

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Maternal Child Nursing – 2023**

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

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Fall

**Date of Completion:**

**Faculty:** Kelly Ammanniti, MSN, RN, CHSE; Monica Dunbar DNP, RN;  
Brian Seitz, MSN, RN, CNE; Rachel Haynes MSN, RN

**Faculty eSignature:**

**DIRECTIONS FOR USE:**

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, or U”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, the following week it must be addressed with a comment as to why it is no longer a “U”. If the student does not state why the “U” is corrected, then it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

**METHODS OF EVALUATION:**

- Care Maps
- Patient/Family Education
- Preparedness for Clinical/Clinical Performance
- Online Clinical Discussion Groups
- Administration of Medications
- Nursing Skills Completion of Clinical Performance Tool
- Written Reports of Clinical Experiences
- Documentation
- Conferences with the Faculty
- Lasater Clinical Judgment Rubric
- vSim
- Simulation Scenarios

**Absence: (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make-up (/Date/Time)

Faculty’s Name	Initials
Kelly Ammanniti	KA
Brian Seitz	BS
Monica Dunbar	MD
Rachel Haynes	RH

6/26/2023 MD

## **PERFORMANCE CODE**

### **SATISFACTORY CLINICAL PERFORMANCE**

**Satisfactory (S):** Safe; accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

### **UNSATISFACTORY CLINICAL PERFORMANCE**

**Needs Improvement (NI):** Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

**Unsatisfactory (U):** Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from instructor or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

### **OTHER**

**Not Available (NA):** The clinical experience which would meet the competency was not available

<b>Objective</b>																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
<b>Competencies:</b>																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	S	NA	S													
b. Provide care using developmentally appropriate communication.		S	S	NA	S													
c. Use systematic and developmentally appropriate assessment techniques.		S	S	NA	S													
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	S	NA	S													
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	S	NA	S													
<b>Clinical Location Age of patient</b>		LC	ER	NA	OB													
		BS	BS	BS														

**Comments:**

**Week 2 -** The Erikson's stage that I would choose for this clinical is infancy because we were dealing with a 9 day old baby having troubles breastfeeding with the mother, due to latching on issues and placement. **Infancy is not an Erikson's Stage. It would be Trust vs. Mistrust. BS**

**Week 2- 1a-** You did a nice job discussing one of the visits you and the lactation nurse had with a patient. It sounds like this new mom had some concerns about the amount of milk she was producing and with the baby latching onto the breast. Although this is her first time breastfeeding, it sounds like she is pretty dedicated to having a successful experience with it. **BS**

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

**Week 3** - The Erikson's stage for the main patient that I cared for was identity versus role confusion. I choose this stage because my patient was an adolescent. Good. BS

Week 3- 1a- You did a great job discussing in detail one of the patient's you cared for during your FTMC ER experience. BS

**Week 5** - The Erikson's stage for my patient while on the OB floor was identity versus role confusion. I choose this stage because my patient was a 31 year old mother in labor.

<b>Objective</b>																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
<b>Competencies:</b>																		
f. Describe psychological changes in response to the expectant mother's pregnancy. <b>Maternal</b>		NA	NA	NA	S													
g. Discuss prenatal influences on the pregnancy. <b>Maternal</b>		NA	NA	NA	S													
h. Identify the stage and progression of a woman in labor. <b>Maternal</b>		NA	NA	NA	S													
i. Discuss family bonding and phases of the puerperium. <b>Maternal</b>		NA	NA	NA	S													
j. Identify various resources available for children and the childbearing family.		S	NA	NA	S													
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	S	NA	S													
l. Respect the centrality of the patient/family as core members of the health team.		S	S	NA	S													
		BS	BS	BS														

**Comments:**

Week 3- 1k- You did a nice job discussing cultural implications that need to be considered when planning care for patients, in this case, low socioeconomic status, which is important because she was in need of nursing home placement due to her dementia. BS

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
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Engage in discussions of evidenced-based nursing practice.		S	S	NA	S													
b. Perform nursing measures safely using Standard precautions.		S	S	NA	S													
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	S	NA	S													
d. Practice/observe safe medication administration.		NA	S	NA	S													
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	NA	S													
f. Utilize information obtained from patients/families as a basis for decision-making.		S	S	NA	S													
<b>g. Identify factors associated with Social Determinants of Health (SDOH) &amp;/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*</b>		S	S	NA	S													
		BS	BS	BS														

**Comments:**

**Week 2** – A SDOH with the patient I encountered this week was that her husband worked a lot, therefore she was taking care of her baby by herself most of the time. Another SDOH was that she did not live close to the hospital which made it more of a struggle for her to make it to her appointments. **Good example.**

**Week 2- 2c- You were able to witness the baby latch on to the breast, initially with not much success, so a nipple shield was applied. With some perseverance, the baby was able to latch without the shield and you were able to hear the baby swallow. BS**

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

**Week 3** – A SDOH that I determined from one of the patients that I cared for this clinical was that she was in her 80s and she lives alone. In her house she also has stairs which is what brought her in because she had fallen and claimed she laid there for two days. **She certainly should be avoiding stairs at her age. I agree, she shouldn't be living alone. Hopefully she has family members who are willing to help. BS**

**Week 5** – A SDOH of health that I identified with my patient is that she did not have a reliable job. Her job may not provide her with enough money to care for her newborn in the way that she would like to. Another SDOH that I was able to identify is that my patient was overweight, therefore making it harder for her to care for her child as well as making it difficult for the nurses to monitor the fetal heart rate .

