

**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>		NA	NA	S	S	S												
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	S	S												
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	S												
c. Use systematic and developmentally appropriate assessment techniques.		NA	NA	NA	S	S												
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	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	S												
<b>Clinical Location Age of patient</b>		NA	Na	BV-H&V	LC & Em erg.	Fire ands OB												
	KA	KA	KA	KA	KA													

**Comments:**

Week 4- Identity v. Role Confusion. The kids that I was working with during the screenings were in high school and between the ages of 14-18. These kids are learning their place in society and truly developing their own personality and identity. It was clear to observe the difference between there personality, style, communication, dress how they all were figuring out themselves. 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

Week 5- Integrity v. Despair – This patient was in their retirement years and was just trying to make the most of the time that they had left by experiencing the world in their RV. They spoke about their adult children and grandchildren and how they missed them on their travels but don’t regret going whatsoever. I believe this person was trying to seek out life satisfaction by completing the traveling that never happened in their youth. KA

Week 5 – 1a – You did a nice job describing patients from your lactation and emergency room clinical experiences you had the opportunity to work with this week. KA

Week 6- Trust v. Mistrust- I was tasked with taking care of baby. Due to baby being a day old I don’t believe that he had formed a preference to who help him or calmed him down. I could however identify that when he was swaddled and warm that he became more content. This I believe was the start of him developing trust towards caregivers to meet his needs.

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		
<b>Competencies:</b>																		
f. Describe psychological changes in response to the expectant mother’s pregnancy. <b>Maternal</b>		NA	NA	NA	NA	S												
g. Discuss prenatal influences on the pregnancy. <b>Maternal</b>		NA	NA	NA	NA	S												
h. Identify the stage and progression of a woman in labor. <b>Maternal</b>		NA	NA	NA	NA	S												
i. Discuss family bonding and phases of the puerperium. <b>Maternal</b>		NA	NA	NA	NA	S												
j. Identify various resources available for children and the childbearing family.		NA	NA	S	NA	S												

k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		NA	NA	S	S	S												
l. Respect the centrality of the patient/family as core members of the health team.		NA	NA	S	S	S												
	KA	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

Week 5 – 1k – You discussed how your patient's living situation affected her potential ability to manage her health after discharge. 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	S												
b. Perform nursing measures safely using Standard precautions.		NA	NA	NA	S	S												
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	S	S	S												
d. Practice/observe safe medication administration.		NA	NA	NA	S	S												
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	NA	S	S												

f. Utilize information obtained from patients/families as a basis for decision-making.		NA	NA	NA	S	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	S												
	KA	KA	KA	KA	KA	KA												

**Comments:**

Week 4- During the hearing and vision screening I was speaking to a kid about the reason for not wearing glasses and he said that his mom had not taken him to get a new pair of glasses yet because they were broke. Kids face lack of resources to purchase new glasses and they may lack transportation to get to and from doctors appointments. **Financial concerns can definitely be a huge concern that can affect follow-up care in children. KA**

Week 5- The patient was retired and on a fixed income. They meticulously planned out their travels and seem to have a plan for everything they do. They do not have any children near them as they were not from the area. They were well educated and were able to comprehend what was happening and could competently make medical choices. **Great observations for this unique patient. KA**

**Week 5 – 2c – You did a nice job sharing what you observed while the newborn was feeding and how you witnessed the baby latch properly during the feeding. KA**

Week 6- Mom and dad of baby of baby were both young and live at with the dad’s family. As of now there are no plans for them to move out and on their own as of now. They both have jobs and report a steady income and deny needs for any assistance for baby. There were no visitors present during my time at the hospital, so I question familial support requiring further investigation.

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	S												

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

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

**Comments:**

Week 4- Being in the clinical setting I observed the ethical issue of bullying. I saw a kid walk up to the vision screening and I heard another student mumble something under his breath. I couldn't quite make out what it was, but the comment was most definitely directed toward the child walking by. This comment was then followed by smirks and laughs under their breath. **That is an ethical dilemma. What should you say? How do you deal with it when you have this concern but no true evidence it is occurring? KA**

Week 5- Something that I saw this week on clinical was during my lactation clinical. There was a mom that delivered her baby via scheduled c-section and then signed herself out AMA less than 24 hours after delivery but left the newborn infant at the hospital. She then returned two days to pick up later. **That is a very interesting and unique ethical dilemma you experienced while on clinical. KA**

Week 6- One legal/ethical issue that we experienced while on clinical was that one of our instructors was our patients. This is especially important because we can not mention to anyone in our class that we took care of her newborn because that would be disclosing patient information. Another was that mom and dad of baby that I was caring for were not married so the dad had to sign an affidavit to be on the birth certificate. There was no issue with him signing it, it was just different than if mom and dad were married.

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		

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

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

Week 4 – 4e – You 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

Week 5 – 4b – You were able to discuss the 5 priority nursing interventions for your patient and how the patient responded to the different interventions performed. KA  
 Week 5 – 4e – You did a great job sharing all the wonderful education that was provided to the mother while you were there on clinical including feeding cues and proper latching technique. KA

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

<b>Reflecting</b>	13. List all of the highlighted reassessment findings for the top nursing priority.	<b>&gt;75% complete</b>	<b>50-75% complete</b>	<b>&lt;50% complete</b>	<b>0% complete</b>			
	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>	<b>Complete</b>			<b>Not complete</b>			
<p>Total Possible Points= 42 points  42-33 points = Satisfactory  32-21 points = Needs Improvement*  &lt; 21 points = Unsatisfactory*  <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>							<b>Total Points:</b>	
							<b>Faculty/Teaching Assistant Initials:</b>	

