

**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

<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
	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		
<b>Competencies:</b>		NA	S	NA	S	S	S	S	S	NA								
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	S	NA	S	S	S	S	S	NA								
b. Provide care using developmentally appropriate communication.		NA	S	NA	S	S	S	S	S	NA								
c. Use systematic and developmentally appropriate assessment techniques.		NA	S	NA	S	NA	S	S	S	NA								
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	S	NA	S	NA	S	S	S	NA								
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	S	NA	S NI	S	S	S	S	NA								
<b>Clinical Location Age of patient</b>		NA	FT MC ER, 72	NA	6,7,8 <sup>TH</sup> GR AGE RS, BM S	B&G Club k-6 <sup>th</sup> graduate	FTM C OB, 31	NA	Webe lo day (10) and Lactation (24)	NA								
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA								

**Comments:**

WEEK 3 1A: My patient was a 72 year old male and his stage of growth and development is the last stage of Older adult . I say this because he is fully developed and experiencing a decline in his health. You are correct in the stage for this patient but remember to state it using the Erikson's Stage in the future. KA  
 Week 3 - 1a - Becca, you did a great job describing the older gentleman with cardiac issues you were able to work with in the ER this week. KA

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

WEEK 5 1E: My patients today were lots of middle schoolers ranging from 6<sup>th</sup> grade to 8<sup>th</sup> grade. These children will be in the school age and adolescent growth and development stages. I say there was a range from 6<sup>th</sup> to 8<sup>th</sup> graders. Some are still in their school age of development and the rest are teenagers. **You are correct in the stage for this group but remember to state it using the Erikson's Stage in the future. KA**

WEEK 6 1E; The children that I worked with today at the boys and girls club were from kindergarten to 6<sup>th</sup> grade. They were in the Industry Vs. Inferiority stages. In this stage they need to be praised for the work they do. This when they develop a sense of industry and if not praised, they will feel inferior to their classmates or peer that already have done a task and I noticed this when I was coloring with the 4<sup>th</sup> graders. They did not like that I was better than them at coloring or drawing so I explained that I am older and have taken drawing classes, but I told them, I would help them and I helped them to make them feel better about their drawing. **Good job! KA**

**Week 6- 1b,e- Nice job utilizing developmentally appropriate communication strategies while communicating with the children at the Boys and Girls Club. Nice job also of providing examples of ways in which you adjusted your communication technique while interacting with the kids. BS**

Week 7 1E: My patient was 31. I would say that her stage of development was intimacy and isolation stage. I would say this because she was with her partner that she loved and was making a life with him and having a baby with him. **KA**

Week 8 1E: My patients were grade school boys for webelo day and I would say that they were in the stage of Industry Vs. Inferiority. I say this because we had to praise them for everything they participated in. It important to praise and give positive feedback to this age. **KA**

Week 8 1E: My patients in lactation were ages 24-30s these women were in the stage of intimacy and isolation. This time is very intimate for them. They just had a baby and feel very clueless too and need help with lactation. **KA**

**Week 8 – 1a – You did a nice job describing a mother you worked with this week during your lactation clinical. KA**



<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
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<b>Competencies:</b>																		
f. Describe psychological changes in response to the expectant mother's pregnancy. <b>Maternal</b>		NA	NA	NA	NA	NA	S	S	NA	NA								
g. Discuss prenatal influences on the pregnancy. <b>Maternal</b>		NA	NA	NA	NA	NA	S	S	NA	NA								
h. Identify the stage and progression of a woman in labor. <b>Maternal</b>		NA	NA	NA	NA	NA	S	S	NA	NA								
i. Discuss family bonding and phases of the puerperium. <b>Maternal</b>		NA	NA	NA	NA	NA	S	S	NA	NA								
j. Identify various resources available for children and the childbearing family.		NA	NA	NA	S	S	S	S	S	NA								
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		NA	S	NA	S	S	S	S	S	NA								
l. Respect the centrality of the patient/family as core members of the health team.		NA	S	NA	S	S	S	S	S	NA								
		KA	KA	KA	KA	KA	KA	KA	KA									

