

**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)
9/30/22	1	OB survey	10/7/22 KA

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	NA	NA	S	NA	NA	S	S	S	S	NA	NA					
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA S	NA	S	NA	NA	S	S	S	S	NA	NA					
b. Provide care using developmentally appropriate communication.		NA	NA	NA	S	NA	NA	S	S	S	S	NA	NA					
c. Use systematic and developmentally appropriate assessment techniques.		NA	NA	NA	S	NA	NA	S	S	S	S	NA	S					
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	NA	S	NA	NA	S	S	S	S	NA	S					
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	NA NI	NA	S	NA	NA	S	S	S	S	NA	S					
Clinical Location Age of patient		NA	ER FT MC	NA	REG 31	NA	NA	NA	WEB LO	B& G H& V	FTO B	NA	lacta tion					
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA						

Comments:

Week 3 – 1a – Mignon, you did a good job describing the patient with difficulty urinating you were able to work with in the ER this week. KA
 Week 3 – 1e – This competency should be filled out for all clinical sites. You discussed an older gentleman you worked with to answer your CDG questions, what was his G&D stage? Next time this competency will be marked as U if not completed with your clinical experiences. KA
 WEEK 5 E Generativity vs stagnation for a 31 year old adult. Patient had a career as a respiratory therapist and is now a third time mom. She is finding her purpose in life. Nice job! KA

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

Week 5 – 1a – You did a wonderful job providing holistic care to the mother you were assigned in Labor and Delivery this week. KA

Week 5 – 1c – You did a nice job observing the nurse during the assessment process of the laboring patient. KA

Week 5 – 1d – You were able to identify safety concerns on the OB unit for both the mother and the newborn. KA

Week 8 weblo day- Erikson school aged child works on Industry. These children interact positively with adults . I saw that with the kids. The kids interacted well with us as students and was ready to answer questions we might have had. They participated well in activities. KA

Week 9 Boys and Girls Club- Eriksons’s theory for preschoolers which include 5 years old initiative vs feelings of guilt. Erikson’s theory for school-aged children need to master industry vs inferiority. The 5 year olds wanted to participate in our activities. The older kids showed social and tried to impress each other either good or bad. KA

Week 9 Hearing and Vision Clyde High School- Eriksons ‘s theory of identity vs role confusion. Identity in the adolescents were based on their sports they played or academics. KA

Week 9 – 1b – You did a nice job discussing how you communicated with the different school age groups while you presented your content on bullying. KA

Week 9 – 1e – You did a nice job describing the differences between the age groups you worked with and how you interacted with them. KA

Week 10 Erikson’s stage would include trust vs mistrust. The newborn must rely on caregiver for life such as feeding KA

Week 12 Eriksons stage would include trust vs mistrust for a newborn relying on caregiver for food via breast milk or formula

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	NA	NA	S	NA	NA	S	NA	NA	S	NA	S					
g. Discuss prenatal influences on the pregnancy. Maternal		NA	NA	NA	S	NA	NA	S	NA	NA	S	NA	S					
h. Identify the stage and progression of a woman in labor. Maternal		NA	NA	NA	S	NA	NA	S	NA	NA	S	NA	NA					
i. Discuss family bonding and phases of the puerperium. Maternal		NA	NA	NA	S	NA	NA	S	NA	NA	S	NA	S					
j. Identify various resources available for children and the childbearing family.		NA	NA	NA	S	NA	NA	S	NA	NA	S	NA	S					
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		NA	S	NA	S	NA	NA	S	S	S	S	NA	S					
l. Respect the centrality of the patient/family as core members of the health team.		NA	S	NA	S	NA	NA	S	NA	S	S	NA	S					
		KA	KA	KA	KA	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 discuss potential concerns related to the patient maybe needing surgery and their religious preferences. Great critical thinking! KA

Week 5 – 1h – You were able to identify the stages of labor your patient was progressing through and watched the care of the patient from the moment of induction to delivery of the newborn. KA

Week 5 – 1i – You did a nice job describing examples of bonding you witnessed with your patient in labor this week on clinical. You were also able to appropriately identify which stage of postpartum adjustment your patient was in 1 hour after delivery. KA

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

Week 5 – 1l – You were able to witness the labor process and how the healthcare provider, nurses, and patient’s support people work together to provide the best experience possible for the patient during the laboring process. KA

