

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2022**

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

Faculty: Kelly Ammanniti, MSN, RN; Monica Dunbar MSN, RN;
Brian Seitz, MSN, RN, CNE

Faculty eSignature:

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written 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 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
Brian Seitz	BS
Monica Dunbar	MD

7/8/2022 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

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	M id t e r m	8	9	10	11	12	13	14	15	Make up	Final
	9/2	9/9	9/16	9/23	9/30	10/7	10/14		10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9		
Competencies:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	NA	S	S	S	S	S									
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	S	S	S	S									
c. Use systematic and developmentally appropriate assessment techniques.		NA	NA	NA	S	S	S	S	NA									
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	NA	NA	S	S	S	S									
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	NA	S	S	S	S	S	S									
Clinical Location Age of patient		NA	NA	BG 6-12	BV 10-12	ER 75 & 9mo	FTMC OB Newborn & moms	N A	Webelo Day FRMCSO 4 th & 5 th graders (9-11 yrs. old)									
	KA	KA	KA	KA	KA	KA	KA	K A										

Comments:

9/22 BG: For the boys and girls club clinical I identified these children's stage of development according to Erikson's Stages to be industry vs. inferiority. This is proven by their need to do tasks and receive gratification for said task. By doing this the child develops a sense of competency. This was directly seen when all the children wanted to show me there finished coloring pages and some insisted I take it home. They wanted me to see they did the task at hand and felt good about their ability once I responded telling them they each did a great job. **Good job! KA**

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

9/29 BV: For the hearing and vision screening clinical I attended Bellevue Middle School. I worked with children in grades 6th and 7th. Assuming the majority of the children were aged 10-12 years old the developmental stage they would be considered according to Erik Erikson's stages of psychosocial development would be industry vs. inferiority. This means they are at a time in their development they seek gratification for the work they do and need encouragement from the adults in their environments. They need this in order to build initiative and if they fail to gain this initiative or confidence, they will feel inferior. Keeping this in mind during clinical today I made an effort to remain positive with each child and provide encouragement. I could tell the children at this age sought acceptance from the adults around them and were quick to listen to demands in comparison to the younger ages I had experience with last week. **Great explanation! KA**

Week 4- 1b,e- Nice job discussing the differences you noticed between the different age groups you worked with at the Boys and Girls Club. Good job also of pointing out some ways you had to adjust your communication technique with some of the children. BS

Week 4 – 1b – Maddi, you did a great job discussing communication in regards to the different age groups and how you had to adjust your communication skills for one group to the next. KA

Week 4 – 1e – You did a nice job discussing the different age groups of children that you worked with and how they were different from one another. KA

10/5 ER: For my clinical experience in the emergency room at Fisher Titus there was 2 patients I mainly got to work with. One was a 75-year-old male and the other was a 9-month-old boy. According to Erikson's stages of psychosocial development the 75-year-old is experiencing integrity vs despair and the infant is experiencing trust vs mistrust. The older gentleman in this stage would be doing a lot of reflecting on his life and either feeling fulfilled or regretful towards his life choices. The infant being in the stage of trust vs mistrust is interesting because the infant came in with exposure to bleach to the face and eyes. The infant had to be held down while his eyes were irrigated for 15 minutes. The child was distraught, and the father took part in helping hold him down. I fear because of this child's stage of development that he may lose trust in his parents for the pain and trauma this accident had caused him to experience. The child may have previously established his parents as individuals who he could trust to keep him safe, and he maybe had seen as protection. But since the infant isn't capable of understanding why the father was helping hold him down this may make the child lose trust with this parent. **Great job discussing both patients. KA**

Week 6 – 1a – Maddi, you did a great job describing the elderly and infant patients you cared for in the ER. KA

