

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2022

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Hailey Giles

Final Grade: **Satisfactory**

Semester: **Fall**

Date of Completion: 12/9/2022

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

Faculty eSignature: Brian Seitz, MSN, RN, CNE

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)
12/9/22	1	Missing Comprehensive Simulation Survey	12/9/22 BS

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:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		N/A	S	N/A	N/A	N/A	S	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
b. Provide care using developmentally appropriate communication.		N/A	S	N/A	N/A	N/A	S	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
c. Use systematic and developmentally appropriate assessment techniques.		N/A	S	N/A	N/A	N/A	S	S	S	N/A	N/A		N/A	N/A	N/A	N/A	N/A	BS
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		N/A	S	N/A	S	N/A	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
Clinical Location Age of patient		n/a	Frmc OB 24 hours old	n/a	multiple School aged children boys and girls club	n/a	Greens pring's elementary		FTMC Mom 26 Baby 24 hours	Lactation Moms and babies	n/a	ER 52	n/a	n/a	n/a	n/a	N/A	BS
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS

Comments:

Week 3- Trust vs mistrust in the Erikson's stage that my patient would be in because it was a toddler less than a day old.

Week 3- 1e- Please remember to identify the stage of growth and development in this section and explain the reason for your choice each week you have clinical. 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 newborn you were assigned to this week. 1c – You did a great job showing interest in the newborns and their assessments along with the additional screenings. You were able to see a hearing screening performed a newborn this week and the process the technician used to obtain accurate results. 1d – You did a great job observing the different aspects of safety in the OB department including transporting newborns in their bassinets and double checking the newborn’s ID band with the mom’s ID band. KA

Week 5- Industry vs inferiority is the Erikson’s stage I choose for my school aged students. The child at this stage is learning the beginning of what is individuality and they seek praise and support from those around them. 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- This week I worked with children in the school age of Erikson’s development. Industry vs inferiority is the Erikson’s stage for this age group. This development was shown by the school by them prioritizing the children to have a growth mindset. It’s important to encourage children this age and I did that by letting them know they did a great job on the tests as they left the room. Great idea Hailey! 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 8- This week I worked with a mom and baby in the OB department at FTMC. The stage that mom would be in is young adulthood, intimacy and isolation are said to be prioritized. At this stage the mom would be focusing on development, as well as, building and establishing relationships with others. Trust vs mistrust in the stage my newborn patient would be in. Nice job Hailey. BS

Week 9- This week I had lactation at FRMC. The moms would be in intimacy vs. isolation. The babies were all still in the trust vs. mistrust stage. BS

Week 9- 1a- You did a nice job describing a visit that you and the Lactation Consultant Nurse had with a patient. You also did a nice job of detailing the education that was provided to the new mom, which sounds like it was very beneficial. BS

Week 11- My 52-year-old patient would be in generativity vs stagnation. This stage takes place during middle adulthood. He had 2 daughters that were nurses this was him giving back to society through raising his children. BS

Week 11- 1a- You did a good job describing one of the patients you helped care for during your time in the FT ER. It certainly sounds like an interesting case. 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
	9/2	9/9	9/16	9/23	9/30	10/7	10/14		10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9		
Competencies: f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		n/a	n/a	n/a	n/a	n/a	n/a	S	s	s	n/a	n/a	n/a	n/a	n/a	n/a	N/A	BS
g. Discuss prenatal influences on the pregnancy. Maternal		N/A	N/A	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	BS
h. Identify the stage and progression of a woman in labor. Maternal		N/A	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	BS
i. Discuss family bonding and phases of the puerperium. Maternal		N/A	S	N/A	N/A	N/A	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	BS
j. Identify various resources available for children and the childbearing family.		N/A	S	N/A	N/A	N/A	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	BS
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		N/A	S	N/A	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	BS
l. Respect the centrality of the patient/family as core members of the health team.		N/A	S	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	BS
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS

Comments:

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 11- 1k- You were able to discuss the importance of cultural implications when planning care for your patient in the FT ER.

