

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

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

Student:
Semester:

Final Grade: Satisfactory/Unsatisfactory

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	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:		NA	S	NA	S	NA	S	S	S	S	NA							
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	S	NA	S	NA	S	S	S	S	NA							
b. Provide care using developmentally appropriate communication.		NA	S	NA	S	NA	S	S	S	S	NA							
c. Use systematic and developmentally appropriate assessment techniques.		NA	S	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	S	NA	NA	NA	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	NA	S	S	S	S	NA							
Clinical Location Age of patient		No clinical	FR MC OB 18	No clinical	Boys and Grls Club	No clinical	Hearing and Vision		Webe lo day FTM C OB 19 F/ 1D F	FT MC ER 80 M 76 F	No clinical							
		BS	BS	BS	BS	BS	BS	BS	BS	BS								

Comments:

Week 3 E- My patient is in the growth and development stage of intimacy versus isolation. She is in this stage because she is becoming a first time mother. She was 18 years old. She has developed/ is developing intimacy with her boyfriend (father of her child.) Good observation. BS

Week 3- 1a,d- Nice job discussing the patient you took care of in the OB department and discussing a safety issue that is very important in the OB department. BS

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

Week 3 – 1a – You did a wonderful job providing holistic care to the mom you were assigned to this week

Week 5 3E- My “patients” this week were the school aged kids at the boys and girls club. Their stage of development is industry vs. inferiority. These kids are exploring life outside of the family for the first time. This can be seen in boys and girls club as they are interacting with one another and developing a friend group. **BS**

Week 5- 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 3E- My patients this week were 1st, 3rd and 5th grade students at Green Springs Elementary. This means they are school aged kids. I would say the Erikson’s stage of development is industry vs. inferiority. These kids are experiencing going to school and learning new skills. They are away from their family for the first time. They develop friends with peers and establish relationships with those around them. **Nice explanation. BS**

Week 7- 1a- Nice job utilizing developmentally appropriate communication and educational techniques that were appropriate to the children’s level of development. **BS**

Week 8E – I had many patients this week. My first ones were the troops for Webelo Day. These kids were 8-10 years old. I would say the Erikson’s stage of development for these kids were industry vs. inferiority. They were learning to make friends and build relationships outside of the home. My second patient was a 19 year old second time mom. I would say she is in the intimacy vs. isolation stage. She is learning intimate relationships with the father of her children. She could become isolated from staying at home with the children. My third patient was a 1 day old female. Her Erikson’s stage of development would be trust vs. mistrust. She is trying to learn life outside of the uterus and who is who. She is learning to develop trust of her parents and caregivers. **Yes, great job Julia. BS**

Week 9E- I had a few patients for my clinical experience at FTMC ER. The first was an 80 year old male, and then a 76 year old female. Both of these patient’s are in the last stage of Erikson’s development. This would be the stage of Ego integrity vs. despair. In this stage it starts at age 65 and ends at death. The person considers all accomplishments of their lives and review everything we have done. Both my patients were very ill, so although they weren’t examining this at that particular moment in time, it is something I’m sure they have considered over time. **Yes, I’m sure they have. Nice job Julia. BS**

Week 9- 1a- You did a nice job describing a patient you cared for in the ER, including what brought them in and the care provided during your time there. **BS**

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

Comments:

Week 3- 1i- Great job giving examples of family bonding you witnessed in the OB department. BS

Week 3- 1h – You were able to the laboring process including an epidural, artificial rupture of membranes, EFM, induction, and delivery. You provided excellent care to your laboring mother alongside the patient's assigned nurse. KA

Week 7- 1k- You did a nice job discussing the values and beliefs you witnessed while performing hearing and vision screenings in the school setting. Good job also describing the education you provided to the students and how you used the concepts of growth and development to adjust your strategies when working with children of different ages. BS

Week 9- 1k- You did a good job discussing cultural implications that should be considered when planning care for patients. BS