10/12 FTMC OB: For my clinical experience at Fisher Titus on the OB floor I had experience taking care of 2 newborns and 2 mothers. According to Erikson's stages of psychosocial development the newborns are in trust vs mistrust and the moms are in intimacy vs isolation. What this means for the newborns is that they need to be cared for and their basic needs need to be met in order to develop a sense of trust with their caregivers. This can be done by educating the parents on this topic and explaining that doing things such as consoling them when they are fussy, changing their soiled diapers, feeding them when they exhibit signs of hunger, etc. will all develop this sense of trust for them to continue to develop. For the moms the stage of development they are in it is important for them to feel loved or else they may feel isolated. A good way to promote this when on the OB floor is to ensure they have a support person or many support people around and if they do not it is vital that the nurses take on that role during this vulnerable experience. **Great job explaining Erikson's for both the mom's and the newborn. KA**

10/15 Webelo: For this clinical experience I had to provide education to a small group of 4th and 5th graders (9-11 year old's). According to Erikson's stages of psychosocial development they are experiencing industry vs inferiority. This stage is all about the children finding gratification from completing tasks. If they don't receive this pleasure from completing tasks, they will feel inferior. Children at this age need to learn how things work and be successful in order to successfully develop in this stage. Keeping this in mind during this clinical experience I found it very important to congratulate the Webelo's after every attempt to complete a skill. If the child felt, they failed at the skill they could fall into the inferiority side and feel discouraged. I found it important to praise the child for their attempt and carefully educate on how they could improve

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

the skill even more. One example I know I saw a lot was when the children all had to make an attempt at abdominal thrusts on choking Charlie. Since the children were so small themselves this was a hard task to do for them. I could tell a lot of them felt discouraged that they were not able to dislodge the contents from the dummy. I also noticed that once we started praising them and telling them good job, they looked more satisfied with their attempt.

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
	9/2	9/9	9/16	9/23	9/30	10/7	10/14		10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9		
Competencies:																		
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		NA	NA	NA	NA	NA	S	S	NA									
g. Discuss prenatal influences on the pregnancy. Maternal		NA	NA	NA	NA	NA	S	S	NA									
h. Identify the stage and progression of a woman in labor. Maternal		NA	NA	NA	NA	NA	S	S	NA									
i. Discuss family bonding and phases of the puerperium. Maternal		NA	NA	NA	NA	NA	S	S	NA									
j. Identify various resources available for children and the childbearing family.		NA	NA	NA	NA	NA	S	S	NA									
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		NA	NA	S	S	S	S	S	S									
l. Respect the centrality of the patient/family as core members of the health team.		NA	NA	NA	NA	NA	S	S	NA									
		KA	KA	KA	KA	KA	KA	KA										

Comments:

Week 5 – 1k – You did a nice job discussing the beliefs and values you witnessed while on hearing and vision clinical. The values of students first and education were very evident in the population we interacted with. KA

Week 6 – 1k – You were able to identify cultural implications that should be addressed for your assigned patient. KA

Objective																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children encompassing cultural sensitivity and diversity. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	9/2	9/9	9/16	9/23	9/30	10/7	10/14		10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9		
a. Engage in discussions of evidenced-based nursing practice.		NA	NA	NA	S	S	S	S	S									
b. Perform nursing measures safely using Standard precautions.		NA	NA	NA	S	S	S	S	S									
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	NA	S	S	S	S	S									
d. Practice/observe safe medication administration.		NA	NA	NA	NA	S	S	S	NA									
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	NA	NA	S	S	S	NA									
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	NA	NA	NA	S	S	S	NA									
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*		NA	NA	S	S	S	S	S	S									
		KA	KA	KA	KA	KA	KA	KA	KA									

Comments:

9/22 BG: A social determinant of health I recognized on this clinical was economic stability. I had a young girl open up to me about her mother’s cancer diagnosis and explained how her mom has been out of work for some time. The child seemed to understand and know more than she should have at her age, and it was sad to see her worried about her mother and their financial situation. Also, transportation was a SDOH I noticed for all the children. Most of them were in boys and girls club after school because they had to wait for their parents to get off of work to pick them up. **Nice job observing these factors. KA**

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

9/29 BV: A social determinant of health that had the potential of influencing care for this clinical is economic status. Low-income families may be less likely to follow through with a referral request from the school due to poor health insurance and lack of ability to afford glasses, contacts, or hearing aids. A cultural element that could have affected care was the culture of middle school. Kids may have felt embarrassed or judged by their classmates when trying to perform the screenings leading to false outcomes and incorrect data. I could sense some of the children were very on edge being watched by their friends while trying to do a screening. **What great observations from clinical! KA**