**Comments:**

Week 3 – 1k – You did not notice any cultural implications related to your patient, however you were able to bring up the concern of not knowing his religious preference or thoughts regarding his care during the code process. This can be a concern especially if the patient wanted to be a DNR and was unable to express their wishes before the code occurred. KA

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



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	S	NA	S	NA	S	S	S	NA								
b. Perform nursing measures safely using Standard precautions.		NA	S	NA	S	NA	S	S	S	NA								
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	S	NA	S	NA	S	S	S	NA								
d. Practice/observe safe medication administration.		NA	S	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	NA	S	S	S	NA								
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	S	NA	S	NA	S	S	S	NA								
g. <b>Identify factors associated with Social Determinants of Health (SDOH) &amp;/or cultural elements that have the potential to influence patient care.**</b> (Noticing, Interpreting, Responding, Reflecting) <b>(List Below)*</b>		NA	S	NA	S	S	S	S	S	NA								
		KA	KA	KA	KA	KA	KA	KA	KA	KA								

**Comments:**

WEEK 3, 2G: My patients social determinant of health is his health and health care. He has been suffering from COVID-19 and now is suffering from metabolic acidosis and multi-organ failure. **Was their anything going on in his social history that impacted his diagnosis or health? Support system, education level, Job status, housing, environmental concerns, etc? KA**

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

WEEK 5, 2G: This week I would say all the students I helped were a part of the social determinant of health of neighborhood and community. They are all a part of Bellevue Middle School and were all being screen by us. **I could see how the school community could affect their health and access to treatment. KA**

WEEK 6 2G: This week I would say all the students I helped were a part of the social determinant of health of neighborhood and community. They are all a part of the boys and girls club and all have to participate in the activities. They all are given this opportunity to come here after school because their parents work and it is free for the parents to send them there after school. **KA**

**Week 6- 2g- You did a nice job of identifying two social determinants of health and discussing how they could affect the children at the Boys and Girls Club, either now or in the future. Nice work! BS**

WEEK 7 2G: I would say that my patients SDOH was her access to health care because she stated she did not have a family doctor that she sees. She did see an OB though, but it is very important that everyone sees a doctor and has access to a family/primary doctor. **Regular and preventative care are very important. KA**

WEEK 8 2G: FOR WEBELO DAY my patients SDOH would be the social determinant of health of neighborhood and community because all of the boys are in boy scouts together and are a part of a team pack. **KA**

WEEK 8 2G: I would say for my patients in lactation the SDOH would be the social determinant of health of health care. I say this because some of the mothers insurance did not cover having a pump and I think its so important all moms have access to good healthcare for them and their babies. **KA**

**Week 8 – 2c – You were able to observe the baby latch and feed during a lactation visit. KA**

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	S	NA	S	S	S	S	S	NA								
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		NA	S	NA	S	S	S	S	S	NA								
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		NA	S	NA	S	S	S	S	S	NA								
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		NA	S	NA	S	S	S	S	S	NA								
		KA	KA	KA	KA	KA	KA	KA	KA									

**Comments:**

WEEK 3, 3D: I think a legal issue could be his ex-wife was making decisions for him, but they were not married anymore so does she have the right to make decisions for him while he was sedated?. **I agree this could be a huge concern, especially if she made a decision he did not agree with. KA**

WEEK 5, 3D: I think one legal problem could be if a parent did not want their child screen and we still did it, that could cause problems. I do not think any of that happened, because the nurse said she makes sure not to screen if the parents do not want their child screened. **Yes, this could be a concern. KA**

WEEK 6, 3D: I think some legal issues are that they have to have someone pick the kids up they said and if someone states they are picking up a certain kid that they are not actually allowed to pick up, but they lie instead. I think there should and there might be protocols in place to who is allowed to pick up children. **Yes this is a good example. KA**

WEEK 7 3D: some legal issues in my opinion was that the patients family was facetimeing family members during the delivery and the nurse said no videos allowed, but facetimeing was okay, what if the person on the other end of the phone was screen recording. I feel like that could be a problem legally. **I agree this can definitely be a concern especially if there were issues during the delivery. KA**

WEEK 8 3D; For webelo day a legal issue could be that a parent does not want their kid to go to webelo day, but another parent signed off on it and lied about where they are going.

