

**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

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
	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		
Competencies:		NA	S	NA	NA													
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	S	NA	NA													
b. Provide care using developmentally appropriate communication.		NA	S	NA	NA													
c. Use systematic and developmentally appropriate assessment techniques.		NA	S	NA	NA													
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	S	NA	NA													
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	S	NA	NA													
Clinical Location Age of patient		LA CT AT IO N	ER	NA	Na													
		BS	BS	BS														

Comments:

Week 2- Intimacy vs Isolation - new mothers developing intimate relationships with their babies. Intimate encounters during lactation, bonding with baby. **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 quite a few questions and concerns, and a partner who was not too interested in helping out. Her previous experience with breastfeeding was unsuccessful, but hopefully with the tips you and the nurse were able to provide maybe this time it will be different. **BS**

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

Week 3: Integrity vs Despair- One of our patients was a 93 year old woman who fell at home and was on the ground for several days. She was incredibly confused and appeared to be suffering from dementia, but she made remarks regarding past relationships and memories throughout her lifetime. Identity vs. role confusion- Although this patient was in the mid-thirties, I believe they were still attempting to develop through the identity vs role confusion stage. This patient was brought by the police, as a MHP. During our assessment he admitted he struggles with anger and “running off my mouth” due to “not really knowing what I’m supposed to do with my life.” He seemed overall frustrated and unhappy, he went on to explain that he’s incredibly alone, hates his job, and has no friends other than his parents. Nice job Tasha, this guy sounds like he needs some help. 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

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
	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		
Competencies:																		
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		NA	NA	NA	NA													
g. Discuss prenatal influences on the pregnancy. Maternal		NA	NA	NA	NA													
h. Identify the stage and progression of a woman in labor. Maternal		NA	NA	NA	NA													
i. Discuss family bonding and phases of the puerperium. Maternal		S	NA	NA	NA													
j. Identify various resources available for children and the childbearing family.		S	NA	NA	NA													
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	S	NA	NA													
l. Respect the centrality of the patient/family as core members of the health team.		S	S	NA	NA													
		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, such as the need for modesty, nurse preferences, and religious considerations. 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	NA													
b. Perform nursing measures safely using Standard precautions.		S	S	NA	NA													
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	S	NA	NA													
d. Practice/observe safe medication administration.		NA	S	NA	NA													
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	S	NA	NA													
f. Utilize information obtained from patients/families as a basis for decision-making.		S	S	NA	NA													
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*		S	S	NA	NA													
		BS	BS	BS														

Comments:

Week 2- Lack of support system and knowledge deficit.- One young mom stated she wanted to exclusively formula feed because she had limited support with family and lack of knowledge with breastfeeding. **BS**

Week 2- 2c- You were able to witness the baby latch on to the breast, initially with poor placement. With education and repositioning, the baby had a better latch and you were able to hear the baby swallow. **BS**

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

Week 3: Lack of transportation, lack of mental health resources, lack of community support (MHP). This patient felt frustrated and alone due to the perceived cost of mental health services in the area. He explained that he wanted to meet with a counselor but was concerned with a bill he wouldn't be able to pay. The elderly woman that came in as a fall stated she wished to be a full code because it was "God's Will", she appeared to be Catholic, as she recited parts of the rosary. Lastly, there was a homeless man that was described to be as a "regular." He often comes to the ER because he cannot afford his insulin and wants a place to eat and sleep. Although his sugar was above 500, he still intended to order a lunch primarily consisting of carbohydrates. His SDOH included deficient in knowledge of medical condition, lack of transportation, economic uncertainty, and lack of community resources. Nice work describing the social determinants of health that must be considered when caring for the patients you encountered in the FTMC ER. BS

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

Comments:

Week 2- Ethical issues- charging out materials that would help mothers breastfeed. Current policy states items such as nipple shields and hydrogel pads must be paid for in person when they are provided. Some moms would benefit from these items to establish successful breastfeeding, but don't have the means to purchase them-can be very discouraging. **BS**

Week 3- The nurse described a time she was told to discharge the routine diabetic patient that is homeless. He was in the ER for three days waiting for a bed upstairs to become available, when it was decided he would be discharged. The nurse discussed feeling uncomfortable discharging him with a vial of insulin and a weeks worth of needles. Although he needed the medication, it seemed like an ethically gray area because he may not have the knowledge or understanding to dose himself appropriately and without injury. **Yes that is an interesting situation that could be a legal AND ethical issue. BS**

Week 5: I missed my clinical because I went to the wrong site. I will avoid this from happening again by not using acronyms in my planner to avoid confusion. I will also double check my planner against the clinical schedule the night before instead of relying on my planner alone.