Week 4- 2g- You did a nice job discussing two social determinants of health and how they may affect the children you interacted with. BS

Week 4 – 2g – You did a great job discussing SDOH factors that affect the population of children being served by the Boys and Girls Club in your CDG this week. KA

10/5 ER: A social determinant of health I recognized twice in the emergency room was lack of transportation. We had a patient in for overdose on methamphetamines being discharged but had no means of transportation home. The hospital ended up having to pay for her taxi back home. Also, we had a patient 75-year-old male brought in through EMS for a fall. He currently lives in a nursing home and the only transportation back was to utilize EMS once again. Transportation I feel is a common social determinant of health for the elder population who are unable to drive due to their aging, and those who are experiencing poverty and may not own a vehicle. **KA**

10/12 FTMC OR: A cultural element I recognized while on my clinical at FTMC on the OB floor was different family dynamics. I noticed with one patient I got to see deliver her baby the atmosphere in the room was different than I have experienced before. The family exhibited a lot of tough love and not a lot of caring and sympathy. Initially this was very hard for me to watch and I thought it to be negative but after debriefing with my classmates I realized it was more so their culture and, in a way, the tough love they exhibited helped her build up the strength to push and successfully deliver the baby. With this same patient I noticed the family was facetimeing other family members and were not private considering the visualizations of the room. Sometimes it's hard to detach yourself from the situation, and what I mean by that is if that were to be me, I would feel very uncomfortable being videoed in such a vulnerable state. In the moment I was angered by this because I assumed the woman would not be okay with this lack of privacy. But, again after stepping back I realized that it was more so their own family dynamics and was possibly something they discussed, and the mother was okay with. I also noticed with other patients there were many differences in how they tended to their baby's and their hesitancy or lack thereof to allow nurses to assess baby and take them to the nursery. Overall, this clinical really opened my eyes to differences in cultures and to respect that what my personal opinion on what I would want or do is not always what is correct and for other people things such as videoing the birth may be very important. **What a great way to associate the family dynamics with cultural aspects. It is so true that culture can affect how caring and love are displayed within a family. KA**

10/15 Webelo: Finding a social determinant of health for this age group of kids is difficult but one thing that could be mentioned is education. Since they are only 4th and 5th graders and the topics, we were educating on were a little heavy at times this may have been difficult. Some of them may not have a good grasp on what was being taught to them due to multiple aspects that can affect their ability to learn such as a poor educational base. For example, if they have issues with literacy this may have been difficult for them. Also, referring back to the weight of the topics we were discussing, if it was not broken down enough learning about all these subjects and medical terminology may have been overwhelming and something they were not able to grasp fully. One example I can think of this is when they were learning about the AED I feel like that information was a lot and although it is so important these children were probably very overwhelmed with this equipment and the instructions given.

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
	9/2	9/9	9/16	9/23	9/30	10/7	10/14		10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9		
a. Act with integrity, consistency, and respect for differing views.		NA	NA	S	S	S	S	S	S									
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		NA	NA	S	S	S	S	S	NA									
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		NA	NA	S	S	S	S	S	S									
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		NA	NA	S	S	S	S	S	S									
		KA	KA	KA	KA	KA	KA	KA										

Comments:

9/22 BG: An ethical issue I noticed during my boys and girls club clinical ties back to the little girl I mentioned above. When she was talking to me about her situation as an adult listening to a child, I felt very upset with how much information she knew because it caused her to worry about things adults should be handling such as financial issues. But this causes an ethical dilemma because at the same time it is important to not lie to the child and be realistic about her mother's diagnosis as much as possible depending on her developmental stage. I feel as though the child is matured beyond her age due to this crisis in her life. **I agree this is a sticky ethical dilemma. How much information is too much information for a child to know. KA**

