

**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.		NA	NA	S	S													
b. Provide care using developmentally appropriate communication.		NA	NA	S	S													
c. Use systematic and developmentally appropriate assessment techniques.		NA	NA	S	S													
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	S	S													
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	NA	S	S													
<b>Clinical Location Age of patient</b>		NA	NA	H&V / LC	FT ER, 92 yrs.													
	KA	KA	KA	KA														

**Comments:**

**Safety Measures for the Adolescent:** Intense need for independence, leading to risky behaviors or behaviors heavily influenced by peers. These risky behaviors can include experimenting with drugs, excessive alcohol intake, engaging in unprotected sex, partying, and unsafe or drunk driving. **KA**

**Erikson's Stage of Development:** Identity vs. Role Confusion; this is the stage of development for an adolescent because they are starting to form their own person through newly gained cognitive functioning. This cognitive functioning allots their ability to independently take on tasks and or act independently. They are also starting to self-identify with peers and other adults. **KA**

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

**Safety Measures for the Newborn:** Prevention of hypothermia via swaddling, prevention of aspiration, and skin-to-skin bonding. Sleeping alone, on their back, and in a crib to prevent the development of SIDS; would include education to the caregivers on how to prevent SIDS. Education to the caregivers related to feeding Q2H and changing Q2H to prevent diaper rash and maintain skin integrity. Assessing to be sure the right IV is hanging, putting the side rails up, and assessing for wet areas on the floor (fall risk). Education should be given to visitors to wash their hands and not kiss the baby; this would aid in the prevention of spreading RSV. **KA**

**Erikson's Stage of Development:** Trust vs. Mistrust; this is the stage of development for the newborn because the newborn is gradually learning cues from their caregiver of when to feed and when to bond. Bonding with their caregivers is important for the newborn to survive as the caregiver accepts responsibility for the newborn. Because of this, finding trust with the caregiver will aid in promoting adequate milestone development. **KA**

Week 4 – 1a – You did a nice job discussing one of the mothers you worked with while on clinical with the Lactation Consultant. **KA**

Week 4 – 1b – You did a great job highlighting your communication techniques and how they focused on your knowledge of the adolescent child. **KA**

Week 4 – 1e – You did a nice job identifying the correct growth and developmental level the students you worked with were in. You recognized the students were in the Erikson's stage of identity versus role confusion. **KA**

**Safety Measures for the Older Adult:** Prevention of falls, maintaining adequate hydration to prevent dehydration and confusion, and preventing the development of a UTI. Education would have to be given to the older adult of the POA regarding adequate hydration and the relation between proteinuria and confusion/ disorientation. Prevention of skin breakdown and maintaining skin integrity through bladder training and Q2H toileting. Education on a high protein diet to promote adequate healing and return to baseline functioning. Signs and symptoms of a UTI and dehydration should be given to the patient or POA to promote safety with transfers and ADLs. Preventing bowel obstructions and education on a high-fiber diet to promote regular bowel movements and prevention of constipation.

**Erikson's Stage of Development: Integrity vs. Despair; this is the stage of development for older adults because they spend a great deal of this part of their lives reflecting on the choices they made and the life they lead now. Wisdom in thoughts and feelings is accumulated and reflected upon. This part of their lives is full of relationships, bonding, and fulfillment.**

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

**Comments:**

Week 4 – 1k – You did a nice job discussing the culture and beliefs of the school system you performed hearing and vision screening in. You were very observant and able to pick up their beliefs and values through different things you observed in the building. KA

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

**Comments:**

**SDOH (LC & H/V):** Some factors that I noticed that had the potential to influence patient care was poverty. I noticed that struggling financially had an influence on the individual's compliance with their care. This included noncompliance with education on proper self-care habits, taking their medication regularly, and their motivation to seek out community resources. Compared to other individuals who did not experience poverty, their compliance and motivation to interact and be part of their care was substantial. Because of the limited resources that came with poverty, educating mothers on community resources was important to the health of not only them but their newborn as well. This is why compliance in care is important. **What a great reflection on concerns for this population. KA**

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

Week 4 – 2c – You were able to describe observing the baby latch on the breast and begin to suck and swallow. You were able to discuss how the position change assisted with a better feeding for the infant and how true sucking can be witnessed further back in the jaw. KA

**SDOH (FTMC ER):** Some factors that I noticed that had the potential to influence patient care were advanced age and memory loss. These were factors that stood out to me because of the vulnerability aspects of their care. For example, I encountered a few patients who were confused and had a POA or caregiver to speak or make decisions for them. Because of this patient's vulnerability, there is a higher chance of abuse and or neglect whether it be intentional or unintentional, solely because the patient cannot make decisions for themselves and must rely on others to do so.