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.		N/A	S	N/A	N/A	N/A	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
b. Perform nursing measures safely using Standard precautions.		N/A	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
c. Perform nursing care in an organized manner recognizing the need for assistance.		N/A	S	N/A	N/A	N/A	S	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
d. Practice/observe safe medication administration.		N/A	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		N/A	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	BS
f. Utilize information obtained from patients/families as a basis for decision-making.		N/A	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
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)*		N/A	S	N/A	S	N/A	S		S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS

Comments:

G. Week 3- A social determinant of health that could influence my patient this week would be education. I noticed that my patient was not receiving vaccinations, and this could be due to the fact that they didn't get educated on this topic. **Good observation. BS**

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

Week 3 – 2d – You did a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. 2f – You worked with the family to gather information on the baby to appropriately provide care to the newborn. KA

Week 5- A social determinant of health this week for school aged children would be a good support system. Some of these children are well taken care of and dressed appropriately while others are dressed not put together and even lacked education when compared to other kids in their grade. These children most likely don't have someone at home to support them to get homework done and do well in school. Without that encouragement the child lacks education due to not having a good support system. Unfortunately, you are correct. 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- A social determinant of health for this week's clinical would-be education access and quality. These children are given a good educational foundation in the school district by the way the staff creates a friendly environment and prioritizes their success. This influences their care because it can influence them to be responsible and a functioning part of society. BS

Week 8- A social determinant of health for mothers in hospitals would be access to doctors and pharmacy's. It is expensive to have a baby at the hospital and they require you to make follow up visits for your baby before you leave. If you didn't have access to getting to these places or you couldn't afford to go to one, it could put both the mother and child at risk for not having prenatal and postnatal care. Also, home births aren't always safe. Good points Hailey. Many new moms and families are faced with this exact problem, which puts them all at risk for health problems, both now and in the future. BS

Week 9- A social determinant of health for lactation would be a patient not having good enough insurance to get a breast pump. The one mom didn't have the insurance to get it and it was really stressful for her to figure out how to get one for cheap. Hopefully the nurses were able to guide her toward the resources she needs. BS

Week 9- 2c- You were able to see and hear the baby latch onto the breast and swallow. I'm sure the education provided assisted in this. BS

Week 11- A social determinant of health I witnessed today was a lady who was a frequent flyer in the ER. She comes in and requests pain meds and states they never work. She said her kids were taken away from her because they weren't going to school. She didn't have a car so a lack of transportation and support would be her social determinants of health. Especially since she relies on her sister for rides. Although is a common term used by many nurses, it would be more appropriate to use "frequent visitor." 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.		N/A	S	N/A	S	N/A	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		N/A	S	N/A	N/A	N/A	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		N/A	S	N/A	S	N/A	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		N/A	S	N/A	S	N/A	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS

Comments:

d. Week 3- an example of an ethical issue this week from clinical would be whether or not it's okay to get a baby boy circumcised. It could be seen as a violation of autonomy since the child is unable to make the decision for themselves. **Yes, there are many on both sides of this issue. BS**

Week 5- an example of an ethical issue this week from school aged children would be the children at school being taught information that is biased based on the teachers views. **BS**

Week 7- an ethical issue that I did not see at clinical but could have been occurring without me knowing is cheating. The children were standing right outside the door as I performed the vision tests. It could have been possible that students were memorizing the letters to read that way they wouldn't fail. We tried to prevent this from happening the best we could, but it was a busy day and it's a possibility that it could have been happening. **Good point Hailey. BS**

Week 8- An ethical issue that I did not witness but could happen in the healthcare setting would have to do with do not resuscitate orders. If something were to happen to mom during delivery, the doctors would not be able to bring the mom back to life. **DNR orders are often suspended for surgical and other invasive procedure, but I'm not sure about a delivery. Surgeons often require this so that patients do not die on the operating table. BS**

Week 9- An ethical issue in the clinical setting for lactation would be a nurse pushing the mother to breast feed when she does not feel comfortable doing it. **Yes, I have heard of instances of new mom's not wanting to breastfeed and having pressure applied to do so. BS**

Week 10- a legal issue I witnessed was a doctor ordering fluid for a patient in fluid overload. My nurse was able to use her critical thinking skills to not give the fluids for the safety of the patient. **Good for this nurse! BS**

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

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

Week 3-4e – You witnessed discharge teaching for the mother and newborn in your assigned patient this week. KA

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

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

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 9- 4e- You did a nice job describing the breastfeeding education provided to the mother that you and the Lactation Nurse Consultant provided. It sure sounds as if the tips provided will prove beneficial. BS