9/29 BV: An ethical issue I noticed during my clinical at Bellevue Middle School for hearing and vision screening was when children would approach vision screening not wearing glasses but are prescribed glasses and choose not to wear them. The children and their parents have a right to autonomy meaning they can choose to let their child not wear them to school and that child has a right to choose as well, but it's an ethical dilemma because it impedes on their ability to learn in the classroom. **What a great example of autonomy that can have a negative impact on the patient. KA**

10/5 ER: An example of a legal and ethical issue I faced during my ER clinical was when a patient was in for an overdose. This became an issue when the patient was discharged to go home because it is assumed she will return to her drug use. We provided education and sources for help but at the end of the day that patient has the right of autonomy and can choose to return to her drug use even after this scary experience. The patient seemed disinterested in receiving help so this was hard for me to watch her be discharged knowing we were sending her back into harm's way to a potentially fatal situation again, but there is nothing more we could do to help her at that time and it would be illegal to hold her just to keep her from using. **The cycle of addiction can be a very difficult one to watch others experience. KA**

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

10/12 FTMC OB: I had a patient come in 31 weeks pregnant experiencing lower back pain and left lower abdomen pain. While discussing her history she informed the nurse and I that she is an avid smoker and has cut down to 3 cigarettes a day while pregnant. I consider this to be an ethical issue because as we know mother is trying, but at the end of the day she is causing harm to her growing baby. She ended up being discharged at some point that afternoon, but when discharging her us nurses were aware of the teratogens, she was exposing baby to but we still had to discharge her to most likely continue to harm baby when returning home. I would consider this a dilemma because the mother has the autonomy to do as she pleases with her body, but on the other hand it is not just her body she is causing harm to while pregnant. All we were able to do as nurses was provide education and resources on smoking cessation and the effects on baby. **That is such a good dilemma that can be seen in the maternal child population. The rights of the fetus have always been a topic of great debate. KA**

10/15 Webelo: Again, this is a hard clinical experience to find a legal or ethical issue for but something that could be considered is that we were educating children on serious and scary subjects throughout the day. Although we did are best to keep the day lighthearted some children may have been taken back or scared when being educated on topics such as CPR or the AED. This is an ethical issue because although they are children and should potentially be sheltered from these serious situations, there may be day they are the only ones on a scene of an accident and this education could save a life.

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
	9/2	9/9	9/16	9/23	9/30	10/7	10/14		10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9		
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	NA	NA	NA	NA	S	S	NA									
b. Develop and implement a plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	NA	NA	NA	S	S	S	NA									
c. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		NA	NA	NA	NA S	S	S	S	NA									
d. Summarize witnessed examples of patient/family advocacy.		NA	NA	NA	NA	S	S	S	NA									
e. Provide patient centered and developmentally appropriate teaching.		NA	NA	S	S	S	S	S	S									
f. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	S	S	S	NA									
		KA	KA	KA	KA	KA	KA	KA										

Week 4- 4e- You did a nice job of providing education to children of various ages at the Boys and Girls Club. BS

Week 4 – 4e – Maddi, you did a nice job discussing how you educated the children on what it is to be a nurse. I am glad the education was well-received on the whole. Nice job! KA

Week 5 – 4c – You did a nice job discussing the system used to document and track students' hearing and vision screenings locally in the school system and how the data is reported to the Ohio Department of Health. This is definitely an important part about being a School Nurse. KA

Week 5 – 4e – You did an excellent job educating the students and assisting the Middle School students in understanding the hearing and vision screening process. KA

Week 6 – 4b – You prioritized the top 5 nursing interventions provided to your patient and how the patient responded to each intervention. KA

Week 7 – 4a – You satisfactorily completed your care map. Please see the rubric for comments. KA

