 | 12/3 |         |       |
| a. Act with integrity, consistency, and respect for differing views.  |      | NA  | NA   | S    | 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.          |      | NA  | NA   | S    | NA   | NI   | 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"                                    |      | NA  | NA   | S    | 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)*                     |      | NA  | NA   | S    | NA   | S    | S    | S       | S     | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
|   |      | BS  | EW   | EW   | EW   | EW   | EW   | EW      | EW    | EW    | EW    | EW   | EW    | EW    | EW    | EW   | EW      | EW    |

**Comments:**

d. All though I did not observe any legal or ethical issues today at the hearing and vision screening, I did recognize one that could potentially come up. One issue that could occur is if a parent doesn't grant the school permission to screen their child because they may not want to buy them glasses or take them to a doctor if they fail the screening due to finances. This could be identified as child neglect and would be a good time for the school nurse to educate the parent there are recourses and programs that can help with these financial burdens that would prevent the child from suffering from hearing or vision loss. EW

Week 4 - 3a - You did a wonderful job treating all school nurses, school staff, and children with courtesy and respect. KA

WK6A-D: You did a good job following code of conduct and we had a conversation regarding the parameters of HIPAA. You are receiving a U for not critiquing examples of legal or ethical issues here in your tool. Please document how this will be addressed and let me know if you have any questions. EW

Wk6. 3d. I am no longer unsatisfactory in this competency because this week I am remembering to fill this portion out. To prevent this from happening in the future I will slow down when filling out my tool so that I am sure to not miss anything.

Wk 7. 3d. While in the nurse's office on the OB floor this week I could identify some legal and ethical issues that could occur. There was a baby in the nurse's office who was withdrawing from nicotine and Subutex after the mother used them throughout the pregnancy. Something I feel that could result from this is questioning the safety of the baby once it goes home with its mother. Obviously it's not our place to judge but the fact the mother has a history of abusing drugs and willingly smoked during pregnancy can cause a concern with how well she will care for the baby in the future. Definitely a hard-ethical issue because as nurses we recognize the harm of cigarette smoke and drug use and unfortunately, those with addiction can be blinded by this. Education and documentation of the issues is important while also maintaining a non-judgmental attitude. Good job identifying this. EW

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

Wk 8. 3d. At the boys and girls club I identified several ethical or legal issues that could arise since it is revolved around children and education which are two things that always seem to bring about ethical dilemmas. While on clinical I was talking with one of the women that worked there and she was telling me how many of these kids don't have good home lives whatsoever. She informed me many of their meals at the club are their only meals and they have to make sure they feed these kids. She also told me that some of them don't have the proper clothing and winter apparel when it turns to winter and that they often will provide those kids with some of those things. I feel this could be looked at as an ethical and legal dilemma in the eyes of someone who is used to being around communities of kids who are lucky enough to have the luxury of a good home life with all their needs met. If someone walked in and heard this they may feel the need to contact CPS or do something about addressing the well being of these kids. Unfortunately majority of those kids would all have CPS called and that is not the best case scenario. I learned that rather than judging or feeling inclined to punish those parents it's better to be the support and help those families need sometimes. EW

Wk. 9. 3d. At the lactation clinical I didn't really recognize any ethical or legal issues per say but I suppose I could picture one happening. One example of an issue that could happen is if a mom is only breastfeeding the baby but the baby isn't getting enough or gaining any weight and she refuses to give up on breast feeding. This could create a cause of concern due to the mother malnourishing her baby even after being informed that's what was occurring. I feel it would take a well thought out conversation on the nurses end to educate the mother and help her to make the best decision's for her baby's wellbeing. This is a great example of an ethical issue. Way to think outside the box. EW

Wk 10. 3d. This week my clinical was in the ER and with the ER comes much legal and ethical dilemma. Something that many don't realize is a huge problem in ER's is the "frequent fliers" meaning the patients that are in there multiple times in a month or even a week. These patients are very hard to care for after so long because you start to feel that you've done everything you can for them and you start to give them less of your time and patience and especially start advocating less for them. While in FT ER today they had one of their frequent fliers there and you could tell the nurse was trying her best to be nice and truly listen to the patient and their story/concerns but she was having a hard time since it's the same thing every week. This could potentially become an ethical dilemma because these patients may not get the best care possible after awhile or simply not get advocated for and as nurses we can miss something that's important and affecting their health. It was just a reminder to always advocate and be patient with these patients. EW

| <b>Objective</b>  |      |     |      |      |      |      |      |         |       |       |       |      |       |       |       |      |         |       |
|---|------|-----|------|------|------|------|------|---------|-------|-------|-------|------|-------|-------|-------|------|---------|-------|
| 4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgement 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 |
|   | 8/27 | 9/3 | 9/10 | 9/17 | 9/24 | 10/1 | 10/8 |         | 10/15 | 10/22 | 10/29 | 11/5 | 11/12 | 11/19 | 11/26 | 12/3 |         |       |
| a. Develop and implement a priority care plan utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)   |      | NA  | NA   | NA   | NA   | NA   | S    | S       | NA    | NA    | NA    | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)  |      | NA  | NA   | S    | NA   | S    | S    | S       | NA    | NA    | NA    | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| c. Summarize witnessed examples of patient/family advocacy.   |      | NA  | NA   | S    | NA   | S    | S    | S       | S     | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| d. Provide patient centered and developmentally appropriate teaching.   |      | NA  | NA   | S    | 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)  |      | NA  | NA   | NA   | NA   | S    | S    | S       | NA    | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
|   |      | BS  | EW   | EW   | EW   | EW   | EW   | EW      | EW    | EW    | EW    | EW   | EW    | EW    | EW    | EW   | EW      | EW    |

Week 4 - 4d - You did an excellent job educating the children on the hearing and vision examines and what was expected of them. You were able to adapt your explanation easily between the 1 st graders and 3rd graders. KA

WK6 4B,C,D,E: Accurate and timely documentation. Summarized an example of advocacy during debrief regarding the pt. treatment during the CB. Provided appropriate teaching based on pt. needs and analyzation of the pathophysiology. EW