Week 11- 4b- Good job prioritizing interventions for your ER patient. BS

Student Name: H. Giles		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 correlating abnormal assessment findings, labs/diagnostics, and risk factors to come up with a priority nursing problem.
	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	
Interpretin	5. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Nice job analyzing cues and prioritizing hypotheses.
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	

	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists at least 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You provided a prioritized list of nursing interventions.
	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	3	
	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	
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. Faculty/Teaching Assistant Comments:						Total Points: 42/42 Faculty/Teaching Assistant Initials: Satisfactory Nice job Hailey! 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		
g. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		n/a	n/a	n/a	n/a	n/a	n/a	S	n/a S	n/a	n/a	s	n/a	n/a	n/a	n/a	N/A	BS
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	N/A	N/A	S	N/A S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
i. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	N/A	N/A	S	N/A S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
j. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
k. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
		BS	BS	BS	BS	BS	BS	BS	BS	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 11- 4g,h- Nice job discussing medications administered to your ER patient and interventions performed while providing care. 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.		N/A	S	N/A	S	N/A	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
b. Evaluate own participation in clinical activities.		N/A	S	N/A	N/A	N/A	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
c. Communicate professionally and collaboratively with members of the healthcare team.		N/A	S	N/A	N/A	N/A	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		N/A	S	N/A	N/A	N/A	N/A	S	N/A	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		N/A	S	N/A	N/A	N/A	N/A	S	N/A	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		N/A	S	N/A	N/A	N/A	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
g. Consistently and appropriately post comments in clinical discussion groups.		N/A	S	N/A	N/A	N/A	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS

Comments:

Week 3 – 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. 5e – You did a great job documenting your newborn’s assessment in the EMR this week with minimal guidance. KA

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

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

Week 8- 5g- Satisfactory care map. BS

Week 9- 5g- You received a U in this competency for not including a reference and in-text citation in your CDG this week. Please respond below regarding how you will prevent this in the future. BS I did not include an in-text citation this week in my CDG. I will prevent this in the future by reading the rubric before turning in my work. BS

Week 11- 5a,g- Nice job discussing a new technology you encountered while in the Fisher-Titus ER as you completed your CDG. BS

Week 11- Per your assigned ER nurse: "Very polite and interested in patient care. Helpful with patients and assisting staff members." 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
	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)*		N/A	S	N/A	S	N/A	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
b. Accept responsibility for decisions and actions.		N/A	S	N/A	S	N/A	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
c. Demonstrate evidence of growth and self-confidence.		N/A	S	N/A	S	N/A	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
d. Demonstrate evidence of research in being prepared for clinical.		N/A	S	N/A	N/A	N/A	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		N/A	S	N/A	S	N/A	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
f. Describe initiatives in seeking out new learning experiences.		N/A	S	N/A	N/A	N/A	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
g. Demonstrate ability to organize time effectively.		N/A	S	N/A	S	N/A	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		N/A	S	N/A	S	N/A	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
i. Demonstrates growth in clinical judgment.		N/A	S	N/A	N/A	N/A	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	BS
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS

Comments:

- a. Something I would like to improve would be working more with the mother and family, I felt like I was only with them when I was giving the baby back. To improve on this I will be more attentive to the family as far as educating them and checking on them periodically at my next OB clinical. **BS**

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

Week 5- My area of improvement this week would be getting more comfortable talking to all age groups. A way I can work on improving this is being around children more often, for example I have little cousins that I can practice communicating with. **Good idea. With practice comes comfort. BS**

Week 7- My area of improvement this week would be making more time to talk to the patients im working with. At this clinical I feel like I was very task orgnzied and trying to get through as many students as possible. To improve this for my next clinical I should remember to slow down and have small talk to make the patients feel important and like they are getting more of an individualized care. **Good plan! BS**

Week 8-My area of improvement this week would be getting to know more about other computer systems in the hospital settings. I will work on this by googling other computer systems the local hospitals use and compare the differences between them. After Monica started to explain more about Fisher Titus computer system, it was easier to understand although it was not what I was used to at Firelands. **Good point. People tend to prefer what they are used to, and many are not interested in learning anything new. BS**