Week 9 – 1k – You did a great job discussing elements of culture and beliefs that were part of the high school you visited during clinical. 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	NA	S	S	S	S	NA	S					
b. Perform nursing measures safely using Standard precautions.		NA	S	NA	S	NA	NA	S	S	S	S	NA	S					
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	S	NA	S	NA	NA	S	S	S	S	NA	NA					
d. Practice/observe safe medication administration.		NA	S	NA	S	NA	NA	S	S	NA	S	NA	NA					
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	S (OBSERVED)	NA	S	NA	NA	S	NA	NA	S	NA	NA					
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	S	NA	S	NA	NA	S	S	S	S	NA	S					
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*		NA	S	NA	S	NA	NA	S	S	S	S	NA	S					
		KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA					

Comments:

2G 9/15 One Er patient came in to the ER with a mental break. She was thrashing and unable to speak for herself. They could not obtain information such as her name or what was wrong. Fortunately for her she had a friend that looks after her. If it was not for him, she would be delayed in care as they would not be able to obtain allergies ect. Her diminished mental health is a SDOH. **Great thought process and the importance of how this aspect could affect her overall health and care. KA**

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

2G. WEEK I could not find a SDOH for my patient. She was educated and had a degree in respiratory therapy, she had a job, access to health care, married, access to car and food. One potential complication could be her gender. Typically an employer only offers a certain amount off for postpartum healing. If her body was not healed fully after giving birth but she had to return to work, that could possibly become a SDOH. **Nice thoughts. Remember SDOH do not always negatively affect a patient's health status they can positively affect the patient's health status. We are just most concerned with those that have a potentially negative impact. KA**

Week 5 - 2b - You were able to observe a circumcision and the nursing interventions provided during and after the procedure to the newborn. KA

Week 5 - 2c - You were able to work with your assigned nurse to read and identify EMF monitor strips of your laboring patient. KA

Week 8- SDOH- the kids were engaged in extracurricular activities of Weblo scouts. They learned safety tips in many scenarios. These kids will have a general sense of what to do in certain emergencies and be better prepared. **KA**

Week 9 SDOH Boys and girls club- Educational opportunities were given to the children of Boys and Girls Club. They were provided with balanced meals as well. **KA**

Week 9 SDOH- Hearing and Vision- The kids were provided with screening for hearing and visions. These opportunities give the kids a general screening if they had no opportunities elsewhere. **KA**

Week 9 - 2g - Great job discussing different social determinants of health and how they applied to the population at the boys and girls club. KA

Week 10- SDOH newborn had experienced mother as she had a previous birth. Mother would know typical procedures for caring for a newborn such as bathing and feeding. **Support can be a big part of SDOH for this population. KA**

Week 12 SDOH would include mom initiate of sobriety for herself and baby. This would greatly benefit her health as well as wellbeing of baby.

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

Comments:

3D) 9/15 Today I observed the nurses talking loudly about all the patients at the nurse's station. I had concerns about HIPPA violations. I heard multiple nurses sharing information about their patients to the other nurse's who were not involved in their care. Maybe this is different in the ER setting? **Sometimes multiple nurses will assist with the care of a patient especially when trying to help patients receive quick and prompt care. However, I can see how this can be a potential for a HIPPA violation especially if it is in an area when patients or families have the ability to overhear. KA**

3D WEEK 5 One ethical situation that arose during my clinical was a patient that wanted her 15 year-old daughter to be her support person. Although the nurse's explained that the support person had to be 18 or older, the patient became angry and upset at nursing staff. Her primary nurse reached out to the charge nurse who accepted the request. This became an ethical decision that had to be made to allow the patient to have her needs met. **What a unique situation. KA**

Week 8- One area that comes to mind would be if a scout doesn't remember some of the content the students taught and they perform a task incorrectly and does more harm to someone they are trying to help. Example would be first aid. **KA**

Week 9 – Boys and Girls Club I did not observe any legal or ethical issues. **Even though you did not observe this specifically, what about the potential for a child to go with the wrong individual when being picked up? KA**

Week 9 – H&V one ethical issue I noticed was the lack of privacy during the screening. I overheard a few kids laughing at others if they had difficulty with one area of the screenings. **Oh that is sad you witnessed this while on clinical. I know when it comes to these mass screening this is definitely a concern. What do you think are possible solutions to ensure their privacy and perform screenings efficiently in this environment? KA**

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

Week 10 One ethical potential issue was the mother was a second time mother. She had her own opinions and views on newborn care due to her experiences with first baby. Newborn had no hat on and was not swaddled when taken for assessment. This is a safety concern for this age group since thermoregulation can be a major issue for this population. KA

Week 12 safety issue was for baby. Baby was in respiratory distress at birth with many risk factors. Being born via C-section increases risk for respiratory issues. If mom was using during pregnancy, this would increase potential risks as well.