WK8 4d- As you noticed at the Boys and Girls Club, children of different ages are motivated by different things, so it is important to provide teaching that is developmentally appropriate. BS

|   |   |
|---|---|
| Objective # 4a: Develop and implement a priority care plan utilizing the nursing process and clinical judgment. (1,2,6)*  | Students Name: Ann Hufnagle<br>Date: 10/7/21  |
| <b>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</b>   | Nursing Diagnosis: <b>Ineffective Thermoregulation</b><br><br>R/T: <b>Fluctuating Environmental Temperatures</b><br><br>AEB:<br><ul style="list-style-type: none"> <li>• <b>Temperature greater than 99.1°F</b></li> <li>• <b>Temperature less than 96.8°F</b></li> <li>• <b>Small For Gestational Age</b></li> </ul> |
| Nursing Diagnosis: (3 points total)<br>Problem Statement (1)<br>Etiology (1)<br>Defining Characteristics (1)  | Total Points 3<br>Comments:   |
| Goal and Outcome (6 points total)<br>Goal Statement (1)<br>Outcome:<br>Specific (1)<br>Measurable (1)<br>Attainable (1)<br>Realistic (1)<br>Time Frame (1)  | Total Points 6<br>Comments: <b>Outcomes meet the SMART requirements.</b>  |
| Nursing Interventions: (8 points total)<br>Prioritized (1)<br>What (1)<br>How Often (1)<br>When (1)<br>Individualized (1)<br>Realistic (1)<br>Rationale (1)<br>All pertinent interventions listed (1) | Total Points 7<br>Comments:<br><b>Since one of your outcomes is to maintain body weight an intervention regarding feeding times and education of its importance to the mother should have been included to ensure reaching the outcome of "Weight loss less than 5% to maintain brown fat, By Discharge"</b>          |
| Evaluation: (5 points total)<br>Date (1)<br>Goal Met/partially/unmet (1)<br>Defining characteristics (1)<br>Plan to continue/modify/terminate (1)<br>Signature (1)                                    | Total Points 5<br>Comments:   |
| Total possible points = 22<br>18-22 = Satisfactory care plan  | Total Points for entire care plan = 21<br>Comments: <b>Really good job with this! EW</b>  |

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

|  |  |
|--|--|
| 17-14 = Needs improvement care plan<br>≤ 13 = Unsatisfactory care plan |  |
|--|--|

| Objective   |      |     |      |      |      |      |      |         |       |       |       |      |       |       |       |      |         |       |
|---|------|-----|------|------|------|------|------|---------|-------|-------|-------|------|-------|-------|-------|------|---------|-------|
| 4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgement 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 |
|   | 8/27 | 9/3 | 9/10 | 9/17 | 9/24 | 10/1 | 10/8 |         | 10/15 | 10/22 | 10/29 | 11/5 | 11/12 | 11/19 | 11/26 | 12/3 |         |       |
| f. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)  |      | NA  | NA   | NA   | NA   | S    | S    | S       | NA    | NA    | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)   |      | NA  | NA   | NA   | NA   | S    | S    | S       | NA    | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)   |      | NA  | NA   | S    | NA   | S    | S    | S       | NA    | NA    | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)  |      | NA  | NA   | NA   | NA   | S    | S    | S       | NA    | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)  |      | NA  | NA   | NA   | NA   | S    | S    | S       | NA    | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
|   |      | BS  | EW   | EW   | EW   | EW   | EW   | EW      | EW    | EW    | EW    | EW   | EW    | EW    | EW    | EW   | EW      | EW    |

**Comments:**

WK6 4F-J: Ann, you were able to correlate testing, pharmacotherapy, medical treatment, nutritional needs, as well as the patient's growth and development during your clinical time for both mother and newborn. EW

| <b>Objective</b>   |      |     |      |      |      |      |      |         |       |       |       |      |       |       |       |      |         |       |
|--|------|-----|------|------|------|------|------|---------|-------|-------|-------|------|-------|-------|-------|------|---------|-------|
| 5. Collaborating professionally with members of the health care team, child-bearing 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 |
|  | 8/27 | 9/3 | 9/10 | 9/17 | 9/24 | 10/1 | 10/8 |         | 10/15 | 10/22 | 10/29 | 11/5 | 11/12 | 11/19 | 11/26 | 12/3 |         |       |
| a. Demonstrate interest and enthusiasm in clinical activities.   |      | NA  | NA   | S    | NA   | S    | S    | S       | S     | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| b. Evaluate own participation in clinical activities.  |      | NA  | NA   | S    | NA   | S    | S    | S       | S     | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| c. Present at all clinical sites neatly groomed and with appropriate identification and attire (according to school uniform policy).   |      | NA  | NA   | S    | NA   | S    | S    | S       | S     | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| d. Communicate professionally and collaboratively with members of the healthcare team.   |      | NA  | NA   | S    | NA   | S    | S    | S       | S     | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| e. Document assessment findings, interventions, and outcomes accurately in the electronic health record.   |      | NA  | NA   | NA   | NA   | S    | S    | S       | NA    | S     | NA    | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)   |      | NA  | NA   | S    | NA   | S    | S    | S       | NA    | NA    | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| g. Consistently and appropriately post comments in clinical discussion groups.   |      | NA  | NA   | S    | NA   | S    | N/A  | S       | S     | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
|  |      | BS  | EW   | EW   | EW   | EW   | EW   | EW      | EW    | EW    | EW    | EW   | EW    | EW    | EW    | EW   | EW      | EW    |

**Comments:**

Week 4 - 5a - You were positive and showed interest in the hearing and vision screening process and asked appropriate questions. KA

WK6 5A-G: You were enthusiastic and positive despite the slow time in labor. You willingly helped change a mastectomy dressing as well as help in giving a bath with your team. Your CDG was well written with correct citation and reference. EW

WK95A: Ann Hufnagle with Jacquelyn Lerch 10-20-21 – Excellent in all areas. “You are very good at reading patients; will come in handy with nursing; you will do well – I have no doubt!”