Week 9- My area of improvement this week would be to not hold back from sharing my knowledge in the clinical setting. When the lactation consultant was talking with the patients there were areas I could have jumped in and educated the patient. I was too nervous to seem disrespectful to the nurse when speaking to her patient in the moment but now I feel as if I should have brought up the education points I was thinking about because maybe the nurse just wasn't thinking about them. Sometimes you must jump out of your comfort zone to grow as an individual and nurse. **Yes, great point Hailey! Comfort with this sort of thing will definitely come with time and experience. BS**

Week 11- My area of improvement this week would be reaching out to perform more skills. This week in ER I didn't get to do anything that I haven't done before. So I want to be more active in watching refresher videos for skills I've done. **Good idea to revisit this information. A refresher is always good for skills we do not get to practice often. 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: 10/25	Date: 11/3	Date: 11/8	Date: 11/15	Date: 11/30	Date: 11/30	Date: 12/6
Evaluation	S	S	S	S	S	S	S	S	S	S	S	U
Faculty Initials	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	S

* Course Objectives

Comprehensive Simulation – Survey not completed by Friday at 0800. You promptly fixed this and submitted the survey once informed. BS

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: H. Giles

OBSERVATION DATE/TIME: 9/20/2022

SCENARIO #: PPH

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					
• Focused Observation:	E	A	D	B	Patient identified, VS. Noticed patient has gestational diabetes, performs FSBS- 200. GTPAL 54004. Assessor asks about dietary habits and recreational drug use. Patient identified, CO dizziness. VS. Breasts examined, fundus. Bleeding noted. Patient reassessed following medication administration.
• 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>FSBS interpreted to be elevated. Interpreted the need for fetal monitor. Lab results read- urinalysis + for glucose, THC, nitrates.</p> <p>Bleeding, tachycardia, hypotension interpreted to be PPH.</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>The need to check glucose is explained to patient and support person. Team explores the reason for missed appointments, education provided to patient. Call to provider with lab results, orders received and read back. Medications prepared and administered. Smoking cessation and dietary education offered. IV fluids initiated. Call to US to confirm dates.</p> <p>Dizziness, tachycardia, hypotension thought to be related to PPH. Call to provider to report PPH, orders received and read back. Fundal massage. Medications prepared and administered. Pad weighed and changed. VS trending toward normal.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication. Also discussed that it is ok to ask for help when unsure of something. Discussed risk factors for postpartum hemorrhage and the importance of lifestyle changes, especially with pregnancy. Team also did well with SBAR communication and educating the patient on ways to live a healthier lifestyle.</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! BS</p>

/home/main/code/e360/apps/v9/releases/1668611021/public/upload/firelands/media/dropbox/112362-FinalToolGiles.doc

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: H. Giles

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>Begins with VS (remember to identify patient). Mona CO pain. Sterile vaginal exam- 5cm, 80%. Fetal monitor applied. 2nd exam- 5cm/90%. Mona CO pain again. Head to toe assessment begun. Mona wants to push. Notices head crowning.</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>FSBS- 95- interpreted as normal. Accelerations noted with each contraction- interpretation- fetus is doing ok. Head noticed and gets stuck. Placenta intact. Fundus interpreted to be firm and midline. Apgar score interpreted- 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>Fetal monitor applied. Call to pharmacy to clarify PCN order. Non-pharmacological options discussed. Patient identified, FSBS checked- 95. Penicillin prepared and administered. Mona CO pain. Nubain prepared and administered. Call to provider. Mona begins moaning. Head is delivered. McRoberts, suprapubic pressure, hands and knees, evaluate for episiotomy, rotation, release arm. Baby delivered, skin to skin, baby dried, placenta is delivered. Cord cut. Fundus assessed. Baby moved to warmer, weighed and measured. Fontanel soft and flat. Clavicles, grip, ROM arms, sucking reflex, rooting. Erythromycin applied and vitamin K administered. Babinski, checks for dimples. Good job on assessment. Apgar obtained. Uterus palpated. BUBBLE assessed. Baby transferred to mother. Call to provider to give update on the delivery.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 						<p>Team discussion of the scenario. The case was summarized, discussed risk factors for shoulder dystocia and the steps of the HELPER mnemonic. Team discussed the importance of teamwork and communication, and how important it is to help each other when needed. Team did a nice job of working together and communicating among themselves and with the patient. Discussed ways in which infants can lose body heat and the importance of conserving heat.</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>
--	--

/home/main/code/e360/apps/v9/releases/1668611021/public/upload/firelands/media/dropbox/112362-FinalToolGiles.doc

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **H. Giles**

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>

/home/main/code/e360/apps/v9/releases/1668611021/public/upload/firelands/media/dropbox/112362-FinalToolGiles.doc

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: **H. Giles**

OBSERVATION DATE/TIME: **10/25/2022**

<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>
---	--

	Great job. I enjoyed seeing your pregnancy photo!
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.	Comments You are satisfactory for this simulation.