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	NA	NA	NA	S	NA	NA					
b. Develop and implement a plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	NA S	NA	S	NA	NA	S	S	S	S	NA	NA					
c. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		NA	NA	NA	NA	NA	NA	NA	NA	S	S	NA	NA					
d. Summarize witnessed examples of patient/family advocacy.		NA	NA	NA	S	NA	NA	S	S	S	S	NA	S					
e. Provide patient centered and developmentally appropriate teaching.		NA	NA	NA	S	NA	NA	S	S	S	S	NA	NA					
f. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S	NA	NA	S	S	S	S	NA	S					
		KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA					

Week 3 – 4b - Mignon, you did a terrific job describing the priority nursing interventions for your patient. You were unable to describe the patient's response since you were in triage and unable to see the results of the performed interventions. KA

Midterm – 4a and 4c – Please make sure to seek out experiences to achieve these competencies in the second half of the semester. 4a should be able to be completed in OB and 4c should be able to be completed during your H&V screening clinical. KA

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

Week 9 – 4c – You did a nice job discussing how hearing and vision data is tracked and even shared a report on how follow-up is tremendously lower than the number of students referred out for further evaluation. KA

Week 9 – 4e – Great job providing education at boys and girls club and adapting your presentation to the different school age groups you interacted with. You also did a nice job educating the students at the high school on the screening process during hearing and vision screenings. KA

Week 10 – 4a – You satisfactorily completed your care map. See comments below on the rubric for details. KA

Student Name: Mignon Koth		Course 4					
Date or Clinical Week: 10		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	Mignon, you did a nice job including pertinent assessment, lab findings, and risk factors for the patient. You highlighted related information to your chosen nursing diagnosis. Acrocyanosis could also be highlighted since it can be seen when the baby is too cold. 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	Mignon, you did a nice job choosing appropriate nursing diagnosis for your patient. You only needed to include complications for your chosen nursing priority of thermoregulation. However, you need to include 3 signs and/or symptoms to assess for each complication listed. 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)	0	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Mignon, you included important nursing interventions for your chosen nursing priority with rationale. Rationale was left off one of your interventions, but it still meets the >75% criteria. Please be mindful of this in the future. You might want to include an intervention about placing the infant under radiant warmer as needed.
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	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	Mignon, you re-evaluated your care map assessments. Remember to reassess all highlighted areas in the assessment and lab findings section. If they are the same state that just to show you did reassess them. I did receive your email stating you would "Continue your plan of care" prior to the due date and therefore you will receive credit for this. 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	3	
<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: You satisfactorily completed your care map. See comments above in the rubric for areas to improve on in the future. JA</p>						<p>Total Points: 38/42</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
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g. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		NA	NA S	NA	S	NA	NA	S	S	S	S	NA	S					
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA S	NA	S	NA	NA	S	S	NA	S	NA	S					
i. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S	NA	NA	S	S	S	S	NA	S					
j. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S	NA	NA	S	NA	NA	S	NA	S					
k. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S	NA	NA	S	S	S	S	NA	S					
		KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA					

Comments:

Week 3 – 4g – You were able describe the purpose of the hydromorphone and how it relieved the patient's pain. KA

Week 3 – 4h – Mignon, you did a great job describing several of the interventions you saw and performed in the ER this week. You described the use of the coude catheter and why it was utilized on your patient versus the standard catheter. 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
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a. Demonstrate interest and enthusiasm in clinical activities.		NA	S	NA	S	NA	NA	S	S	S	S	NA	S					
b. Evaluate own participation in clinical activities.		NA	S	NA	S	NA	NA	S	S	S	S	NA	S					
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	S	NA	S	NA	NA	S	S	S	S	NA	S					
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	S	NA	NA	S	NA	NA	NA	NA	NA					
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	S	NA	NA	S	S	NA	S	NA	NA					
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA	NA	NA	S	NA	NA	S	NA	S	S	NA	NA					
g. Consistently and appropriately post comments in clinical discussion groups.		NA	S	NA	S	NA	NA	S	NA	S	NA	NA	S					
		KA	KA	KA	KA	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. Eventhough you did not experience the use of new technology in triage this week, you were able to describe a patient coding system utilized by the ER to track patients which was new to you. KA

Week 3 – 5g – Mignon, you did a great job responding to all the CDG questions related to your ER experience. Try to be thorough with all questions. Most questions were responded to with thorough and thoughtful questions, however the medication question even though it was responded to correctly was only a one sentence response. Great resource utilized and you correctly included the in-text citation and reference. Keep up the nice work! KA

Week 5 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You were able to a vaginal delivery while on clinical this week! I am glad you had the opportunity to work with Novii with your laboring patient. KA