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

Week 2- 4e- You and the lactation nurse were able to provide some valuable education to this patient. In doing so, she may have a much more positive breastfeeding experience than the last time she tried. 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 Objective: 4					
Date or Clinical Week:							
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		

*End-of-Program Student Learning Outcomes

Reflecting	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"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete		
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *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.</p> <p>Faculty/Teaching Assistant Comments:</p>							Total Points:
							Faculty/Teaching Assistant Initials:

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)		Na	S	NA	Na													
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	S	NA	NA													
i. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	S	NA	NA													
j. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		S	S	NA	NA													
k. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	S	NA	NA													
		BS	BS	BS														

Comments:

Week 3- 4h- Nice job discussing the fluid replacement your patient received and why. 4i- You did a good job describing the interventions performed for your patient related to both her disease process (dehydration) and the consequences of it (electrolyte imbalance). 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.		S	S	NA	NA													
b. Evaluate own participation in clinical activities.		S	S	NA	NA													
c. Communicate professionally and collaboratively with members of the healthcare team.		S	S	NA	NA													
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	NA													
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	NA													
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA	S	NA	NA													
g. Consistently and appropriately post comments in clinical discussion groups.		NA	S	NA	NA													
		BS	BS	BS														

Comments:

8/29/23 – Natasha Doughty Excellent in all areas. Comments: “Very personable! Asked excellent questions! You will be an awesome nurse! Great Job! 😊” Rachel Figgins, RN, CLC Preceptor

Week 3- 5a- You were able to work with a new and unfamiliar piece of equipment this week. You did a nice job of explaining how the straight cath kits used at FTMC work, and what to watch out for when placing one. BS

Week 3- 5a- From ER RN- “excellent in all areas. Fantastic participation.”

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)*		S	S	NA	NI													
b. Accept responsibility for decisions and actions.		S	S	NA	S													
c. Demonstrate evidence of growth and self-confidence.		S	S	NA	NA													
d. Demonstrate evidence of research in being prepared for clinical.		S	S	NA	NA													
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		S	S	NA	NI													
f. Describe initiatives in seeking out new learning experiences.		S	S	NA	NA													
g. Demonstrate ability to organize time effectively.		S	S	NA	NA													
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		S	S	NA	NA													
i. Demonstrates growth in clinical judgment.		S	S	NA	NA													
		BS	BS	BS														

Comments:

Week 2: become more comfortable around new moms and babies. Felt very out of place in such an intimate situation, I didn't feel like it was my place to contribute much. Hopefully this improves when I am in the clinical setting performing tasks and patient care instead of observing. **Yes, I bet the next time you will feel much more comfortable! BS**

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

Week 3: Gain confidence with ER assessments. While triaging our first patient (who was later diagnosed with appendicitis and transported to surgery) the nurse asked me to do a quick assessment. I finished a complete head to toe and after leaving the room the RN explained that they do more focused assessments in the ER. I felt pretty stupid, but I did accurately assess his LRQ pain and guarding associated with his later diagnosis of appendicitis. I also attempted a straight cath on a female patient (the confused 90+YO fall). She somehow pinned my hand between her knees, and her anatomy made it impossible to see anything. The straight cath kit also resembled more of a coffee stirrer attached to a drip chamber, which I was completely thrown by. I plan on googling different cath kits to see what other versions I might encounter so I'm not so nervous next time. **Good realization Tasha. Yes, there are times and places when a focused assessment is necessary. Most ER patients would fall into this category, as most of them come in with specific complaints. This is much different than working on a floor where head to toes are done on a regular basis and focused assessments are performed when necessary (change in condition, etc.). BS**

Week 5: I missed my clinical because I went to the wrong site (went to FTMC instead of FRMC). I will avoid this from happening again by not using acronyms in my planner to avoid confusion. I will also double check my planner against the clinical schedule the night before instead of relying on my planner alone. I fully accept responsibility and am thankful for the faculty working with me to reschedule my missed clinical.

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

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2023
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)	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
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)	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	
Remediation: 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): Arthur (A), Doughty (C), Miller (M)

GROUP #: 2

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2023 0835-1005

CLINICAL JUDGMENT COMPONENTS						OBSERVATION NOTES
NOTICING: (1, 2, 5) *						Nurses introduce themselves, begin assessment (remember to identify patient). VS obtained. Contractions noted on monitor. Patient identified, orientation established.
• Focused Observation:	E	A	D	B		
• Recognizing Deviations from Expected Patterns:	E	A	D	B		

<ul style="list-style-type: none"> Information Seeking: E A D B 	<p>Enters room and begins assessment, VS. Patient identified, CO feeling dizzy. Bleeding noticed. Notices boggy uterus.</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>Contractions interpreted on monitor. Pain level at 5. UA results interpreted, + for glucose. FSBS- 200. From interactions, team interpreted the need for education related to blood sugar control and lifestyle changes.</p> <p>Bleeding interpreted as abnormal. Pad- 600 g. Uterus interpreted to be firm in response to fundal massage.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> Calm, Confident Manner: E A D B Clear Communication: E A D B Well-Planned Intervention/ Flexibility: E A D B Being Skillful: E A D B 	<p>Urine sent to lab. Fetal monitor applied. Mona requests something to smoke. Charge nurse asks questions about smoking. Call to lab for UA results. Education provided to patient RT smoking, prenatal care. Great teamwork. Cultural preferences discussed. Patient assisted to left side. Call to provider. Orders received for fluids, Procardia, and acetaminophen, orders read back. Ice chips provided. Education provided on the importance of prenatal care, gestational diabetes. Medications and IV fluid prepared, patient identified, allergies checked. Medications administered and IV fluid initiated. Call to OBGYN to set up appointment.</p> <p>BP measured in response to feeling dizzy. Uterine massage initiated in response to noticing bleeding. Call to provider to report symptoms. Orders received and read back to provider. Medication prepared and administered. O2 applied. BUBBLEE assessment completed.</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, 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 lifestyle changes and</p>

	prenatal care, especially with pregnancy.
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon 	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</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. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families 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 Shows mastery of necessary nursing skills</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: _____