WEEK 8 3D: For my lactation visit a legal issue could be that a patient does not have the supplies needed to take their baby home, so child services could be contacted because the home might not be safe enough for the baby to go home. **KA**

<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
	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	NA								
b. Develop and implement a plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	S	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	NA	NA	S	NA	NA								
d. Summarize witnessed examples of patient/family advocacy.		NA	NA	NA	NA	NA	S	S	S	NA								
e. Provide patient centered and developmentally appropriate teaching.		NA	S	NA	NA S	NA S	S	S	S	NA								
f. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	S	NA	NA	NA	S	S	S	NA								
		KA	KA	KA	KA	KA	KA	KA	KA	KA								

Week 3 – 4b - Becca, you did a nice job describing the priority nursing interventions and how it impacted his status. 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

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

Week 6- 4e- Nice job of providing developmentally appropriate education to the children at the Boys and Girls Club and discussing examples of the education you provided. BS

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

Week 8 – 4e – You did a great job discussing the education provided to the mother you worked with this week. KA

Student Name: Rebecca Norman		Course 4					
Date or Clinical Week: 7		Objective:					
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)	3	You did a nice job identifying the information you noticed in the patient's assessment, lab findings, and risk factors. I am not sure how the patient's UTI symptoms relate to the patient's acute pain nursing priority when the assessment done not note burning or discomfort with urination. KA
	2. Identify all abnormal lab findings/diagnostic tests.	(lists at least 3*) *provides explanation if < 3			(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
	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	3	
Interpreting	5. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a good job identifying your patient's nursing priorities and potential complications. KA
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists at least 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a great job identifying appropriate nursing interventions for your patient's nursing priority. I would move assessing the patient's vital signs to number one and add a pain assessment intervention since that is your nursing priority.
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	13. List the reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	2	You did a good job re-evaluating your care map. Remember to reassess all highlighted findings in your assessment and lab/diagnostic section. None of the UA findings were reassessed. Proper terminology is to state "Terminate plan of care." versus "End plan of care." KA
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	Complete			Not complete	3	
<p>Total Possible Points= 42 points  42-30 points = Satisfactory  29-18 points = Needs Improvement*  &lt; 18 points = Unsatisfactory*</p> <p><b>*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.</b></p> <p><b>Faculty/Teaching Assistant Comments:</b>  Great job completing your care map satisfactorily. Please see comments above for areas of improvement.</p>							<p><b>Total Points: 40/42</b></p> <p><b>Faculty/Teaching Assistant Initials: KA</b></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
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g. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		NA	S	NA	S	NA	S	S	NA	NA								
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	S	NA	NA	NA	S	S	NA	NA								
i. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	S	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	S	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	S	NA	NA	NA	S	S	S	NA								
		KA	KA	KA	KA	KA	KA	KA	KA									

**Comments:**

Week 3 – 4g – You were able describe the purpose of the medications provided to your patient as well as those provided during the code process. KA

Week 3 – 4h – Becca, you did a great job describing several of the interventions you saw and performed in the ER this week, especially what you saw during the code process. KA

<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
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a. Demonstrate interest and enthusiasm in clinical activities.		NA	S	NA	S	S	S	S	S	NA								
b. Evaluate own participation in clinical activities.		NA	S	NA	S	S	S	S	S	NA								
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	S	NA	S	S	S	S	S	NA								
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	NA	NA	S	S	NA	NA								
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	NA	NA	NA	NA	S	NA								
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA	S	NA	NA	NA	S	S	S	NA								
g. Consistently and appropriately post comments in clinical discussion groups.		NA	S	NA	S	S	NA	S	S	NA								
		KA	KA	KA	KA	KA	KA	KA	KA									

**Comments:**

Week 3 - 5a - You took initiative this week and showed enthusiasm in the care of the patients in the ER. You were able to experience the use of the AED on your patient who was in cardiopulmonary arrest. KA

Week 3 - 5g - Becca, you did a great job responding to all the CDG questions related to your ER experience. You were thoughtful with your responses and shared good insight on your patients care. In the future, make sure to include the year in your in-text citation when you know it. Keep up the good work! KA

Week 5 – 5g –Becca, you did a great job sharing your experience and responding to all CDG question about your hearing and vision clinical. You did a nice job sharing your unique thoughts. Please post directly to the discussion board versus attaching your document to make it easy to read and access. Keep up the wonderful work! KA