Week 5 – 5e – You did a nice job discussing were you can locate vaccination records in the EMR and how they are tracked in the system. KA

Week 5 – 5g – Mignon, you did a great job responding to all of the OB CDG questions sharing your unique experience from clinical this week. Please place you in-text citation in parentheses in the future. Keep up the nice work! KA

Week 9 – 5g – Mignon, you did a wonderful job responding to all CDG questions for boys and girls club and hearing and vision screening thoughtfully and supporting your information with an in-text citation and reference. Great job sharing your perspective of both of these clinical experiences. 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	S	NA	S	NA	NA	S	S	S	S	NA	S					
b. Accept responsibility for decisions and actions.		NA	S	NA	S	NA	NA	S	S	S	S	NA	S					
c. Demonstrate evidence of growth and self-confidence.		NA	S	NA	S	NA	NA	S	S	S	S	NA	S					
d. Demonstrate evidence of research in being prepared for clinical.		NA	S	NA	S	NA	NA	S	S	S	S	NA	S					
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	S	NA	S U	NA	NA	U	S	S	S	NA	S					
f. Describe initiatives in seeking out new learning experiences.		NA	S	NA	S	NA	NA	S	S	S	S	NA	S					
g. Demonstrate ability to organize time effectively.		NA	S	NA	S	NA	NA	S	S	S	S	NA	S					
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	NA	S	S	S	S	NA	S					
i. Demonstrates growth in clinical judgment.		NA	S	NA	S	NA	NA	S	S	S	S	NA	S					
		KA	KA	KA	ka	KA	KA	KA	KA	KA	KA	KA	KA					

Comments:

6A 9/15 I followed a triage nurse for intakes in the ER. While I did not observe a lot of care due to triage, I performed vital signs on several patients. I understand I should have asked other nurses on duty if I could have helped with their patients to get practice. I gained some understand of the different types of patients that come in to the ER . Moving on, I plan to be more assertive to gain learning experiences. I will ask to help/ tag along and speak up more. **This sounds like a great plan. Being more assertive will allow you to take more control of your learning experience so you can get more out of each clinical. KA**

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

Week 5 6a One area that could use improvement this week in clinical would be to ask questions when it indicated things learned in class. One example would be after my patient's delivery I did not notice the nurse staying with the patient for the full hour after delivery. She had a patient waiting to be discharged that she wanted to complete. I will ask questions that I am unsure of next time. **This is a great idea. Gathering further information to understand things we do not understand can help up better care for patients in similar situations in the future. KA**

Week 5 – 6e – FRMC OB Survey not completed by Friday at 0800. Please make sure to write how you will prevent this from the happening in the future. KA

Week 6 to make sure I do not miss the survey portion, I will look over all requirements before and after each clinical to make sure I don't forget again KA

Midterm – 6e – Please work on achieving a satisfactory rating in this clinical competency during the second half of the semester. It looks like you have a good plan to help achieve an "S" in this competency during your next clinical experience. KA

Week 8 I think this experience went very well. I was able to engage the kids and they grasped the information. I kept them participating during our explanation of stings and bites. One area to improve on would be to include all the group in the activities. Some kids liked to answer all the questions and opportunity was not given to other kids who were more bashful. To improve on it I could read more information on the age group and learn how to communicate with all types of kids **What a great idea to involve everyone. KA**

Week 9- B&G- One area of improvement would be to implement a different approach with the older kids. The 3-5 graders were hard to redirect and keep focused in the activities. We also gave suckers after our activity which hindered the kids to perform in the physical activity the other students had planned. **Make sure to set a goal when you notice an area for improvement. You could possibly practice other methods for communication and interaction with this population in the future to develop better ways to redirect them. KA**

Week 9- H&V - I could not think of any area to improve on this clinical setting. I performed the screenings and communicated with the kids well. **It is okay. You only need one not one for each site therefore you met this competency. However, remember to set a goal for the area of improvement in the future. KA**

Week 10- One area of improvement would include assessing newborn heart rate. I attempted several times however baby girl was restless and crying at times. To improve on this, I will ask when the situation arises such as lactation clinical for more practice to get more comfortable **You can also use the newborn simulator to practice, just let Monica or I know and we can set it up for you. KA**

Week 12 I could not think of anything that needed improvement for my clinical this week. Although we had no patients I actively showed interest and discussed many aspects of OB and breastfeeding. The nurse and I discussed risks and educational needs for new moms.

