

**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:		S	N/A	N/A	N/A	S												
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	N/A	N/A	N/A	S												
b. Provide care using developmentally appropriate communication.		S	N/A	N/A	N/A	S												
c. Use systematic and developmentally appropriate assessment techniques.		S	N/A	N/A	N/A	S												
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	N/A	N/A	N/A	S												
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S U	S	N/A	N/A	S												
Clinical Location Age of patient		ED	Off week	Off week	OFF WE EK	FT 25, neonate												
		RH	RH	RH	RH													

Comments:

Week 2 : While at the Emergency Department I briefly got to care for a patient. I was able to take this patients vital signs and discontinue her IV. This patient trust me enough to perform this care on her. Before I took the IV out my nurse and I made she that she was okay with this, then I proceeded. **This is not a stage of development from Erikson's Stages. Please review and select an appropriate response to correct this from a "U". RH**

I am addressing my "U" from last week. I wasn't sure on how to answer this question at first since I didn't have any children or adolescents tot take care of. My nurse had one patient the entire time. So for last week an appropriate option for my patient for Eriksons stages would be Intimacy vs. isolation. The entire time my patient keep talking about her significant other so this is one of the stages that she completed which is fulfilling a loving relationship with other people, if this stage failed she would feel

isolated. Talking to her you know that she completed this stage she talked about all of her great relationships that she has in her life and how that they're all great support people. I addressed my U from last week and explained my answer, therefore it should no longer be a "U." RH

Week 2: 1(a, k): Great job describing your patient and their cultural implications related to their plan of care. RH

Week 6: I decided to do the trust vs mistrust on the newborn. During my clinical I had a really fussy and crying baby, but as soon as you would hold this baby it would stop crying meaning the baby trusted us and felt safe with us. The baby only seemed to be content when she was being held or when some thing was physically touching her like a hand or us holding down that binky. It's important that we are showing some towards of affectionate care for the baby or else it can develop a sense of mistrust.

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

Comments:

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	N/A	N/A	N/A	S												
b. Perform nursing measures safely using Standard precautions.		S	N/A	N/A	N/A	S												
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	N/A	N/A	N/A	S												
d. Practice/observe safe medication administration.		S	N/A	N/A	N/A	S												
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		N/A	N/A	N/A	N/A	S												
f. Utilize information obtained from patients/families as a basis for decision-making.		S	N/A	N/A	N/A	S												
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*		S	N/A	N/A	N/A	S												
		RH	RH	RH	RH													

Comments:

Week 2: An example of SDOH would be having a reliable support system and transportation. When at the Emergency Department the patients can be given sedative medications, which makes them not able to drive themselves home. If someone didn't have a reliable support system they wouldn't be able to find a ride home which

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

means that patient could be waiting for a long time before those side effects wear off. Which can be very upsetting for the patient. **This happens more often than one would think and can absolutely be a hindrance on the patient. RH.**

Week 6 : an example of SDOH for my patient this week would be her education level. She is not very well educated and she doesn't communicate very well or engage in any conversation about herself and the baby. This can lead to further complication for the baby and her own health. She's not interested in learning or engaging which could lead to her not wanting to provide the appropriate care for her and her child. This could also mean that she isn't aware of any illnesses her baby may be experiencing.

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

Comments:

Week 2: One thing that they do in the Ed when being admitted is ask you questions about your health if you basically have any transmitted diseases. Which this is something that a patient could lie about and then spread the disease to the nurse which then can spread to the patients. They ask these type of questions so they can initiate specific types of protocols and PPE for that specific patient. Since COVID Is slowly making it's way back it was talked about how the nurses aren't just going to test for OCVID that way they won't know if they have it or not, which they will be spreading this virus. **This also happens frequently in the ED as people do not want to be turned away or have nurses think they are "dirty" with certain diseases. This puts all nurses at risk who then care for that patient without knowing the full story. Good observation!**
RH

Week 6: One thing I noticed is the lack of child care that she implemented while in this clinical experience. I noticed when the baby was crying or when we would walk into the room that the baby would just be laying in the high crib, whereas I would've picked the baby up and comforted her because she would stop crying one someone show some towards of affectionate to her. She did a good job at keeping up with a consistent feeding time she would stick to doing it every 3-4 hours which is what we told her to do.

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

Comments:

Week 2: 4(c)- this was changed to an NA because you do not chart on Cerner at Fisher Titus ED. RH.

Week 2: 4(b)- Great interventions for you patient in the ED and describing how the patient responded. Did you do these all on your own (with your preceptor) or were there more than one nurse in the room?