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

Objective																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children encompassing cultural sensitivity and diversity. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	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	NA	NA	NA	S	S	S	NA							
b. Perform nursing measures safely using Standard precautions.		NA	S	NA	S	NA	S	S	S	S	NA							
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	S	NA	NA	NA	S	S	S	S	NA							
d. Practice/observe safe medication administration.		NA	S	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	NA	NA	S	S	S	NA							
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	S	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	S	NA	S	NA	S	S	S	S	NA							
		BS	BS	BS	BS	BS	BS	BS	BS	BS								

Comments:

Week 3 2G- My patient is a 18 year old first time mother. Some social determinants of health that could influence my patient’s care are a lack of education, lack of employment and access to care. My patient moved here from another state. She currently is not working. While her mom and boyfriend were present at the time of her admission to the hospital, they could not be supportive figures in her or her baby’s life. She also might not have the access to healthcare that she needs or the means to get the things she needs due to being unemployed. Nice job discussing social determinants of health. BS

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

Week 5 2G- My “patients” this week were the kids of the Boys and Girls club. Some social determinants to health I could see is a safe environment. They may not live in a safe neighborhood to play in or have kids to socialize with. This could mean they don’t grow or develop the way they need to. In addition to safe environment, they could not have access to food or food security. What they eat at school could be all they have all day. The boys and girls club provides them with another meal they might not get otherwise. **Good observations. BS**

Week 5- 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- My “patients” this week were kids at Green Springs Elementary School. I was screening them for hearing and vision. A few children I found need glasses. A few SDOH that could prevent a child from getting glasses and or hearing aids are lack of a support system. We don’t know who are taking care of these kids. They might not have anyone to take them to the doctors to get glasses or hearing aids. Their family might lack the resources or the income in order to take these kids to get the items they need to succeed. **Unfortunately, this is sometimes the case. Luckily, there are programs in place that will provide free eye exams and glasses for those unable to afford them. BS**

Week 8 2G- The troops for Webelo day could lack support of parents to get them to doctors or education they may need. They may not have the resources to take them to the troop meetings or other outings. They may not live in a safe area to go out and make friends or play/develop appropriately. The troop helps give them these resources. In terms of my 19 year old mom, she did not have a lot of support other than the father of her child. They were struggling at home to find a babysitter for their other daughter at home. She is also a young mother. She could lack the education, lack of employment and or access to care. With two children she might not have way to get either one of them to the doctors, get them appropriate food, or medication that they may need. **Great examples Julia. This young couple certainly have some challenges ahead of them. BS**

Week 9 2G-The patients I saw could have a few social determinants of health. The 80 year old male was attending rehab. He at home does his own peritoneal dialysis. I think a social determinant of health for him could be that he doesn’t have the resources he needs to care for himself. He only had his wife with him at the time of service in the ER. She helps him with care. They could have a lack of a support system besides each other. The second patient I saw was a 76 year old female that had a recent diagnosis of dementia. Her husband is her caregiver at home. While they both had a lot of support with family being at the hospital for them, he could lack the resources whether that be financial or otherwise to make sure his wife gets the care she needs. **It’s unfortunate that there is so much to deal with at an advanced age, parents, your own health, that of your spouse, and maybe even your own children! BS**

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

Comments:

Week 3 objective 3D- My patient was an 18 year old female. Her mother was present with her the entire time. I think the line could be blurred and it could become a legal or ethical issue on who could make decisions for her. Even though legally she is considered an adult. She is still very young and could still want her mother to make her decisions for her especially as a first time mother. Good point Julia. Yes, she is technically an adult, but there is still a LOT to learn at that age, and older, as she will find out. This is compounded greatly now that she is a mother. BS

Week 5 objective 3D: I did not observe any legal or ethical issues. They acted with integrity and treated the kids with respect. They provided a safe environment for the kids to attend after school. BS