***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: 10/21	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	S	S				
Faculty Initials	KA	KA	KA	KA	KA	KA	KA	KA				
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA				

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Koth OBSERVATION DATE/TIME: 9/20/2022 SCENARIO #: PPH

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					<p>Patient identified. Pain assessment. Fetal monitor applied. Gestational diabetes noted in chart. Orientation established. IV site assessed prior to initiating IV fluids.</p> <p>Patient identified. Mona CO not feeling right, dizzy. Fundus assessed.</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>Fetal monitor confirms contractions. FSBS interpreted as being high. Signs of dehydration noted (tenting).</p> <p>Fundus assessed and interpreted to be boggy, bleeding noted, fundal massage.</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>Allergies confirmed. Education provided for GD and prenatal care. FSBS-200. Mona assisted to lie on her left side. Education given regarding diet and water intake. Urine sample. Call to provider with urinalysis results, remember to give history. Orders received and read back. Call to provider to question Procardia order (given in this case to relax the muscle and stop contractions). Medications prepared and administered. Patches/gum suggested to help with smoking cessation. Nice job talking to patient while IV fluid is started.</p> <p>Fundal massage initiated. Call to provide with signs of PPH, orders received. Pad changed and weighed. Medications prepared, patient identified, medications administered. Legs elevated to promote venous return.</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, such as unfamiliar medications and working with the IV pump. You will become more familiar with the pumps as we move forward. Discussed risk factors for postpartum hemorrhage and the importance of lifestyle changes, especially with pregnancy. Team also did well with communication and educating the patient.</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: Koth

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 is identified. Pain rated 8/10. VS. Vaginal exam- 5cm/80%. Pain reassessed following Nubain injection. Mona begins screaming and 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- offers medication. Contractions interpreted. Labor interpreted as progressing 5cm/80%. Upon assessment, baby is crowning. Apgar- interpreted to be 9. 5-minute Apgar interpreted to be 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>Medications prepared, patient identified, allergies checked, medications administered. Non-pharmacologic alternatives discussed for pain relief. Patient assisted to left side. Blood glucose checked- 95. Patient is asked about any preferences- skin-to-skin contact. Penicillin administered. Pain reassessed. Call to provider to give update. Mona begins to push. Head is delivered and stops. McRoberts, suprapubic, call for help, hands and knees, posterior arm, evaluate for episiotomy. Baby is delivered, wrapped, skin to skin, dried, suction. Placenta is delivered. Baby moved to warmer. Fundus and bleeding assessed. Apgar- 9. Blood glucose of baby checked- 45. Baby weighed and measured. Medications prepared. Vitamin k administered, erythromycin applied appropriately. Postpartum assessment completed. Baby returned to mom to initiate skin to skin contact.</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. 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. Team recognized the significance of teamwork and flexibility with roles.</p>

	correct rate and administered the prescribed IV fluids.
REFLECTING: (6)* <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.
SUMMARY COMMENTS: 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.	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

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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME:

OBSERVATION DATE/TIME:

REFLECTING: (6)* <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy. Great job. I enjoyed seeing your pregnancy photo!
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<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.</p>
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*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Koth OBSERVATION DATE/TIME: 11/3/2022 SCENARIO #: Ped Resp

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>Assessment begins, safety concern identified. Temp- 101.5. VS. Good communication with patient and mother. Patient reassessed following ibuprofen administration.</p> <p>Team returns at 1600. Patient CO throat pain. Temp 102.5. Patient CO "chest feels funny." Patient reassessed following breathing treatment.</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>Syringe in bed identified as a safety concern. Temp of 101.5 identified as elevated. Medications and IV fluid rate interpreted as being incorrect, provider informed.</p> <p>Temp of 102.5 recognized as elevated and in need of medication. Stridor recognized.</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>Call to provider to clarify medication- ibuprofen- correct dose provided to provider- new order received, acetaminophen questioned- new order received, orders read back (great catch!). Call to pharmacy about ibuprofen spelling. Patient care discussed with mom. Ibuprofen prepared and administered. Call to provider to question maintenance fluid. 63 mL recommended, call back with rate of 48 mL/hr (Nice). Amoxicillin dose also calculated, new dose received. Cetirizine dose confirmed. Humidifier requested. Order received and read back. Racemic epinephrine order confirmed. Amoxicillin and cetirizine prepared and administered.</p>

	<p>Call to pharmacy. Call to RT to request breathing treatment. Acetaminophen prepared and administered. RT arrives and administers racemic epinephrine breathing treatment.</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 reflected on the scenario. Discussed aspects of the case that the team felt went well, such as developmentally appropriate communication with the patient, mother, and also among team members. Also discussed the importance of double-checking medication doses so as not to under- or over-medicate a patient. Team did a great job and identified all medication errors! Each member verbalized an important takeaway point from the scenario</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! 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: _____