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: H. Giles OBSERVATION DATE/TIME: 11/3/2022 SCENARIO #: Ped Resp

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 					Assessment begins. VS. Temp- 101.5. Patient CO “scratchy throat.” Syringe noted in crib. Pain assessed using FACES scale. Ears assessed in response to ear infection. Team re-enters at 1600. Patient CO pain in the throat area. Patient CO of chest “feeling funny.” Pain reassessed. Temp reassessed. O2 applied. Temp reassessed following acetaminophen administration.
INTERPRETING: (2, 4)* <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 					Temp 101.5 interpreted as high. Syringe in bed identified as safety concern. Yellow drainage from ears noted to be due to the patient’s ear infection. Pain reassessment indicates pain is worsening. Temp of 102.5 indicating worsening condition. Lung sounds interpreted as stridor.

<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>Developmentally appropriate communication used with patient. Acetaminophen prepared and administered (remember to identify patient and confirm safe dose). Cetirizine and amoxicillin prepared and administered (remember to confirm safe dose). Mom's needs addressed.</p> <p>Mom kept informed about the plan of care. Stridor identifies when auscultating lung sounds. Acetaminophen prepared and administered. Call to provider to report increasing temperature, dropping O2 saturation. Orders received. IV fluid rate decreased. Orders received and read back. Call to RT to request breathing treatment. Dexamethasone prepared and administered. Education provided regarding pushing fluids, when to contact provider, humidifier. Mother updated on patient condition. Ibuprofen prepared and administered.</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 and also among team members. Also discussed the importance of double-checking medication doses so as not to under- or over-medicate a patient. Options for verifying safe medication doses discussed. All team members participated and 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>

/home/main/code/e360/apps/v9/releases/1668611021/public/upload/firelands/media/dropbox/112362-FinalToolGiles.doc

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: H. Giles

OBSERVATION DATE/TIME: 11/15/2022

SCENARIO #: GI

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 CO stomach pain. Temp 102.5. Stomach pain assessed. Abdomen assessed, auscultated. Patient assessed for dehydration. Pain rating 2-3/10. Orientation assessed. Patient CO pain when palpated. Inspected further, bruising noted. Temp reassessed following acetaminophen- 99.9.</p> <p>1500: In for reassessment. Patient CO abdominal pain. Patient vomits 200 mL. Temp 101.9. Pain- 6/10. Hydration status assessed.</p> <p>FACES pain scale used to rate pain.</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>Temp of 102.5 interpreted to be abnormal. Mucous membranes noted to be tacky. Pain rating interpreted to be mild/moderate. Patient interpreted to be dehydrated. Patient noted to be oriented. Bruising noted to patient and mother. Temp 99.9- noted to be an improvement.</p> <p>Temp 101.9 interpreted as above normal. Pain rated at 6, noted to be an increase from last assessment. Skin turgor- tenting noted. Cap refill- 3 seconds. Interpreted that patient is dehydrated.</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>Developmentally appropriate communication used with patient. Call to pharmacy to verify acetaminophen dose. Nice job keeping mother informed. Call to provider recommending dose change for acetaminophen. Order received and read back. Call to pharmacy to request suppository (PO), pharmacy to send. Charge nurse questions mother about origin of present sickness. Acetaminophen prepared and administered appropriately.</p> <p>Call to lab regarding stool- + for rotavirus. Call to provider to report bruising of different colors (stages of healing). Order received – contact precautions, push fluids, contact case management. Call to case management to report bruising. Contact precautions initiated.</p> <p>Call to provider with update and to report signs of dehydration. Order received for fluid bolus and maintenance fluid. Orders read back. Order received for Zofran. Read back. IV fluid initiated. Zofran administered. Acetaminophen administered. Education provided about the BRATTY diet. Patient is questioned further about bruises, home environment discussed. Call to case management to tell of conflicting stories.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B 						<p>Team discussed the scenario. Discussed administering rectal vs PO medications with vomiting/diarrhea. Team double checked recommended dose for acetaminophen and got correct dose prior to administering (nice work). Discussed rotavirus and the need for contact precautions. Team</p>