Week 7 objective 3D: I did not observe any legal or ethical issues. The kids were treated with respect and the staff acted with integrity, You could tell the staff loved what they do and provided a safe environment for the children to learn. BS

Week 8 Objective 3D- While I did not observe any legal or ethical issues at Webelo day because we were the ones putting on the event. We treated the scouts with respect and care. With my rotation at FTMC, I did notice that they still did a lot of paper charting. It was covered up and left on the desk. This could be an issue because anyone can look at any information on any patient if its not properly stored much like if we were to leave a computer open ant FRMC. Nice correlation Julia. BS

Week 9 Objective 3D- I observed the one doctor did not treat the charge nurse I was shadowing with respect. He yelled at her in front of a patient and their family for not following his orders when he didn't give said orders and the orders he did give were not specific. In addition, he had the nurse waive waiting 15 minutes with the patient while getting his second unit of blood because he didn't have a reaction to the first unit. The doctor did this because the patient was already loaded to be transported to another facility and did not want the transport team to wait. This could be an ethical issue because what happens if something went wrong? The transport team said they couldn't do anything with blood products but the patient was allowed to be transferred with blood products running through a central line. Sounds very unprofessional. This kind of behavior sends the wrong message to everyone involved! BS

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	NA	S	S	S	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	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	S	NA	NA	NA	NA	S	S	S	NA							
d. Summarize witnessed examples of patient/family advocacy.		NA	S	NA	NA	NA	NA	S	S	S	NA							
e. Provide patient centered and developmentally appropriate teaching.		NA	S	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	NA	S	S	S	NA							
		BS	BS	BS	BS	BS	BS	BS	BS	BS								

Week 5- 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- 4c,e- Nice job explaining how the data collected from the hearing and vision screenings is tracked and reported. You also did a nice job discussing potential implications related to tracking and reporting this information. You were also able to provide education to the children about the importance of the hearing and vision screenings. BS

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

Week 8- 4a,b,e,f- Nice work developing a priority care map utilizing the nursing process and clinical judgment for your OB patient. In doing so, you had to recognize and analyze cues, prioritize hypotheses, generate solutions, take actions, and evaluate your outcomes. Good job! BS

Week 8- 4e- Great job providing developmentally appropriate education to the scouts on Webelo day. BS

Week 9- 4b- Nice job discussing priority nursing interventions completed for your patient in the FTMC ER, and how your patient responded to the interventions. BS

Student Name: J. Fide		Course Objective:					
Date or Clinical Week: Week 8							
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	Good job noticing/recognizing cues.
	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	Nie job interpreting priorities and identifying potential complications and symptoms to monitor for the complications.
	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	
Respond	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Good job providing a prioritized list of interventions.
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

*End-of-Program Student Learning Outcomes

	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	3	Nice job on evaluation.
	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	3	
<p>Total Possible Points= 42 points 42-30 points = Satisfactory 29-18 points = Needs Improvement* < 18 points = Unsatisfactory* *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>Faculty/Teaching Assistant Initials: Satisfactory. Nice work Julia! BS</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	S	NA	NA	NA	NA	S	S	S	NA							
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	S	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	S	NA	NA	NA	S	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	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	S	NA							
		BS	BS	BS	BS	BS	BS	BS	BS	BS								

Comments:

Week 8- 4g,h,i- You did a good job incorporating your patient's diagnostic test, medications, and medical treatment into your care map. BS

Week 9- 4g,h- You did a nice job discussing interventions performed related to your patient's disease process, and also the medications administered to your patient. BS

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	S	NA	S	NA	S	S	S	S	NA							
b. Evaluate own participation in clinical activities.		NA	S	NA	S	NA	S	S	S	S	NA							
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	S	NA	NA	NA	S	S	S	S	NA							
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	NA	NA	NA	NA	NA	S	NA							
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	S	NA	NA	NA	NA	S	S	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	NA	S	S	S	NA							
g. Consistently and appropriately post comments in clinical discussion groups.		NA	S	NA	S	S	S	S	S	S	NA							
		BS	BS	BS	BS	BS	BS	BS	BS	BS								