Student Name: Maddison Proy		Course Objective: 4					
Date or Clinical Week: Week 7							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings. (subjective and objective)	(lists at least 7*) *provides explanation if < 7	(lists 5-6)		(lists < 5 or gives no explanation)		You did a nice job listing information you noticed about your patient's assessment, lab findings, and risk factors. I am not sure what you thought process was to linking the patient's WBCs to the nursing priority of acute pain. All other highlights are appropriate. KA
	2. Identify all abnormal lab findings/diagnostic tests.	(lists at least 3*) *provides explanation if < 3			(lists < 3 or gives no explanation)		
	3. Identify all risk factors.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
	4. Highlight all of the related/relevant data from the Noticing boxes to develop a priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
Interpreting	5. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		You did a nice job interpreting the information and deciding on appropriate nursing priorities and complications. What is your thought on Risk for hemorrhage as a priority for your patient as well? KA
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists at least 2)		(lists < 2)		
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		You identified appropriate nursing interventions and prioritized them. I would think you might want to add a nursing intervention relate3d to assessing breastfeeding or maybe consulting lactation since you are linking sore nipples to your nursing priority. KA
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	13. List the reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		Make sure re-evaluate all assessment and lab findings you highlight. All were reassessed except the patient's fatigue. It would also be better to re-evaluate the pain numerically versus "less" or "a little better". KA
	14. 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		
<p>Total Possible Points= 42 points 42-30 points = Satisfactory 29-18 points = Needs Improvement* < 18 points = Unsatisfactory*</p> <p>*Total points adding up to less than or equal to 29 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments:</p>						<p>Total Points: 42/42</p> <p>Terrific job. See comments above for areas of improvement. KA</p> <p>Faculty/Teaching Assistant Initials: KA</p>	

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
	9/2	9/9	9/16	9/23	9/30	10/7	10/14		10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9		
g. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	S	S	S	NA									
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	S	S	S	NA									
i. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	S	S	S	NA									
j. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	S	S	S	NA									
k. 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									
		KA	KA	KA	KA	KA	KA	KA										

Comments:

Week 6 - 4g - You were able to discuss the medication administered to your patient and what is was given for. KA

Week 6 - 4h - You were able to identify the interventions provided to the patient you cared for this week in the ER. KA

Objective																		
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
	9/2	9/9	9/16	9/23	9/30	10/7	10/14		10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9		
a. Demonstrate interest and enthusiasm in clinical activities.		NA	NA	S	S	S	S	S	S									
b. Evaluate own participation in clinical activities.		NA	NA	S	S	S	S	S	S									
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	NA	S	S	S	S	S	S									
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	NA	NA	S	S	NA									
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	NA	NA	S	S	NA									
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA	NA	NA	NA	S	S	S	NA									
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	S	S	S	S	S	NA									
		KA	KA	KA	KA	KA	KA	KA	KA									

Comments:

Week 4- 5a- Nice job remaining flexible with presenting your educational activity at the Boys and Girls Club. BS
 Week 4 – 5g – Maddi, you did a wonderful job responding to your CDG questions this week with thorough and thoughtful responses. You explained all responses in depth and shared your unique perspective. Keep up the great work! KA

Week 5 – 5g –Maddi, you did a very nice job thoroughly responding to the CDG questions on your hearing and vision screening experience. You provided thoughtful responses and supported your ideas with a reference and in-text citation. Keep up the terrific job! KA

Week 6 – 5a – Maddi, I am glad you had the opportunity to work with a mobile ultrasound machine and “cube” this week. Both are useful technologies that can help provide important information in the diagnosis and monitoring of the patient. KA

Week 6 – 5g – Maddi, you did a wonderful job thoroughly responding to the CDG questions on your ER experience this week. You utilized an appropriate in-text citation and reference to support your responses. Keep up the spectacular work! KA

Objective																		
6. Critique own strengths and areas for improvement modifying behaviors accordingly to achieve personal and professional goals. (7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	9/2	9/9	9/16	9/23	9/30	10/7	10/14		10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9		
a. Recognize areas for improvement and goals to meet these needs. (List Below)*		NA	NA	S	S	S	S	S	S									
b. Accept responsibility for decisions and actions.		NA	NA	S	S	S	S	S	S									
c. Demonstrate evidence of growth and self-confidence.		NA	NA	S	S	S	S	S	S									
d. Demonstrate evidence of research in being prepared for clinical.		NA	NA	S	S	S	S	S	S									
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	NA	S	S	S	S	S	S									
f. Describe initiatives in seeking out new learning experiences.		NA	NA	S	S	S	S	S	S									
g. Demonstrate ability to organize time effectively.		NA	NA	S	S	S	S	S	S									
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		NA	NA	S	S	S	S	S	S									
i. Demonstrates growth in clinical judgment.		NA	NA	S	S	S	S	S	S									
		KA	KA	KA	KA	KA	KA	KA										