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

**Comments:**

**Week 4 Legal and Ethical:** issues that I observed in the clinical setting were the limited resources for a new caregiver. They expressed that they struggled with mental illness and had been hospitalized for this. They also mentioned that they were noncompliant in taking their medication for their mental illness. They also mentioned that they were struggling financially but didn't have the means to adjust to this. To me, this was an ethical issue because the caregiver was noncompliant in their care, it made me worried that they would also be noncompliant in their newborn's care. I don't believe that this would have been intentional, but they were used to having limited resources; therefore, noncompliance whether intentional or non-intentional, was the norm for their lifestyle. **This is a great example of justice and how there is not enough resources for everyone that needs them. KA**

**Week 5 Legal and Ethical:** Some legal and ethical issues I encountered in the clinical setting were when an impoverished family came in and the mother lacked access to proper health and literacy resources. This limitation was heavily emphasized in the mother's lifestyle, to the point that the grandmother had to step in and assume responsibility and make health decisions for her daughter's children. The mother seemed incapable of advocating or seeking resources for herself and her children. This would've been a good referral to CPS and education to the mother regarding the resources available to her and her family.



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	NA	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	S													
d. Summarize witnessed examples of patient/family advocacy.		NA	NA	S	S													
e. Provide patient centered and developmentally appropriate teaching.		NA	NA	S	S													
f. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S													
	KA	KA	KA	KA														

**Week 4:** Some examples of patient advocacy that I witnessed in my lactation consultant clinical was promoting independence to the caregiver while breastfeeding. During one of the visits, the caregiver was starting to become frustrated that the newborn wasn't latching on properly. The consultant advocated with patience different positions and techniques to help the newborn latch on more easily; cross cradle worked better than football positioning. This education brought relief to the caregiver. **KA**

**Week 4 – 4c – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You discussed the nurse's process for documenting the screenings in the computer system and discussed what information needs to be reported to ODH. KA**

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

Week 4 – 4e – You did a great job identifying education provided to the mother including information regarding position changes and how to use a nipple syringe during breastfeeding. You also did a nice job educating the high schoolers you worked with in the school system during hearing and vision screenings. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. KA

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		

\*End-of-Program Student Learning Outcomes

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

Comments:

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.		NA	NA	S	S													
b. Evaluate own participation in clinical activities.		NA	NA	S	S													
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	NA	S	S													
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	S													
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	S													
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA	NA	NA	S													
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	S	S													
	KA	KA	KA	KA														

**Comments:**

Week 4 – 5a – Rachel Figgins RN was your preceptor. You were rated Excellent in all areas. Preceptor commented, “Willing to help at bedside!” KA  
 Week 4 – 5g – Emily, you did a terrific job completing your CDG questions on your lactation and hearing and vision screening clinicals. You did a nice job thoroughly responding to the questions and including an appropriate in-test citation and reference. Remember when in-test citing a direct quotation to include the page number or the paragraph number if there are no page numbers. Keep up the nice work. KA

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

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

**Comments:**

**Week 4 Areas of Improvement:** Some areas of improvement that I believe could be adjusted is my confidence in myself to educate others. Even when I feel completely comfortable with the knowledge that I have about the topic, I still get nervous sometimes. This sometimes leads me to jumble up words or miss information when trying to educate a patient. A goal that will help me overcome and achieve my goal of less anxiety during education is roleplaying with my peers and family members. Roleplaying with my peers can help me prepare for speaking to someone about their disease process. This will also help me prepare for questions that the patient may ask. These interventions will help me achieve my goal of confidence in educating by 9/22/23. **Great idea! Role playing can be great to improve patient education. KA**

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

**Week 5 Areas of Improvement:** An area of improvement that I believe I could be adjusted is being quick with my skill performance. I feel that I take a minute to gather my thoughts about how to perform a skill; this wouldn't be helpful in the ER. I feel that it is less of the confidence in the skill but more of the dexterity and timeliness to perform the skill. I hung and primed my own LR line, and it took me a second to prime the line completely of bubbles. I feel that with practice in the lab and with my peers I can gain confidence in and accuracy in the dexterity of my skill performance by 9/26/23.

**\*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	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
<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	KA	KA	KA	KA	KA	KA	KA	KA	KA	
<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

<b>Simulation Evaluation</b> Performance Codes: <b>S:</b> Satisfactory <b>U:</b> Unsatisfactory	<b>Simulation</b>											
	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)
	<b>Date:</b> 9/12 & 9/13	<b>Date:</b> 9/25	<b>Date:</b> 10/3 & 10/4	<b>Date:</b> 10/9	<b>Date:</b> 10/12 & 10/19	<b>Date:</b> 10/26 & 11/2	<b>Date:</b> 11/6	<b>Date:</b> 11/7 & 11/8	<b>Date:</b> 11/21	<b>Date:</b> 11/21	<b>Date:</b> 11/28	<b>Date:</b>
Evaluation	S											
Faculty Initials	KA											
<b>Remediation:</b> <b>Date/Evaluation/Initials</b>	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						<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (1, 2, 5) *</b></p> <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> <li>• Information Seeking:       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. 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. 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</p>

	amount and what to expect. Call to provider, order received for fluid rate changed.
<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 communication.</p>
<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</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>

members of the health team. (3, 5, 6)\*

5. Implement appropriate nursing interventions upon 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: \_\_\_\_\_