Objective																		
3. Summarize the legal, moral and ethical issues related to care of children and the childbearing 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
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Act with integrity, consistency, and respect for differing views.		S	S	NA	S													
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		S	S	NA	S													
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		S	S	NA	S													
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		NA	NA NI	NA	S													
		BS	BS	BS														

**Comments:**

**Week 2** – During this clinical I do not believe that I experienced any legal or ethical issues. **BS**

**Week 3** – On this clinical rotation I did not realize any legal or ethical issues that took place. **I think you should put some more thought into this. I would say there are definitely legal and/or ethical issues in play with the care of this patient. BS**

**Week 5** – I believe a legal issue that happened with this patient is that when she was admitted she was able to state her insurance company but was unable to provide her insurance care. This could be a problem due to the amount of her visit and being unable to have insurance pay for some of it.

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment 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
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	NA	NA	S													
b. Develop and implement a plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	S	NA	S													
c. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		NA	NA	NA	S													
d. Summarize witnessed examples of patient/family advocacy.		NA	S	NA	S													
e. Provide patient centered and developmentally appropriate teaching.		S	S	NA	S													
f. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	S	NA	S													
		BS	BS	BS														

Week 2- 4e- You and the lactation nurse were able to provide some valuable education to this patient. In doing so, you likely had a positive impact on this mother and her baby. I think you probably also gave her a confidence boost because it sounds like the feeding improved after removal of the nipple shield. Nice work! BS  
 Week 3- 4b- Nice job describing the priority nursing interventions you provided to a patient in the ER. You also did a nice job discussing how the patient responded to the interventions BS

Student Name:		Course 4					
Date or Clinical Week:		Objective:					
Criteria	3	2	1	0	Points Earned	Comments	
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
<b>Reflecting</b>	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	Complete			Not complete		
<p>Total Possible Points= 42 points  42-33 points = Satisfactory  32-21 points = Needs Improvement*  &lt; 21 points = Unsatisfactory*</p> <p><b>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</b></p> <p><b>Faculty/Teaching Assistant Comments:</b></p>						<p><b>Total Points:</b></p>	
						<p><b>Faculty/Teaching Assistant Initials:</b></p>	

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment 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
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
g. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		U	S	NA	S													
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		U	S	NA	S													
i. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		U	S	NA	S													
j. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		U	S	NA	S													
k. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		U	S	NA	S													
		BS	BS	BS														

**Comments:**

See below. BS

Week 3- 4h- Nice job discussing the metoprolol your patient received and why. 4i- You did a good job describing the interventions performed for your patient, and her responses to the interventions. BS

Objective																		
5. Collaborating professionally with members of the health care team, childbearing 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
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Demonstrate interest and enthusiasm in clinical activities.		U	S	NA	S													
b. Evaluate own participation in clinical activities.		U	S	NA	S													
c. Communicate professionally and collaboratively with members of the healthcare team.		U	S	NA	S													
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		U	NA	NA	S													
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		U	NA	NA	S													
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		U	S	NA	S													
g. Consistently and appropriately post comments in clinical discussion groups.		U	S	NA	S													
		BS	BS	BS														

**Comments:**

08/30/23 – Katelyn Elmlinger Excellent in all areas. R. Smith, RN, IBCLS Preceptor

See below. BS

Week 3- 5a- You discussed the importance of choosing an appropriately sized blood pressure cuff, which is especially important in pediatric patients. Using a cuff that does not fit properly will result in either a falsely elevated or falsely lowered reading. BS

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

Week 3- 5a- From ER RN- “excellent in all areas. Excellent engagement.”

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
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Recognize areas for improvement and goals to meet these needs. (List Below)*		U	S	NA	S													
b. Accept responsibility for decisions and actions.		U	S	NA	S													
c. Demonstrate evidence of growth and self-confidence.		U	S	NA	S													
d. Demonstrate evidence of research in being prepared for clinical.		U	S	NA	S													
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		U	S	NA	S													
f. Describe initiatives in seeking out new learning experiences.		U	S	NA	S													
g. Demonstrate ability to organize time effectively.		U	S	NA	S													
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		U	S	NA	S													
i. Demonstrates growth in clinical judgment.		U	S	NA	S													
		BS	BS	BS														

**Comments:**

**Week 2-** You received these 'Us' for not filling out the remainder of your tool. Please explain below how you will prevent this from happening in the future. BS

**Week 2 –** Due to receiving "Us" I will more thoroughly fill out the remainder of my tools for the rest of the semester! BS

**Week 3 -** An area of improvement for this clinical would be to ask more questions during the clinical to learn more about the ER department and how it is run, including what the different levels of trauma mean. Yes, ER nursing is much different than working on a floor. BS

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

**Week 5** – An area of improvement for this clinical was getting to know my patient better. She was a first time mom and I am sure that she had many questions to ask but was to afraid to ask them. I could have done better getting to know her to let her be more comfortable and not afraid to ask any questions.