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

WK9 5G: Ann, your CDG was very well written. Nice job! EW

| 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 |
|   | 8/27 | 9/3 | 9/10 | 9/17 | 9/24 | 10/1 | 10/8 |         | 10/15 | 10/22 | 10/29 | 11/5 | 11/12 | 11/19 | 11/26 | 12/3 |         |       |
| a. Recognize areas for improvement and goals to meet these needs. (List Below)*   |      | NA  | NA   | S    | NA   | S    | S    | S       | S     | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| b. Accept responsibility for decisions and actions.   |      | NA  | NA   | S    | NA   | S    | S    | S       | S     | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| c. Demonstrate evidence of growth and self-confidence.  |      | NA  | NA   | S    | NA   | S    | S    | S       | S     | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| d. Demonstrate evidence of research in being prepared for clinical.   |      | NA  | NA   | S    | 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.  |      | NA  | U    | S    | NA   | S    | S    | S       | S     | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| f. Describe initiatives in seeking out new learning experiences.  |      | NA  | NA   | S    | NA   | S    | S    | S       | S     | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| g. Demonstrate ability to organize time effectively.  |      | NA  | NA   | S    | 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. |      | NA  | NA   | S    | NA   | S    | S    | S       | S     | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
| i. Demonstrates growth in clinical judgment.  |      | NA  | NA   | S    | NA   | S    | S    | S       | S     | S     | S     | NA   | NA    | NA    | NA    | NA   | NA      | S     |
|   |      | BS  | EW   | EW   | EW   | EW   | EW   | EW      | EW    | EW    | EW    | EW   | EW    | EW    | EW    | EW   | EW      | EW    |

**Comments:**

6e. week 3: I am no longer unsatisfactory in this competency. To prevent a late submission of my tool I have now turned on a reminder on my phone so I will not forget to do it in the future. **EW**

6a. After today I noticed I could improve on my communication with children. I'm not around kids often and found myself to be a little awkward in the beginning of today's clinical. I got more comfortable as the day went on but to improve upon this in the future I will continue to attend clinicals and learn more about children and the

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

best ways to communicate with them. It's my goal to have a better understanding of how each age group of children behaves and communicates to adults in the health care system. EW

Week 4 - 6h - You had a wonderful ACE attitude while on clinical! You and your classmates volunteered to stay after clinical to complete the hearing and vision screenings of the class we were on versus leaving on time. The nurses were very appreciative of your commitment to finish the screenings even though you could have left. Terrific job! KA

6a. After my clinical experience this week I've noticed areas of strengths and weaknesses. A strength I feel I had this week was, my confidence in medication administration as I had the opportunity to give my pt. an IM injection and I feel it went really well. An area I can improve on after this week was being sure to not share too much information on previous patients' history. I was trying to connect with a post op pt. on the floor and used too descriptive of a story of a previous pt. I worked with. To improve on this in the future I'll be sure to be more cautious with my story telling. Some goals I have for previous clinicals are to see a vaginal birth and care more for newborns. Ann, I really think you including the conversation with the pt. is important. Sometimes when instructors bring things to student's attention it is seen as criticism instead of help. I am glad you saw this as constructive criticism. You have a great gift to connect with your patients. Continue to be mindful of your conversation and you will continue to do great. EW

6a. Following my clinical week I've identified areas of strength and weakness in my nursing care. Something I felt I did well this week was the ability to determine the heart rate of the newborn I was assessing. In our lab earlier in this semester I failed to accurately count the sim baby's heart rate and it made me extremely nervous to do it on a live baby, but after a few tries and some confidence I was able to accurately count the beats and am proud of myself. Something I could improve on this week is making sure not to let patients hear me say things that imply I may be incompetent in providing them care. While in the postpartum moms room I mentioned how I hadn't given PO meds in awhile to Monica and we both recognized that is something that the patient doesn't need to hear. To do better on this in the future I'll be sure to remain confident in my abilities and save those comments for after I leave the patients room. Some goals I have for future clinicals are to be more confident overall. Before my time in OB I was almost scared to care for newborns but after these clinicals I realized I am fully capable! Yes you are! Ann you have grown so much since your start in Week 6 5A-You showed great enthusiasm on the OB unit at Fisher Titus! You participated in educational activities and were awesome with your patient! MD Week 6 6E-You brought all of the required equipment with you and were very professional during this clinical. Keep up the good work! MD the program. You are very smart and relate well to patients. Your communication will only continue to improve. Stay confident in yourself; we are confident in you! EW

6a. After this weeks clinical I would say I could use some improvement on my patience. I'm a rather impatient person and it's always been something that I try to work on especially since I'm going into nursing and patient is a huge attribution to the career. This week I was surrounded by tons of young kids, obviously we all know that kids can be very loud and chaotic, and I was wrong that this was going to be the case before even entering the clinical but I was still pretty overwhelmed when they were all running around and screaming and talking over us while we were trying to do our activity. The kids and you can't expect them not to do these things especially when it's after school hours and they have a bunch of energy, everyone calm and collected the inside I was definitely lurches and about to lose my mind. In the future I will try to be more patient and take some deep breath's to relax myself and be able to handle situations like that in a professional manner. EW

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

6a. After my lactation clinical I've recognized some areas of strength and weakness. One thing I felt I did well this week was using my knowledge from previous lectures to discuss technique's and reasonings behind things with the lactation nurse and have a knowledgeable conversation. I was worried I wasn't going to know much about breastfeeding to be able to put in any comments to the conversation's but I knew a lot more than I thought and the nurse even let me know that she thought I was very smart which made me feel good about where I'm at in this nursing school journey. Something I could improve on after this clinical is coming in with more questions prepared, when I was asked if I had any I blanked and couldn't think of anything off the top of my head. For future purposes I will try to prepare some more questions to ask to make clinical as beneficial to my education as possible. EW

6a. After clinical in the FT ER today one thing I feel I could improve on is being more understanding to the patients that are frequent fliers. Since I work in an ER I feel that I've already become slightly jaded when it comes to these patients because it's hard not to when it's always the same story just a different day. These are the same people that don't have primary doctors or take care of their health that are always there and it makes it hard to want to continue to help them if they don't want to help themselves. So one goal of mine is to be more compassionate for these patients and rather than brush them off and just get the job done provide them education or resources that can help them and maybe keep them out of the ER's in the future. EW

FINAL 6A: Ann, you have grown so much in the last semester in your knowledge and inquiry. You always seem to be on the right track even if you don't know the answer. You are very intelligent and have a great knack for relating to others. Continue to be the hard worker and team player you are! Best wishes next semester! EW