Week 6- 5g- Great job on your Boys and Girls Club CDG. BS

Becca, great job being thorough with your responses to all the CDG questions related to you boys and girls club clinical experience. I am glad your education was well received. Please post your responses directly to the discussion board versus attaching a word document. Keep up the terrific work! KA

Midterm – 5e – Try to seek out opportunities to address this competency in the second half of the semester. You should have opportunities when on clinical in OB at FRMC to navigate the EMR. KA

Week 8 – 5g –Becca, great job responding to all CDG questions and answering with thoughtful responses. Keep up the nice work in the second half of the semester. 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
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a. Recognize areas for improvement and goals to meet these needs. (List Below)*		NA	S	NA	S	S	S	S	S	NA								
b. Accept responsibility for decisions and actions.		NA	S	NA	S	S	S	S	S	NA								
c. Demonstrate evidence of growth and self-confidence.		NA	S	NA	S	S	S	S	S	NA								
d. Demonstrate evidence of research in being prepared for clinical.		NA	S	NA	S	S	S	S	S	NA								
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	S	NA	S	S	S	S	S	NA								
f. Describe initiatives in seeking out new learning experiences.		NA	S	NA	S	S	S	S	S	NA								
g. Demonstrate ability to organize time effectively.		NA	S	NA	S	S	S	S	S	NA								
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		NA	S	NA	S	S	S	S	S	NA								
i. Demonstrates growth in clinical judgment.		NA	S	NA	S	S	S	S	S	NA								
		KA	KA	KA	KA	KA	KA	KA	KA	KA								

**Comments:**

WEEK 3, 6A: My one area of improvement was that the charge nurse asked if I wanted to do compressions and I froze, she said I did not have to, but if I wanted to I could, but I was scared and Have never seen a code and she said that was normal, but next time I have the opportunity I will take it. I know what to expect now and I appreciate the opportunity of being asked to do compressions. This can be very difficulty the first time to observe, but it an excellent experience to have during nursing school. I am glad you are planning on taking the initiative next time you are in a code. KA

WEEK 5, 6A: I think an area of improvement is just talking to kids. I need to understand that their development and understanding of medical terms or medical talk is not at the same development stage as me and I need to be able to transition and better explain things to their developmental level. I think a good way to get your idea across is

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

drawing pictures and explaining how things work. That might be a good idea for the future to better explain ideas to children. **Yes working with different ideas and thinking outside of the box when explaining information to children can be helpful KA**

WEEK 6, 6A: I think one area of improvement for me was just being better prepared. I felt very prepared going into this clinical site, but I felt like it was very chaotic and there was a lot of kids and I feel like I could have communicated better with them. I do feel like this week I did communicate better with them than I did in last weeks clinical with the hearing and vision clinical **Communication is always an area we can work on as professionals. KA**

WEEK 7 6A: One area for improvement this week was that I wish I could have communicated better with the family and patient. I kind of stood back and watch the nurse do everything for the most of the day until I got confidence to talk with the patient and her family. **Make sure to set a goal on how you are going to work on improving this area. KA**

WEEK 8 6A: An area of improvement for webelo day was that I could have been more confident explaining my board information with the kids. For next time I will break down the information into simpler terms for the younger kids. **KA**

WEEK 8 6A: An area of improvement for me during lactation was that I should have asked more questions, but I was scared to ask questions while the patients were in the room. Next time I will remember I am learning and that I enter saying I am a student so I should be more confident asking questions. **Great idea. Alos maybe think of a few questions before you attend clinical to help guide your learning as well. KA**

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

Firelands Regional Medical Center School of Nursing  
Maternal Child Nursing 2022  
Skills Lab Competency Tool

<b>Skills Lab Competency Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>														
	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
<b>Remediation:</b> 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> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>								
	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
<b>Remediation:</b> 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: 9/22	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		S						
Faculty Initials	KA	KA	KA	KA		KA						
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA		NA						