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

Firelands Regional Medical Center School of Nursing  
Maternal Child Nursing 2023  
Skills Lab Competency Tool

<b>Skills Lab Competency Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>														
	Adult Head to Toe Assessment (*1, 2, 5, 6)	Breastfeeding and Bottle Feeding	Breast Assessment (*1, 2, 3, 4, 5, 6)	Circumcision Care (*1, 2, 6)	Broselow Tape (*1, 2, 3, 5)	Leopold's (*1, 2, 3, 5, 6)	APGAR (*2, 3, 4, 5, 6)	Breast Self-Exam (*1, 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:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
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
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

\* Course Objectives

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

\* Course Objectives

Comments:

Firelands Regional Medical Center School of Nursing  
Maternal Child Nursing 2023  
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)	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)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/12	Date: 9/25	Date: 10/3 & 10/4	Date: 10/9	Date: 10/12 & 10/19	Date: 10/26 & 11/2	Date: 11/6	Date: 11/7 & 11/8	Date: 11/21	Date: 11/21	Date: 11/28	Date:
Evaluation	S											
Faculty Initials	BS											
Remediation: Date/Evaluation/Initials	NA											

\* Course Objectives

### Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse; C=Charge

STUDENT NAME(S) AND ROLE(S): Berry (A), Elmlinger (C), Litz (M)

GROUP #: 5

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2023 1335-1505

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES				
<b>NOTICING: (1, 2, 5) *</b> <ul style="list-style-type: none"> <li>Focused Observation: E    <b>A</b>    D    B</li> <li>Recognizing Deviations from Expected Patterns: E    <b>A</b>    D    B</li> </ul>	<p>Begins assessment. Mona CO pain, rated 5/10. Fetal monitor applied. Patient identified. VS. Lung and heart sounds assessed. Continues with head to toe assessment while medications are prepared.</p>				

<ul style="list-style-type: none"> <li>Information Seeking: E    <b>A</b>    D    B</li> </ul>	<p>Patient identified and begins assessment. Patient CO feeling woozy. Bleeding noticed.</p>
<p><b>INTERPRETING: (2, 4) *</b></p> <ul style="list-style-type: none"> <li>Prioritizing Data: E    <b>A</b>    D    B</li> <li>Making Sense of Data: E    <b>A</b>    D    B</li> </ul>	<p>FSBS- 200, interpreted as being abnormal. Fetal position determined using Leopold's maneuver.</p> <p>Bleeding determined to be PPH.</p>
<p><b>RESPONDING: (1, 2, 3, 5) *</b></p> <ul style="list-style-type: none"> <li>Calm, Confident Manner: E    <b>A</b>    D    B</li> <li>Clear Communication: E    <b>A</b>    D    B</li> <li>Well-Planned Intervention/ Flexibility: E    <b>A</b>    D    B</li> <li>Being Skillful: E    <b>A</b>    D    B</li> </ul>	<p>Prenatal care encouraged. FSBS obtained. Leopold's maneuver performed. Call to provider (remember to identify yourself). UA sent to the lab. Call to provider with UA results- + for nitrates, THC, and glucose. Orders received for LR, Procardia, acetaminophen and ultrasound to determine gestational age, orders read back. Call to provider to request something for anxiety RT cigarettes. IV fluid prepared, patient identified, allergies checked, IV fluid initiated. Acetaminophen and Procardia administered.</p> <p>Call to provider to ask about CBC. Call to lab to tell them about a CBC. Education provided about milk production. Call to provider to report PPH. Orders received to increase IV fluid rate and methergine. Medications prepared, patient identified. Allergies checked, medication administered. Patient educated about lochia color and amount and what to expect. Call to provider, order received for fluid rate changed.</p>
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>Evaluation/Self-Analysis: E    <b>A</b>    D    B</li> <li>Commitment to Improvement: <b>E</b>    A    D    B</li> </ul>	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did very well with each. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help when unsure of something. Discussed the importance of education to influence lifestyle changes and encourage prenatal care, especially with pregnancy. Also discussed aspects of SBAR</p>

	communication.
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)*</li> <li>2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)*</li> <li>3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)*</li> <li>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)*</li> <li>5. Implement appropriate nursing interventions upon</li> </ol>	<p><b>You are satisfactory for this scenario! BS</b></p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses</p>

completion of nursing assessment. (1, 2, 5)\*

\*Course Objectives

**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**Maternal Child Nursing – 2023**  
**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: \_\_\_\_\_