Firelands Regional Medical Center School of Nursing  
Maternal Child Nursing 2021  
Skills Lab Competency Tool

| <b>Skills Lab Competency Evaluation</b><br>Performance Codes:<br>S: Satisfactory<br>U: Unsatisfactory | <b>Lab Skills</b>                          |                               |                                  |   |                                       |                                     |                         |  |                                       |                              |                             |                            |                        |                                     |                                  |
|---|--|-------------------------------|----------------------------------|---|---------------------------------------|-------------------------------------|-------------------------|--|---------------------------------------|------------------------------|-----------------------------|----------------------------|------------------------|-------------------------------------|----------------------------------|
|   | Adult Head to Toe Assessment (*1, 2, 5, 6) | 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) | 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) | Ballard Assessment (*2, 3, 4, 5, 6) | Pediatric Vital Signs (*1, 4, 5) |
|   | 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  | BS   | BS                            | BS                               | BS                                      | BS                                    | BS                                  | BS                      | BS   | BS                                    | BS                           | BS                          | BS                         | BS                     | BS                                  | BS                               |
| <b>Remediation:</b><br>Date/Evaluation/Initials   | NA   | NA                            | NA                               | NA                                      | NA                                    | NA                                  | NA                      | NA   | NA                                    | NA                           | NA                          | NA                         | NA                     | NA                                  | NA                               |

\* Course Objectives

| <b>Skills Lab Competency Evaluation</b><br>Performance Codes:<br>S: Satisfactory<br>U: Unsatisfactory | <b>Lab Skills</b>               |                              |                            |                         |                                  |                                    |                                 |                              |                           |
|---|---------------------------------|------------------------------|----------------------------|-------------------------|----------------------------------|------------------------------------|---------------------------------|------------------------------|---------------------------|
|   | 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) | Fundus Assessment (*1, 2, 5, 6) | Lochia Assessment (*1, 2, 4) | Meditach (*1, 2, 3, 5, 6) |
|   | Date:                           | Date:                        | Date:                      | Date:                   | Date:                            | Date:                              | Date:                           | Date:                        | Date:                     |
| Evaluation  | S                               | S                            | S                          | S                       | S                                | S                                  | S                               | S                            | S                         |
| Faculty Initials  | BS                              | BS                           | BS                         | BS                      | BS                               | BS                                 | BS                              | BS                           | BS                        |
| <b>Remediation:</b><br>Date/Evaluation/Initials   | NA                              | NA                           | NA                         | NA                      | NA                               | NA                                 | NA                              | NA                           | NA                        |

\* Course Objectives

Comments:

Week 1 – You completed the online self-study portion of lab satisfactorily and actively participated in all in person lab components. You were able to demonstrate your knowledge and skills related to the Maternal Child Nursing lab areas covered. Keep up the good work! BS

Head-to-Toe Check-off – You satisfactorily demonstrated a head-to-toe assessment on the manikin without difficulty. BS

Firelands Regional Medical Center School of Nursing  
Maternal Child Nursing 2021  
Simulation Evaluations

| Simulation Evaluation<br>Performance Codes:<br>S: Satisfactory<br>U: Unsatisfactory | Simulation                         |  |  |  |   |  |   |  |  |  |  |  |   |
|---|------------------------------------|--|--|--|---|--|---|--|--|--|--|--|---|
|   | EMF Simulation<br>(*1, 2, 3, 5, 6) | Pregnancy and<br>PP Simulation<br>(*1, 2, 3, 5, 6) | vSim Maternity<br>Case 1<br>(*1, 2, 3, 5, 6) | Shoulder<br>Dystocia and<br>Newborn Care<br>(*1, 2, 3, 5, 6) | Patient Care<br>Safety Escape<br>Room<br>(*1, 2, 3, 5, 6) | vSim Maternity<br>Case 4<br>(*1, 2, 3, 5, 6) | Empathy Belly<br>Simulation<br>(*1, 2, 3, 5, 6) | Pediatric<br>Respiratory<br>Simulation<br>(*1, 2, 3, 5, 6) | vSim Pediatric<br>Case 5<br>(*1, 2, 3, 5, 6) | Pediatric GI<br>Simulation<br>(*1, 2, 3, 5, 6) | vSim Pediatric<br>Case 4<br>(*1, 2, 3, 5, 6) | Student<br>Developed<br>Simulation<br>(*1, 2, 3, 5, 6) | Comprehensive<br>Simulation<br>(*1, 2, 3, 5, 6) |
|   | Date:<br>9/20                      | Date:<br>9/23                                      | Date:<br>9/27                                | Date:<br>10/14   | Date:<br>10/18  | Date:<br>10/11                               | Date:<br>9/2                                    | Date:<br>11/4  | Date:<br>11/8                                | Date:<br>11/18                                 | Date:<br>11/22                               | Date:<br>11/29   | Date:<br>12/1                                   |
| Evaluation  | S                                  | S  | S  | S  | S   | S  | S   | S  | S  | S  | S  | S  | S   |
| Faculty Initials  | EW                                 | EW   | EW   | EW   | EW  | EW   | EW  | EW   | EW   | EW   | EW   | EW   | EW  |
| Remediation:<br>Date/Evaluation/Initials  | NA                                 | NA   | NA   | NA   | NA  | NA   | NA  | NA   | NA   | NA   | NA   | NA   | NA  |

\* Course Objectives

Firelands Regional Medical Center School of Nursing  
Faculty Manual

**Lasater Clinical Judgment Rubric Scoring Sheet**

STUDENT NAME: GROUP 6

OBSERVATION DATE/TIME: 9/23/21

SCENARIO #: PPH

| CLINICAL JUDGMENT                                |   |   |   |   | OBSERVATION NOTES   |
|--|---|---|---|---|---|
| <b>COMPONENTS NOTICING:</b>                      |   |   |   |   |   |
| • Focused Observation:                           | E | A | D | B | <p>1<sup>st</sup> half: Information seeking regarding pregnancy, condition history, VS, FSBS, bleeding, EFM. Observed pt. condition, relationship with partner. Recognized the pt. is in premature labor. Observed UA in room and information seeking how it was obtained. Information seeking regarding comfort, birth plan.</p> <p>2<sup>nd</sup> half: Information seeking regarding how pt. feels and recognized deviation when pt. stated she didn't feel well and began assessment. Noticed pt. condition as PPH. Assessed pt. LOC while performing fundal massage.</p> |
| • Recognizing Deviations from Expected Patterns: | E | A | D | B |   |
| • Information Seeking:                           | E | A | D | B |   |