Comments:

Week 3- 5a,e- Great job discussing your new experiences this week. Although your patient did not deliver her baby, another one did and you were able to witness it. You were also able to witness an epidural. Good for you! BS

Week 8 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You stayed busy and focused on Maternal Child content throughout your clinical time even when the unit was low census. KA

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

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

Week 7- 5g- Nice work on your hearing and vision CDG. BS

Week 8- 5g- Satisfactory completion of care map. BS

Week 9- 5a- Good job discussing new technology you experienced while caring for patients in the FTMC ER. BS

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	NA	S	S	S	S	NA							
b. Accept responsibility for decisions and actions.		NA	S	NA	S	NA	S	S	S	S	NA							
c. Demonstrate evidence of growth and self-confidence.		NA	S	NA	S	NA	S	S	S	S	NA							
d. Demonstrate evidence of research in being prepared for clinical.		NA	S	NA	S	NA	S	S	S	S	NA							
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	S	NA	S	NA	S	S	S	S	NA							
f. Describe initiatives in seeking out new learning experiences.		NA	S	NA	S	NA	NA	S	S	S	NA							
g. Demonstrate ability to organize time effectively.		NA	S	NA	S	NA	S	SS	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	NA	S	S	S	S	NA							
i. Demonstrates growth in clinical judgment.		NA	S	NA	S	NA	S	S	S	S	NA C							
		BS	BS	BS	BS	BS	BS	BS	BS	BS								

Comments:

Week 3 Objective 6A- This was my first OB clinical. I got put on the labor side. My patient was in active labor. I have never been around someone who had given birth or witnessed someone giving birth. I was very nervous to start out and lacked confidence in providing care for this patient. My goal for my next few clinical rotations is to be more confident in the care I am providing. I also would like to perform a newborn assessment and a set of vitals on a newborn. I would also like

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

to be able to BUBBLE LE assessment correctly since I did not get to do that for this rotation.. I think as I learn and grow in the course things will come more easily for me including my confidence. **Yes, you will gain confidence each time you do something new, which for nurses is all the time. No matter how long you practice, you will always be learning, good observations! BS**

Week 5 Objective 6A: This was my first time attending Boys and Girls Club. I am not used to being around kids especially that many. I think I did a good job interacting with kids. It just took me some time to get comfortable in a different environment. My next clinical I would like to be a little less shy and a little more adaptable in a new clinical environment. I think the more I am around children or have children myself, the more comfortable I will become. **Yes, you will. And you will find that the more you are exposed to new situations, your comfort will come quicker. BS**

Week 7 Objective 6A: This was my first time doing hearing and vision screening on children. Even though I did the online training, I feel as though going in I did not know what to expect with this clinical. I was not sure if we would be just assisting the nurses to do the hearing and vision screening or doing it ourselves. We had to do them ourselves. I think an area of improvement would be to adapt to new situations better and not be nervous. I was nervous doing hearing and vision even though by the end I had found a rhythm and was getting through screenings quicker than when I started. **Good job at adapting. As a new nurse, you will encounter this type of situation quite often, but with time and experience, adapting to new situations will become second nature. BS**

Week 8 Objective 6A- This was my first newborn assessment, BUBBLE assessment and administration of a medication on a newborn. I had not drawn up a medication into a syringe for a long time. I struggled with drawing up the medication. With the upcoming weeks and simulations I would like to get more confident with my skills in administering medications. **It's good you were able to get these new experiences. You will get plenty of experience with medication administration next semester. BS**