Comments:

9/22 BG: While taking time to evaluate myself after this clinical experience I would say that one thing I could improve on is communicating effectively to children in terms of their developmental stage and ways I could meet this goal and improve is by looking in my book and finding good tips on how to interact with each age group and also seeking out experience in the clinical setting moving forward. **This is definitely a skill you learn with practice and continuous interactions with children of all ages. Good luck! KA**

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

9/29 BV: An area I need to improve on I think after this clinical would be my ability to educate children based on their developmental level. It's hard to be sure a child fully understands something and if I explained it in a developmentally appropriate way. I can improve on this through practice in future clinicals and by reviewing those chapters in my textbook paying special attention to Erik Erikson's psychosocial stages of development. **Great idea. Practice makes perfect! KA**

10/5 ER: An area of improvement I think I need after my ER clinical is how to keep a level head when under pressure. I love the environment of the ER and being on your toes not really knowing what will be next, but with no experience in this area it was really hard to remain grounded especially because it was a different hospital, and I was unaware of the set-up of supplies etc. In general, I think a good skill every nurse should have is how to remain calm in scary and stressful situations. I feel as though this will come with more experience and to improve on this, I should keep putting myself out there, not give up, and seek out opportunities even if they are out of my comfort zone. I think the more I do this the more confident I will become in my skills, and I will be able to handle stressful events in a better manner. **Confidence is something you will gain in time. Especially when you become more comfortable with your nursing skills and abilities. Great insight! KA**

10/12 FTMC OB: An area of improvement I would consider I need after this week is reading fetal monitoring strips. I got a ton of practice today but was humbled when first trying to read a strip. I felt confident with the material during lecture, but I soon realized they are not as clear cut as they are shown in the textbooks. Some are hard to differentiate. Monica did show us multiple examples of different accelerations and decelerations along with different stages of variability. During my down time I took the chance to sit and continue to try and read the monitor strips. At the end of the day, I felt a little more comfortable with this skill, but I would still like to improve. Ways I could achieve this is by studying them utilizing my textbook and other resources before my next OB clinical at Firelands, and also taking time while at Firelands to read as many as I can to gain more experience. **Great idea! KA**

10/15 Webelo: An area of improvement I reflected on after our Webelo day clinical was my ability to gain children's attention. This may be important in the future if I must educate a child when working as an RN. It was early morning, and the children were not very interested in our content. We tried our best to make things fun and gain attention and I think we did an alright job but again it's something that can be improved. I can do this by seeking out opportunities in the clinical setting to interact with children and educate them on their plan of care in a developmentally appropriate way. Also, I can practice interacting with children in my everyday life.

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

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2022
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	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)	Pediatric Lab Values (*1,4,5)	C-Section Care (*1, 2, 5, 6)	Health Literacy (*2,5,6)	Safety (*1,2,3,5,6)	Postpartum Assessment (*1, 2, 6)	Newborn Bath and Cord Care (*2, 4)
	Date: 8/30	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills								
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (*1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditech (*1, 2, 3, 5, 6)
	Date: 8/31	Date: 8/31	Date: 9/1	Date: 9/1	Date: 9/1	Date: 9/1	Date: 9/1	Date: 9/1	Date: 9/1
Evaluation	S	S	S	S	S	S	S	S	S
Faculty Initials	KA	KA	KA	KA	KA	KA	KA	KA	KA
Remediation: 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! KA/MD/BS

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

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2022
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)	Empathy Simulation (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)
	Date: 9/20 & 9/21	Date: 10/3	Date: 10/11 & 10/12	Date: 10/17	Date: 10/18 & 10/19	Date:	Date: 11/1 & 11/2	Date: 11/8	Date: 11/15 & 11/16	Date: 11/30	Date: 11/30	Date: 12/6
Evaluation	S	S	S	S								
Faculty Initials	KA	KA	KA	KA								
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA								