<ul style="list-style-type: none"> Commitment to Improvement: E A D B 	<p>noted suspicious bruising and the need to contact someone to investigate further. Great job acquiring additional information. Reviewed the steps of programming the IV pump for a fluid bolus.</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>

/home/main/code/e360/apps/v9/releases/1668611021/public/upload/firelands/media/dropbox/112362-FinalToolGiles.doc

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **H. Giles**

OBSERVATION DATE/TIME: **11/30/22** SCENARIO #: **Student scenarios**

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 deviations from normal with physical assessment and inquiry. Information seeking regarding patient condition as well as with parent/support person at bedside when appropriate.</p> <p>When developing your scenario, you noticed the important assessment aspects to include for a patient/support person with your assigned diagnosis.</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>Was able to interpret data pieces and prioritize accordingly.</p> <p>For each scenario, care was given in gathering details needed in order to phone the healthcare provider and provide SBAR.</p> <p>When developing your scenario, you interpreted the expected path of the disease process and necessary nursing interventions to include in the patient's care.</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 with communication that was collaborative between roles. Clear communication was utilized between colleagues.</p> <p>Clear communication was utilized with family and layman’s terms were utilized when appropriate.</p> <p>Responded with interventions that were planned accordingly and verbalized when necessary.</p> <p>Skill in identifying focus assessments as well as timely reassessments was utilized.</p> <p>Family members and others of the health care team were kept up to date on patient condition and given education for current condition as well as for preventative measures.</p> <p>In response to your assigned disease process you developed a comprehensive simulation that encompasses aspects of assessment, interprofessional communication, and nursing interventions appropriate for the patient scenario you developed.</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>Reflected with a self-analysis of assessment and analyzation of data to identify missing pieces of the scenario.</p> <p>Actively participated in providing constructive feedback to all groups observed throughout the simulation.</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 or higher in all areas is required for satisfactory completion of this simulation.</p>	<p>The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS</p>

/home/main/code/e360/apps/v9/releases/1668611021/public/upload/firelands/media/dropbox/112362-FinalToolGiles.doc

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: H. Giles

OBSERVATION DATE/TIME: 12/6/22 SCENARIO: Comprehensive

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 						<p>You noticed suspicious bruising on patient and patient's physical appearance and psychosocial status as deviation from normal.</p> <p>You noticed environmental concerns throughout the home that would be safety hazards.</p> <p>You noticed abnormal family functioning as you progressed through the simulation.</p> <p>You noticed the signs of respiratory distress and dehydration in the children.</p>
INTERPRETING: (2, 4)* <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit.</p> <p>You were able to interpret safety and health issues with each member of the family.</p> <p>You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit.</p> <p>You interpreted breathing issues and lethargy as major assessment concerns in the children in this home environment.</p>
RESPONDING: (1, 2, 3, 5)* <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>You responded to patient's admission of abuse calmly without judgement. Communicated alternatives clearly and empathetically.</p> <p>You responded with intervention regarding safety of children; flexible and creative with ideas and interviewing each member of the family.</p> <p>You responded by prioritizing the safety and health concerns of each family member and seeking further treatment for them.</p> <p>You sought further information regarding potential abuse from all members of the family.</p> <p>You were respectful and calm in communicating with potential abuser. Coping skills were discussed.</p> <p>You responded to safety, psychosocial issues calmly. You were confident in your approach to each family member.</p>
REFLECTING: (6)* <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B 						<p>You reflected thoughtfully on your approach to the patient's abusive history, child care, etc....</p>

<ul style="list-style-type: none"> • Commitment to Improvement: E A D B 	<p>You reflected on the education and information provided to the family.</p> <p>You were able to reflect on your progress with addressing the concerns for each environment and family member.</p> <p>You were able to reflect on the home visit and 3establish a focused education plan for one of the family members of the household.</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>Excellent job in communicating without judgement and providing appropriate education, information regarding resources, and intervention for family.</p> <p>You are satisfactory for this scenario. KA/MD</p>

/home/main/code/e360/apps/v9/releases/1668611021/public/upload/firelands/media/dropbox/112362-FinalToolGiles.doc

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: Hailey Giles 12-9-22