\* Course Objectives

### Lasater Clinical Judgment Rubric Scoring Sheet

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

CLINICAL JUDGMENT					OBSERVATION NOTES
<b>COMPONENTS NOTICING: (1, 2, 5)*</b>					<p>Patient identified. Establishes orientation. Begins assessment. Inquires about history of gestational diabetes. VS. FSBS-200.</p> <p>Patient CO being dizzy and light headed. Fundus checked. VS rechecked following medication administration.</p>
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	

<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>FSBS- 200 interpreted to be above normal. Urinalysis + THC, leukocytes, nitrates (also glucose).</p> <p>Bleeding noted, interpreted as postpartum hemorrhage and fundal massage initiated.</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/ Flexibility: E     <b>A</b>     D     B</li> <li>• Being Skillful: E     <b>A</b>     D     B</li> </ul>	<p>Recognizes the need for FSBS. Emphasized the importance of prenatal care. Cultural considerations discussed. Fundal height measured. Fetal monitor applied. Call to provider to report urine + for THC. Orders received and orders read back. Patient identified, medications prepared and administered. Discusses urine results with patient- +for THC and discusses risks of THC use. IV fluid initiated.</p> <p>Fundal massage initiated. Peri pad weighed- 600g.. Call to provides to report boggy uterus, changes in vital signs. Feet elevated. Orders received and read back. Patient identifies, medications prepared, medications administered. Call to provider to report progress. Instructed to use peri bottle for washing.</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 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 lifestyle changes, especially with pregnancy. Education provided about smoking cessation, prenatal care, and diet. Team also did well with SBAR communication and educating the patient on ways to live a healthier lifestyle.</p>
<p><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning 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 satisfactory for this scenario. Nice work!</p>

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

STUDENT NAME:

OBSERVATION DATE/TIME: 9/22/22

<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>You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.</p> <p>Great job.</p> <p>I enjoyed seeing your pregnancy photo!</p>
<p><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning 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: Norman

OBSERVATION DATE/TIME: 10/13/2022    SCENARIO #: SD

CLINICAL JUDGMENT					OBSERVATION NOTES
<b>COMPONENTS NOTICING: (1, 2, 5)*</b>					
• Focused Observation:	E	<b>A</b>	D	B	Patient identified. VS. Pain rated 8/10. Cervical exam- 5cm/80%.  Mona begins to scream and wants to push. Upon assessment, crowning noted. Membranes measured. Apgar score determined. Patient's pain level assessed following birth.
• Recognizing Deviations from Expected Patterns:	E	<b>A</b>	D	B	
• Information Seeking:	E	<b>A</b>	D	B	

<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>Pain level interpreted to need intervention. Baby's position determined. - minute Apgar interpreted to be 9. 5-minute Apgar interpreted to be 9.</p>
<p><b>RESPONDING: (1, 2, 3, 5)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner: <b>E</b>     A     D     B</li> <li>• Clear Communication: E     <b>A</b>     D     B</li> <li>• Well-Planned Intervention/ Flexibility: E     <b>A</b>     D     B</li> <li>• Being Skillful: E     A     <b>D</b>     B</li> </ul>	<p>Non-pharmacologic pain methods offered. Patient identified and medications discussed. Fetal monitor applied. PCN prepared and administered. Nubain administered (Don't set uncapped syringe on table). Call to provider to report crowning and urge to push. McRoberts, suprapubic pressure, head is stuck, hands and knees, rotate, remove posterior arm, evaluate for episiotomy. Baby is delivered, suctioned, dried, skin to skin, moved to warmer. Placenta delivered. Assessment completed on warmer. Apgar obtained accurately. Heart and lung sounds assessed, bowel sounds, fontanels; Babinski, plantar, rooting reflexes assessed. Clavicles assessed. 5-minute Apgar obtained. Baby capped and swaddled, returned to mother for skin to skin. Breastfeeding initiates. Call to provider to report birth and give newborn report. Baby removed to warmer for medications. Medications explained to mother. Erythromycin and vitamin K administered appropriately, baby returned to mother.</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. 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. Team did a nice job of working together and communicating among themselves and with the patient. Discussed ways in which infants can lose body heat and the importance of conserving heat, suctioning. Also talked about the importance of, and indication for, the use of erythromycin ointment and the vitamin K injection. Discussed multiple education topics for new mothers.</p>
<p><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning 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>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: \_\_\_\_\_