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Proy OBSERVATION DATE/TIME: 9/21/2022 SCENARIO #: PPH

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					<p>VS (remember to identify the patient). Inquires about prenatal care, diet. FSBS- 200. Charge nurse inquires about abdominal discomfort. Fetal monitor applied. Mona informed of new orders.</p> <p>Remember to identify patient. Patient CO being dizzy and not feeling well. VS. Notices bleeding, hypotension, tachycardia. VS rechecked following medication.</p>
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	

<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>Urinalysis + for THC, glucose, nitrates. GTPAL- 54004. Fetal monitor interpreted and reported to provider.</p> <p>BP interpreted to be low. Fundus is firm following massage and medications.</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>Education given regarding caffeine and sugar consumption, smoking cessation. Call to provider to update on urinalysis, asks about antibiotics. Education provided about marijuana use. Charge nurse inquires about abdominal discomfort. Fetal monitor applied. Call to provider about suspected contractions, request NV medication. Leopold's. Orders received and read back. Medications prepared. Call to provider to ask about Procardia. Medications explained to patient and administered. Support person asked to leave the room. Patient questioned about family history, cultural concerns, past drug use. Call to provider to ask about smoking cessation options. IV fluid initiated. Education provided throughout scenario.</p> <p>Pad weighed, fundal massage initiated, O2 applied. Call to provider to report bleeding and associated symptoms. Orders received and read back. Medications prepared, patient identified, medications administered. Legs elevated. Call to provider.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication. Also discussed that it is ok to ask for help when unsure of something. Discussed risk factors for postpartum hemorrhage and the importance of identifying the patient. Team also did well educating the patient on ways to live a healthier lifestyle with regard to substance use and dietary choices. Discussed the importance of gathering information prior to calling the provider and also giving SBAR report.</p>

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

STUDENT NAME: Proy OBSERVATION DATE/TIME: 10/13/2022 SCENARIO #: SD

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>Patient identified, inquires about pain- 8/10. Fetal monitor applied. Cervical exam- 5cm/80%. Good job explaining labor process to patient. FSBS assessed.</p> <p>Patient begins moaning, expresses desire to push.</p> <p>1-minute Apgar-9.</p> <p>5-minute Apgar-9.</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>Baby position interpreted to be head down. Cervical exam interpreted to be 5cm/80%. Pain 8/10 interpreted to need medication. FSBS determined to be 95- normal. Crowning noted. 1-minute Apgar interpreted to be 9. Fundus found to be firm and midline. 5- minute Apgar interpreted as 9.</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>Calming, reassuring voice used to address patient. PCN prepared and explained to patient, and initiated. Breathing techniques explained to patient (remember to scrub the hub). Pain control options discussed. Nubain explained to patient, what symptoms to report. Call to physician to report impending birth. Patient assisted to position, head is delivered and stops. Remove posterior arm, suprapubic pressure, hands and knees, rotation, evaluated for episiotomy, McRoberts. Baby and placenta are delivered, dried, skin to skin, uterus massaged. Suction. Following Apgar,</p>

	<p>baby swaddled, hat applied, baby returned to mother. Fundus assessed. Importance of warmth explained to mother. Erythromycin ointment prepared and applied properly. Vitamin K injection explained to mother. Call to physician to update on birth. Hep-b vaccine discussed with patient, also T-Dap vaccine. Vitamin K order confirmed, identification, vitamin K administered appropriately. Breastfeeding discussed with patient, importance of colostrum. Good job with education.</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. The case was summarized, discussed risk factors for shoulder dystocia and the steps of the HELPER mnemonic. Team discussed the importance of teamwork and communication, and how important it is to help each other when needed. Team did a nice job of working together and communicating among themselves and with the patient. Great job with education! Team discussed ways in which infants can lose body heat and the importance of conserving heat. Also talked about the importance of, and indication for, the use of erythromycin ointment and the vitamin K injection.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>Nice Work! You are satisfactory for this scenario. BS</p>

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EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2022
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date: _____