|   |   |
|---|---|
| <p><b>INTERPRETING:</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       A       D       B</li> <li>• Making Sense of Data:    E       A       D       B</li> </ul>  | <p>1<sup>st</sup> half: prioritized assessment after making sense of history and its relation to pt.'s current risks. With data gathered, began prioritizing pt. needs in relation to diabetes, spotting, and premature labor. Orders interpreted to patient and orders prioritized as to what is needed first. UA interpreted with positive nitrites, THC and noted to be needed to called to HCP.</p> <p>2<sup>nd</sup> half: Noticed pt. complaint of not feeling well and interpreted the need for postpartum assessment. Interpreted pt. data as a need to call HCP and begin interventions. Interpreted the need to give the IM medication ASAP.</p>  |
| <p><b>RESPONDING:</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:   E       A       D       B</li> <li>• Clear Communication:       E       A       D       B</li> <li>• Well-Planned Intervention/<br/>Flexibility:                   E       A       D       B</li> <li>• Being Skillful:               E       A       D       B</li> </ul> | <p>1<sup>st</sup> half: Calm and confident in communicating with patient and partner. Responded to observed and gathered data by performing assessment, attaching EFM, performing FSBS, VS, Leopold's maneuver. Data communicated with the charge nurse, charge nurse notified the HCP with SBAR and RB performed. Orders communicated to the patient by nurses as to what and why. IVF initiated and pt. verification completed. Meds given and UA called to HCP.</p> <p>2<sup>nd</sup> half: Responded to pt. bottle feeding with education regarding suppression of milk. Responded to pt. stating she didn't feel well with doing a postpartum assessment, beginning a fundal massage, and doing VS. SBAR done and orders received and communicated to team as well as pt. Methergine given correctly, blunt needle not changed out. VS rechecked after meds given.</p> |
| <p><b>REFLECTING:</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:   E       A       D       B</li> <li>• Commitment to Improvement: E       A       D       B</li> </ul>   | <p>Committed to improvement by asking questions, seeking information, making sense of data and prioritizing interventions. Team communication clear t/o scenario and pt. kept informed of treatment.</p>  |

|                          |   |
|--------------------------|---|
| <b>SUMMARY COMMENTS:</b> | <p>Able to identify premature labor and PPH. Recognized the need to notify the HCP and performed orders and interventions appropriately. Communicated clearly with one another and with the patient. Identified the need to include the partner more. EW</p> <p><b>All areas must be evaluated as developing or higher to be satisfactory for the simulation.</b></p> |
|--------------------------|---|

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

Based off of Lasater's Clinical Judgment Rubric

FDC/fb/5/2021 Reviewed

/home/main/code/e360/apps/v9/releases/1638882944/public/upload/firelands/media/dropbox/100242-HufnagleWeek151111.doc

### Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME:

OBSERVATION DATE/TIME: 9/20/21

SCENARIO #: EFM

| CLINICAL JUDGMENT  |  |  |  |  |  | OBSERVATION NOTES  |
|--|--|--|--|--|--|--|
| <b>COMPONENTS NOTICING: (1, 2, 5)*</b> <ul style="list-style-type: none"> <li>• Focused Observation:           E     <b>A</b>     D     B</li> <li>• Recognizing Deviations from Expected Patterns:           E     <b>A</b>     D     B</li> <li>• Information Seeking:           E     <b>A</b>     D     B</li> </ul> |  |  |  |  |  | <p>At the end of the simulation you were able to notice various fetal heart rate patterns.</p> <p>You were able to notice fetal heart rate patterns that were deviations that could potentially be harmful to the fetus.</p> <p>You were able to notice reasons for use of internal fetal monitoring, forceps, and vacuum assisted delivery.</p> |
| <b>INTERPRETING: (2, 4)*</b> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E     A     <b>D</b>     B</li> <li>• Making Sense of Data:           E     <b>A</b>     D     B</li> </ul>   |  |  |  |  |  | <p>Based on the fetal heart rate patterns you were able to interpret the appropriate treatment measures to correct the deviations.</p> <p>Through class discussion you were able to interpret any additional steps your group may have missed and the appropriate order to perform all actions.</p>  |

|   |   |
|---|---|
| <p><b>RESPONDING: (1, 2, 3, 5)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:      E      <b>A</b>      D      B</li> <li>• Clear Communication:      E      <b>A</b>      D      B</li> <li>• Well-Planned Intervention/<br/>Flexibility:      E      <b>A</b>      D      B</li> <li>• Being Skillful:      E      <b>A</b>      D      B</li> </ul> | <p>Able to prioritize care of patient using information from EFM.</p> <p>Able to identify different categories for heart rate patterns.<br/>Identified accelerations, late decelerations, variable decelerations,<br/>and early decelerations.</p> <p>Performed vaginal exam using sterile technique.</p> <p>Demonstrated ability to apply internal fetal monitor to fetus.</p> |
| <p><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:      E      <b>A</b>      D      B</li> <li>• Commitment to Improvement: E      <b>A</b>      D      B</li> </ul>   | <p>Reflection of the simulation shows retention and identification of materials and areas that need additional practice.</p> <p>Reflected on putting all areas of simulation together through a case study.</p>   |
| <p><b>SUMMARY COMMENTS:</b></p> <p><b>E= Exemplary</b><br/><b>A= Accomplished</b><br/><b>D= Developing</b><br/><b>B= Beginning</b></p> <p><b>Developing or higher is required for satisfactory completion of this simulation.</b></p>   | <p><b>Comments</b></p> <p><b>You are satisfactory for this simulation. KA</b></p> <p>Great job participating in this multiple staged simulation. Reading, identifying, and applying the correct techniques in fetal heart rate patterns is a skill that can take time to develop. You are well on your way.</p>   |

### Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Group 6

OBSERVATION DATE/TIME: 10/14/2021

SCENARIO #: Shoulder Dystocia

| CLINICAL JUDGMENT   |  |  |  |  |  | OBSERVATION NOTES  |
|---|--|--|--|--|--|--|
| <p><b>COMPONENTS NOTICING: (1, 2, 5)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E       <b>A</b>       D       B</li> <li>• Recognizing Deviations from<br/>  Expected Patterns:           E       <b>A</b>       D       B</li> <li>• Information Seeking:       E       <b>A</b>       D       B</li> </ul>   |  |  |  |  |  | <p>Team introduces members, identifies patient, and begins assessment. VS. Asks about pain. Mona CO pain 8/10. Asks Mona if she would like pain medication.</p> <p>Mona complains of increasing pressure and desire to push.</p>   |
| <p><b>INTERPRETING: (2, 4)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       A       <b>D</b>       B</li> <li>• Making Sense of Data:   E       <b>A</b>       D       B</li> </ul>   |  |  |  |  |  | <p>5 cm, 90% effaced interpreted as not requiring intervention. FSBS 100 interpreted as being normal.</p> <p>Recognized need for immediate suction, delivery of placenta.</p> <p>Recognized need for APGAR score- 9.</p> <p>5 min APGAR- 9.</p>  |
| <p><b>RESPONDING: (1, 2, 3, 5)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:   E       <b>A</b>       D       B</li> <li>• Clear Communication:   E       <b>A</b>       D       B</li> <li>• Well-Planned Intervention/<br/>  Flexibility:           E       A       <b>D</b>       B</li> <li>• Being Skillful:       E       <b>A</b>       D       B</li> </ul> |  |  |  |  |  | <p>Pain medication prepared, asks patient about allergies. IM injection administered with proper technique. FSBS 100.</p> <p>Call for help, legs elevated. Mona pushes and head gets stuck. McRoberts, suprapubic pressure. Call to provider, attempt to rotate, hands and knees, attempt to remove posterior arm, evaluate for episiotomy. Baby is delivered, suctioned, cord clamped and cut. Baby dried, skin to skin, removed to warmer. Fundal assessment. Call to provider.</p> <p>APGAR score assessed- 9. Vitamin K and erythromycin prepared and administered. APGAR reassessed at 5 minutes-9. Baby returned to mom dry and swaddled. Explains to Mona that baby is awake and it is a good time to initiate feeding.</p> |
| <p><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:   E       <b>A</b>       D       B</li> <li>• Commitment to Improvement: <b>E</b>    A       D       B</li> </ul>   |  |  |  |  |  | <p>Team discussion of the scenario objectives; identified the risk factors for shoulder dystocia; implement interventions of the HELPERR mnemonic; utilizing therapeutic communication and interpersonal skills when interacting with patients, families, and team members; identifying ways in which heat loss occurs in infants; and implementing interventions to support thermoregulation.</p> <p>Team discussed the importance of teamwork and communication in an emergent situation.</p>  |

|   |  |
|---|--|
| <p><b>SUMMARY COMMENTS:</b><br/>E = exemplary, A = accomplished, D = developing, B = Beginning<br/>Based off of Lasater's Clinical Judgment Rubric</p> <p><b>Developing to accomplished is required for satisfactory completion of this simulation.</b></p> | <p><b>You are satisfactory for this scenario. Nice job! BS</b></p> |
|---|--|

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**Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Belly**

STUDENT NAME: Ann Hufnagle

OBSERVATION DATE/TIME: 9/2/21

|   |   |
|---|---|
| <p><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:     <b>E</b>     A     D     B</li> <li>• Commitment to Improvement: <b>E</b>     A     D     B</li> </ul>  | <p><b>You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.</b></p> <p><b>Great job.</b></p> <p><b>I enjoyed seeing your pregnancy photo!</b></p> |
| <p><b>SUMMARY COMMENTS:</b><br/>E = exemplary, A = accomplished, D = developing, B = Beginning<br/>Based off of Lasater's Clinical Judgment Rubric</p> <p><b>Developing to accomplished is required for satisfactory completion of this simulation.</b></p> | <p><b>Comments</b></p> <p><b>You are satisfactory for this simulation.</b></p>  |

\*Course Objectives

**Lasater Clinical Judgment Rubric Scoring Sheet**

STUDENT NAME: **MCN**

OBSERVATION DATE/TIME:

**10/18/2021**

SCENARIO: **Escape Room**

| CLINICAL JUDGMENT   |  |  |  |  |  | OBSERVATION NOTES   |
|---|--|--|--|--|--|---|
| <p><b>COMPONENTS NOTICING: (1, 2, 5)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E        <b>A</b>        D        B</li> <li>• Recognizing Deviations from Expected Patterns:           E        <b>A</b>        D        B</li> <li>• Information Seeking:           E        <b>A</b>        D        B</li> </ul>  |  |  |  |  |  | <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, urine specimen left and not labeled, syringe, battery in the patient's mouth, 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><b>INTERPRETING: (2, 4)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E        <b>A</b>        D        B</li> <li>• Making Sense of Data:       E        <b>A</b>        D        B</li> </ul>   |  |  |  |  |  | <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><b>RESPONDING: (1, 2, 3, 5)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       E        <b>A</b>        D        B</li> <li>• Clear Communication:       E        <b>A</b>        D        B</li> <li>• Well-Planned Intervention/<br/>Flexibility:           E        <b>A</b>        D        B</li> <li>• Being Skillful:           E        <b>A</b>        D        B</li> </ul> |  |  |  |  |  | <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><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:       E        <b>A</b>        D        B</li> <li>• Commitment to Improvement:   E        <b>A</b>        D        B</li> </ul>  |  |  |  |  |  | <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>  |

|  |   |
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| <p><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning<br/>Based off of Lasater’s Clinical Judgment Rubric</p> <p><b>Developing to accomplished is required for satisfactory completion of this simulation.</b></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! EW</p> |
|--|---|

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### vLasater Clinical Judgment Rubric Scoring Sheet