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		
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*</p> <p>*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>						<p>Total Points:</p>	
						<p>Faculty/Teaching Assistant Initials:</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)		S	N/A	N/A	N/A	S												
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		S	N/A	N/A	N/A	S												
i. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		S	N/A	N/A	N/A	S												
j. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		S	N/A	N/A	N/A	S												
k. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		S	N/A	N/A	N/A	S												
		RH	RH	RH	RH													

Comments:

Week 2: 4(h, i)- Good description of interventions and WHY you performed them by connecting them to the disease process. RH

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

Comments:

Week 2: 5(a)- there is so much technology in the ED and I am glad you were able to experience some new procedures and how it improves/helps with patient care. It is nice to see other charting systems to compare to what we are used to at FRMC. RH

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

Comments:

Week 2 : I think I need to improve being confident in myself. I always know what I'm doing, but I just second guess myself. Especially being in an environment I've never been to before I was nervous and I didn't know my way around. I think this clinical will honestly help me improve in situations like this. I just need to start trusting my gut and believing in myself. I plan to achieve this by my next clinical with just being more confident and giving myself more positive feedback. **Confidence takes times, especially in new environments. Way to acknowledge this and be able to learn from it. RH**

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

Week 2: Feedback from your preceptor, “Keyara was comfortable in patient care situations. She was receptive and engaged in learning and educational opportunities!” She also marked you as excellent in all categories. Great job! RH

Week 6: Some thing that I think I need to improve on is being comfortable with the baby. It just made me nervous changing the baby because it would make her upset and cry, but I have to realize that all baby do that and it’s not anything that I’m doing that’s hurting them. I just need to be more commutable with his setting and understand that I’m not doing anything harmful to the baby. I just plan to achieve this goal by trusting my judgement and not thinking too much when assessing the baby. I think after this clinical experience I will be more comfortable with my next OB clinical rotation.

***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: 8/22	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
Remediation: Date/Evaluation/Initials															

* 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: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/24	Date: 10/16
Evaluation	S	S	S	S	S	S	S	S	S	
Faculty Initials	RH	RH	RH	RH	RH	RH	RH	RH	RH	
Remediation: Date/Evaluation/Initials										

* 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 & 9/13	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: 9/19/23
Evaluation	S											S
Faculty Initials	RH											RH
Remediation: Date/Evaluation/Initials	N/A											NA

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse; O=Observer (Course Specific)

STUDENT NAME(S) AND ROLE(S): Schneider (A), Seiger (C), Whittaker (M)

GROUP #: 7

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/13/2023 1335-1505

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Introduces self and identifies patient. VS. Notices fetal heart rate and contractions. Pain with contractions rated 5/10. Noticed UA results abnormal. Pain reassessed following acetaminophen administration. Begins second assessment. VS. Patient CO dizziness. Notices bleeding. 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>FSBS- 200, questions patient about what their normal is. Leopold's result- head down. Interprets the need for patient education- smoking, diabetes, prenatal care, primary care.</p> <p>Patient condition interpreted to be improving with interventions. Interprets the need to inspect breasts.</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>Patient asks for a smoke, alternatives offered. FSBS obtained. Leopold's maneuver. Patient education provided related to smoking cessation. Fetal monitor applied. Call to pharmacy about safety of nicotine patches/gum in pregnancy. Call to lab to inform of urine sample. Patient assisted to their left side. Call to provider with good SBAR report. Orders received for US to verify date, IV fluid, Procardia, acetaminophen patient education (remember to read back orders). Procardia, acetaminophen, IV fluid explained to patient, administered. Patient education provided. Medications prepared. Call to pharmacy regarding Procardia. Pain rated at 5/10, acetaminophen and Procardia administered, IV fluid initiated.</p> <p>Congratulates patient and inquires about education topics. Fundal massage began immediately. Call to provider to report hemorrhage. Orders received- remember to read back orders. IM methergine prepared, patient identified medication administered. IV fluid rate increased. Call to provider to report patient response to interventions. BUBBLEE assessment performed. Episiotomy assessed. Good job with patient support/education.</p>
<p>REFLECTING: (6) *</p>						<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed</p>

<ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>team member roles and being flexible- giving and offering help when needed. 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 prenatal care, especially with pregnancy. Team did a great job with education.</p>
<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 A= Accomplished D= Developing 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 completion of nursing assessment. (1, 2, 5)* 	<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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful 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 Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. 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>

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: **Keyara Schneider**

OBSERVATION DATE/TIME: **9/19/23**

REFLECTING: (6)*

- Evaluation/Self-Analysis: **E** A D B
- Commitment to Improvement: **E** A D B

You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.

Great job.

I enjoyed seeing your pregnancy photo!

SUMMARY COMMENTS:

E = exemplary, A = accomplished, D = developing, B = Beginning
Based off of Lasater's Clinical Judgment Rubric

Developing to accomplished is required for satisfactory completion of this simulation.

Comments

You are satisfactory for this simulation. RH

*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: _____