Week 9 Objective 6A- An area of improvement for this week would be to improve on feeling comfortable asking questions. I need to remind myself of this and that I am not expected to know everything! I was nervous at first to be in the ER as I have been with previous experiences. I was afraid to ask questions and ask what I could do to help. I got to that point eventually towards the end of the four hours, but I wish I could have done that sooner. I also want to focus more on my patients. While the patient's I had were critical and weren't up to talking, I wish I could have communicated with the patient's family more. **This type of comfort will come with time. When you get to feeling like that, just remember that the nurses you are working with were there at one time also, so they know the feeling. BS**

***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	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

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

* Course Objectives

Comments:

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: 10/6	Date: 10/17	Date: 10/20	Date: 10/4	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	S						
Faculty Initials	BS	BS	BS	BS	BS	BS						
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA						

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **J. Fide** OBSERVATION DATE/TIME: **9/20/2022**

SCENARIO #: **PPH**

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* <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 					Patient identified. VS, assessment. Fetal monitor applied. GP- 54. Reassessment. Mona CO being dizzy. Patient identified, VS. HR elevated, BP low. Condition improves following medication administration. VS rechecked following medications.
INTERPRETING: (2, 4)* <ul style="list-style-type: none"> Prioritizing Data: E A D B Making Sense of Data: E A D B 					Leopold's interpreted to be normal position. Waveform from fetal monitor interpreted to be normal. Need for FSBS recognized- 200- determined to be high. Recognize PPH and the need for fundal message and to call the provider

					for orders.
RESPONDING: (1, 2, 3, 5)*					
• Calm, Confident Manner:	E	A	D	B	Fetal monitor applied. Smoking cessation encouraged. FSBs Call to physician to give update and UA results- + glucose, nitrates, leukocytes, and THC. Orders received and read back. Education given for prenatal care, additional drug use, smoking cessation, and diet. Medications prepared, patient identified, medications administered. IV fluid initiated.
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/ Flexibility:	E	A	D	B	Fundus assessed and massaged. Call to provider to update on patient condition and bleeding. Orders received. Upon call back, orders read back. Medications prepared and administered. Assessor updating partner as medications being administered.
• Being Skillful:	E	A	D	B	
REFLECTING: (6)*					
• Evaluation/Self-Analysis:	E	A	D	B	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. Team also did well with SBAR communication and educating the patient on ways to live a healthier lifestyle.
• Commitment to Improvement:	E	A	D	B	
SUMMARY COMMENTS:					You are satisfactory for this scenario. Nice work! BS
E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric					
Developing to accomplished is required for satisfactory completion of this simulation.					

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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: J. Fide OBSERVATION DATE/TIME: 9/13/2022

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

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **J. Fide** OBSERVATION DATE/TIME: **10/6/2022** 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. VS. Mona rates pain at 8/10. Allergies identified. FHR monitor applied. Sterile vaginal exam- 5cm/80. Notices patient has gestational diabetes and checks FSBS. Exam- 5cm/90%. Mona expresses desire to push.</p>

<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Pain 8/10 interpreted to need medication. Accelerations interpreted on FHR monitor. Apgar score assessed and interpreted to be 9. Fundus assessed to be firm and midline.</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>FHR monitor applied. Discusses history with patient. Gestational diabetes, gestation. Discusses that patient is at risk of shoulder dystocia but there are things that can be done if problems arise. FSBS 95. Nubain prepared and administered (remember to identify patient). Penicillin prepared and administered. Explains to patient about tolerance. Call to provider with update. Call to provider to report crowning, risk of shoulder dystocia. Head delivered and stops. McRoberts, suprapubic pressure, hands and knees, evaluate for episiotomy, rotational maneuver, remove posterior arm. Baby is delivered, dried, skin to skin. Placenta delivered. Baby removed to warmer, swaddled, hat applied. Fontanels and sutures checked, palmar grasp, clavicles intact, Babinski reflex. Apgar score obtained. Lochia light red. Breastfeeding offered and attempted.</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 and ask questions when unsure of something. 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. 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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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: J. Fide OBSERVATION DATE/TIME:

10/20/2022

SCENARIO: Escape Room

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

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