**STUDENT NAME:** Group 6      **OBSERVATION DATE/TIME:** 11/4/2021      **SCENARIO #:** Pediatric Respiratory

| <b>CLINICAL JUDGMENT</b>   | <b>OBSERVATION NOTES</b>  |
|--|---|
| <p><b>COMPONENTS NOTICING: (1, 2, 5)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:            E     <b>A</b>     D     B</li> <li>• Recognizing Deviations from<br/>  Expected Patterns:            E     <b>A</b>     D     B</li> <li>• Information Seeking:            E     <b>A</b>     D     B</li> </ul> | <p>Assessment nurse begins assessment, items identified in bed. VS, lung sounds. Patient identified. Questions patient about breathing difficulty. Temp 101.5.</p> <p>Patient reassessed following realization of medication error. Temp now 99.5.</p> <p>Second assessment begins. Patient coughing, lung sounds assessed. Temp 100.9. Patient CO not feeling well. Notified SpO2 dropping.</p> <p>SpO2 noted to be trending up following breathing treatment.</p> |
| <p><b>INTERPRETING: (2, 4)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:                E     <b>A</b>     D     B</li> <li>• Making Sense of Data:        E     <b>A</b>     D     B</li> </ul>  | <p>Items in bed interpreted to be safety hazards. Temp of 101.5 interpreted to be in need of medication.</p> <p>Amoxicillin dose interpreted to be incorrect.</p> <p>Lung sounds identified as stridor. SpO2 interpreted to be in need of supplemental oxygen. “Substernal breathing” noted.</p>  |

|   |   |
|---|---|
| <p><b>RESPONDING: (1, 2, 3, 5)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:     E     <b>A</b>     D     B</li> <li>• Clear Communication:       E     <b>A</b>     D     B</li> <li>• Well-Planned Intervention/<br/>Flexibility:                   E     <b>A</b>     D     B</li> <li>• Being Skillful:               E     A     <b>D</b>     B</li> </ul> | <p>Safety hazards removed from bed.</p> <p>Patient identified, allergies identified. Ibuprofen prepared and administered (remember to check recommended dosage range). Medication explained to patient.</p> <p>Call to provider (remember to identify yourself and provide background information [SBAR]). Provider questions ibuprofen dose. Call back to provider to report dose was correct. Recalculated and found to be incorrect. Correct dose identified, new dose ordered. (Remember to read back orders).</p> <p>Fluids offered. Call to patient's mother to provide update.</p> <p>Call to provider to question amoxicillin order. New order received (remember to read back).</p> <p>Amoxicillin and cetirizine prepared and administered.</p> <p>Percussed patient's back. Humidifier. O2 applied.</p> <p>Informs charge nurse. Call to RT to request breathing treatment. Call to provider to question acetaminophen dose (good job).</p> <p>Call back to report correct acetaminophen dose (33-49?). Correct range identified. New order received (Read back orders).</p> <p>Acetaminophen and dexamethasone prepared and administered.</p> |
| <p><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:    E     <b>A</b>     D     B</li> <li>• Commitment to Improvement: <b>E</b>    A     D     B</li> </ul>  | <p>Team discussion of the scenario and objectives. Discussed the importance of double checking medication doses to ensure patient safety. Team recognized 2 of the 4 medication/fluid errors. The team also recognized the importance of teamwork and that teamwork is continuing to improve. Also discussed calling the provider and being prepared with the appropriate information and also a recommendation. Team is committed to improvement.</p>  |
| <p><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning<br/>Based off of Lasater's Clinical Judgment Rubric</p> <p><b>Developing to accomplished is required for satisfactory completion of this simulation.</b></p>  | <p><b>You are satisfactory for this scenario. Good job. BS</b></p>  |

## Lasater Clinical Judgment Rubric Scoring Sheet

**STUDENT NAME:** Group 6      **OBSERVATION DATE/TIME:** 11/18/2021      **SCENARIO #:** GI

| CLINICAL JUDGMENT   |  |  |  |  |  | OBSERVATION NOTES  |
|---|--|--|--|--|--|--|
| <p><b>COMPONENTS NOTICING: (1, 2, 5)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:            E     <b>A</b>     D     B</li> <li>• Recognizing Deviations from Expected Patterns:            E     A     <b>D</b>     B</li> <li>• Information Seeking:            <b>E</b>     A     D     B</li> </ul>  |  |  |  |  |  | <p>Patient identified. Patient CO pain, appropriate pain scale used. VS, temp 103.5. Abdomen assessed, lung sounds.</p> <p>Bruising noted on abdomen and arm. Pain reassessed following acetaminophen. Temp reassessed 99.2.</p> <p>Patient vomits x 2. Skin, mucus membranes assessed. Temp 102.1.</p>  |
| <p><b>INTERPRETING: (2, 4)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:            E     <b>A</b>     D     B</li> <li>• Making Sense of Data:            E     A     <b>D</b>     B</li> </ul>   |  |  |  |  |  | <p>Pain/temp interpreted as being in need of pain medication. Bruising interpreted as potential sign of abuse.</p> <p>Interprets the need for contact precautions.</p>   |
| <p><b>RESPONDING: (1, 2, 3, 5)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:            E     <b>A</b>     D     B</li> <li>• Clear Communication:            E     <b>A</b>     D     B</li> <li>• Well-Planned Intervention/<br/>Flexibility:            E     <b>A</b>     D     B</li> <li>• Being Skillful:            E     <b>A</b>     D     B</li> </ul> |  |  |  |  |  | <p>Developmentally appropriate communication used when communicating with patient. Good job interacting with mother.</p> <p>Call to provider to question route/dose of acetaminophen. Provider questions regarding abdominal pain and asks about any discoloration. Suggests mom goes and gets a cup of coffee. Patient questioned about bruising.</p> <p>Call to provider to confirm route. Acetaminophen prepared and administered (remember to identify patient). Call to provider with information suggestive of abuse, conflicting stories. Orders received and read back. (Good idea to suggest IV fluid) Call to case management to report abuse and conflicting stories about their origin.</p> <p>Good job informing patient of case management visit. Cetirizine administered (remember to identify patient).</p> <p>Call to lab- + for rotavirus. Informs mom of the need to call daycare.</p> <p>Call to provider reporting signs of dehydration, + rotavirus. Order received for fluid bolus and maintenance fluid.</p> <p>Call to case management to check on visit. IV flushed. Mom is questioned</p> |

|  |  |
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|  | about home safety, offered help. Mom is given information about available resources.   |
| <b>REFLECTING: (6)*</b><br><ul style="list-style-type: none"> <li>Evaluation/Self-Analysis: <b>E</b>      A      D      B</li> <li>Commitment to Improvement: <b>E</b>      A      D      B</li> </ul>   | <p>Team discussed the case, identifying aspects that went well (communication among team, communication with patient and her mother, importance of checking safe dosage range). Also identified what they may have done differently (proper sleep, IV pump).</p> <p>Also discussed programming the IV pump to run bolus as a secondary infusion.</p> |
| <b>SUMMARY COMMENTS:</b><br>E = exemplary, A = accomplished, D = developing, B = Beginning<br>Based off of Lasater's Clinical Judgment Rubric<br><b>Developing to accomplished is required for satisfactory completion of this simulation.</b> | <b>You are satisfactory for this scenario. Good job. BS</b>  |

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## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME:

OBSERVATION DATE/TIME: 11/29/21    SCENARIO #: Student scenarios

| CLINICAL JUDGMENT   | OBSERVATION NOTES   |
|---|---|
| <b>COMPONENTS NOTICING: (1, 2, 5)*</b><br><ul style="list-style-type: none"> <li>Focused Observation:      E      <b>A</b>      D      B</li> <li>Recognizing Deviations from Expected Patterns:      E      <b>A</b>      D      B</li> <li>Information Seeking:      E      <b>A</b>      D      B</li> </ul> | <p>Noticed deviations from normal with physical assessment and inquiry. Information seeking regarding patient condition as well as with parent at bedside when appropriate.</p> <p>When developing your scenario, you noticed the important assessment aspects to include for a patient with your assigned diagnosis.</p> |
| <b>INTERPRETING: (2, 4)*</b><br><ul style="list-style-type: none"> <li>Prioritizing Data:      E      <b>A</b>      D      B</li> <li>Making Sense of Data:      E      <b>A</b>      D      B</li> </ul>   | <p>Was 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 health care provider and provide SBAR.</p>   |

|   |   |   |   |   |  |  |
|---|---|---|---|---|--|--|
|   |   |   |   |   |  | When developing your scenario, you interpreted the expected the path of the disease process and necessary nursing interventions to include in the patient's care.  |
| <b>RESPONDING: (1, 2, 3, 5)*</b>  |   |   |   |   |  | Responded with communication that was collaborative between roles. Clear communication was utilized between colleagues.  |
| • Calm, Confident Manner:   | E | A | D | B |  | Clear communication was utilized with family and layman's terms were utilized when appropriate.  |
| • Clear Communication:  | E | A | D | B |  | Responded with interventions that were planned accordingly and verbalized when necessary.  |
| • Well-Planned Intervention/<br>Flexibility:  | E | A | D | B |  | Skill in identifying focus assessments as well as timely reassessments was utilized.   |
| • Being Skillful:   | E | A | D | B |  | Family members and others of the health care team were kept up to date on patient condition and given education for current condition as well as for preventative measures.  |
|   |   |   |   |   |  | 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 scenario you developed. |
| <b>REFLECTING: (6)*</b>   |   |   |   |   |  | Reflected with a self-analysis of assessment and analyzation of data to identify missing pieces was utilized.  |
| • Evaluation/Self-Analysis:   | E | A | D | B |  | A commitment to improvement was seen in the focused reassessment to note if interventions produced improvement in patient condition as well as the need to double check each medication dose ordered with the patient's current weight.      |
| • Commitment to Improvement:  | E | A | D | B |  |  |
| <b>SUMMARY COMMENTS:</b>  |   |   |   |   |  | The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS/EW   |
| E = exemplary, A = accomplished, D = developing, B = Beginning<br>Based off of Lasater's Clinical Judgment Rubric |   |   |   |   |  |  |
| <b>Developing to accomplished is required for satisfactory completion of this simulation.</b>                     |   |   |   |   |  |  |

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## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME:

OBSERVATION DATE/TIME: 12/1/21 SCENARIO: Comprehensive

| CLINICAL JUDGMENT                                |   |   |   |   | OBSERVATION NOTES  |
|--|---|---|---|---|--|
| <b>COMPONENTS NOTICING: (1, 2, 5)*</b>           |   |   |   |   |  |
| • Focused Observation:                           | E | A | D | B | You noticed suspicious bruising on patient and patient's physical appearance and psychosocial status as deviation from normal.   |
| • Recognizing Deviations from Expected Patterns: | E | A | D | B | You noticed environmental concerns throughout the home that would be safety concerns.  |
| • Information Seeking:                           | E | A | D | B | You noticed abnormal family functioning as you progressed through the simulation.<br><br>You noticed the signs of respiratory distress and dehydration in the children.  |
| <b>INTERPRETING: (2, 4)*</b>                     |   |   |   |   |  |
| • Prioritizing Data:                             | E | A | D | B | You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit.   |
| • Making Sense of Data:                          | E | A | D | B | You were able to interpret safety and health issues with each member of the family.<br><br>You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit.<br><br>You interpreted breathing issues and lethargy as major assessment concerns in the children in this home environment. |
| <b>RESPONDING: (1, 2, 3, 5)*</b>                 |   |   |   |   |  |
| • Calm, Confident Manner:                        | E | A | D | B | You responded to patient's admission of abuse calmly without judgement. Communicated alternatives clearly and empathetically.  |
| • Clear Communication:                           | E | A | D | B | You responded with intervention regarding safety of children; flexible and creative with ideas and interviewing each member of the family.   |
| • Well-Planned Intervention/<br>Flexibility:     | E | A | D | B | You responded by prioritizing the safety and health concerns of each family member and seeking further treatment for them.   |
| • Being Skillful:                                | E | A | D | B | You sought further information regarding potential abuse from all members of the family.<br><br>You were respectful and calm in communicating with potential abuser. Kept in mind HIPPA throughout the scenario. Coping skills and spirituality were discussed.  |

|  |   |
|--|---|
|  | You responded to safety, psychosocial issues calmly. You were confident in your approach to each family member.   |
| <b>REFLECTING: (6)*</b><br><ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:      E      A      D      B</li> <li>• Commitment to Improvement: E      A      D      B</li> </ul>  | <p>You reflected thoughtfully on your approach to the patient’s abusive history, thoughts of suicide, child care, etc....</p> <p>You reflected on the education and information provided to the family.</p> <p>You were able to reflect on your progress with addressing the concerns for each environment and family member.</p> |
| <b>SUMMARY COMMENTS:</b><br>E = exemplary, A = accomplished, D = developing, B = Beginning<br>Based off of Lasater’s Clinical Judgment Rubric<br><br><b>Developing to accomplished is required for satisfactory completion of this simulation.</b> | <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/EW</p>   |

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**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**Maternal Child Nursing – 2021**  
**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:

Signature: Ann & Date: 12/07/20