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

**Comments:**

Week 5 – 4h – You were able to discuss different medications you saw ordered and administered to the patient you worked with this week and how it related to her disease process. KA

Week 5 – 4i – You were able to discuss some of the treatments you saw while in the emergency room and how they related to the patient's disease process. KA

<b>Objective</b>																		
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	S												
b. Evaluate own participation in clinical activities.		NA	NA	S	S	S												
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	NA	S	S	S												
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	S	S												
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	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	NA	S												
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	S	S	S												
	KA	KA	KA	KA	KA													

**Comments:**

Week 4 – 5g – Ashley, you did a nice job responding to CDG questions related to your hearing and vision experience. Your responses were thoughtful and included a reference and in-text citation that added to your discussion. Good job! KA

Week 5 – 5a – You had the opportunity to see the Ranger machine while in the emergency room to help during a major trauma when needing to warm fluids and blood and blood products. Even though you didn't get to see it utilized, I am glad you were able to learn more about it. KA  
 The preceptor you worked with R. Smith during your lactation clinical reported you were Excellent in all areas. KA  
 Week 5 – 5g – Ashley, you did a wonderful job responding to all the CDG questions on your emergency room and lactation consultant clinical experiences. You included an appropriate in-text citation and reference to help support each of your responses. Thank you for sharing all of the interesting things you learned on clinical. Keep up the wonderful work! KA

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	S												
b. Accept responsibility for decisions and actions.		NA	NA	S	S	S												
c. Demonstrate evidence of growth and self-confidence.		NA	NA	S	S	S												
d. Demonstrate evidence of research in being prepared for clinical.		NA	NA	S	S	S												
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	NA	S U	S	S												
f. Describe initiatives in seeking out new learning experiences.		NA	NA	S	S	S												
g. Demonstrate ability to organize time effectively.		NA	NA	S	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	S												
i. Demonstrates growth in clinical judgment.		NA	NA	S	S	S												
	KA	KA	KA	KA	KA													

Comments:

\*End-of-Program Student Learning Outcomes

Week 4: I believe that I need to ask for clarification more when it comes to tasks. When doing the screening I got a little confused as to what needed to be filled out for each station. I was quite nervous and forgot what needed to be filled out. I eventually asked for assistance after doing a few and was luckily doing it correctly. **Never be afraid to ask questions or for clarification to ensure you are doing something right. Great goal! KA**

**Week 4 – 6e – Your clinical evaluation tool was submitted after the due date in time. Please make sure to make a comment on how you will prevent receiving a U in this competency in the future. KA**

Week 5- I think that one thing that I need to work on is looking over a pediatric assessment. I felt that I did a sufficient enough job and made sure to hit all of the important assessment pieces. It felt very choppy and awkward. I also didn't understand my expectations in the "quick-care" and didn't get to perform a head to toe. In order to meet this and improve I want to find pediatric assessment videos on YouTube and watch them. I will make sure to not be late on submitting my clinical tool by setting an alarm on my phone not only for the day that it is due but also for the day prior. I will make sure to check at 7:30am on Fridays to make sure all of my work is completed. **That sounds like a great idea. The more you practice the more smooth and concise it will be and your pediatric assessment skills will be second nature just like your adult assessment skills are. KA**

Week 6- I was quite nervous to be assigned to a postpartum mom after learning about all of the possible complications that mom can experience afterwards and how critical it is to identify them early because they are truly life threatening. Though we have had clinical before this truly felt like a different world and something to adjust care differently to. It was quite different taking care of people younger than me/ the same age as me. I want to really review postpartum assessment prior to my OB clinical and ask to take care of mom next time. I also need to reassure myself that I am competent, capable, and smart enough to be assessing the patients along side our instructors.

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	S										
Faculty Initials	KA	KA										
Remediation: Date/Evaluation/Initials	NA	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): Barber, Huntley, Noftz

GROUP #: 1

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2023 0700-0830

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>Assessment nurse identifies herself and begins assessment with VS. (Remember to identify patient). Mona CO pain. Back in to check blood sugar. Based on conversation, notices Mona is in need of lifestyle changes.</p> <p>Patient identified. VS obtained. BP noted to be low. Notices patient is bleeding. Establishes orientation. Laceration assessed.</p>
<p><b>INTERPRETING: (2, 4) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       A       D       B</li> <li>• Making Sense of Data:           E       <b>A</b>       D       B</li> </ul>						<p>BP interpreted as normal. Pain rating interpreted as needing medication. UA interpreted as + glucose, THC, nitrates and leukocytes.</p> <p>BP interpreted to be low and causing symptoms. PPH determined. Uterus firming up in response to uterine massage.</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>Inquires about pain characteristics and intensity. FHR monitor applied. Mona asks for smoke and mountain dew, alternatives suggested. Call to provider, US ordered, IV fluids, Procardia, acetaminophen, FSBS all ordered. UA collected. Call to radiology to request US to determine gestational age. Mona again asks for something to smoke and drink (prime opportunity to provide education). Medications prepared, patient identified, medications administered, IV fluids initiated. Call to lab for results. Call to doctor to update on UA results. Provider suggests education related to tobacco/THC use and dietary changes. Education provided.</p> <p>Call to lab to request CBC draw. When bleeding is noticed, fundal massage initiated. Call to provider to report bleeding and boggy uterus. Orders received for fluid increase and methergine. Questions</p>

	<p>asked to determine orientation and explanation is provided to patient. Medication prepared, patient identified, medication administered. Pad weighed- 600 grams. Call to provider to report patient response to interventions.</p>
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:        E        <b>A</b>        D        B</li> <li>• Commitment to Improvement: E        <b>A</b>        D        B</li> </ul>	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication. Also discussed that it is ok to ask for help when unsure of something. Discussed the importance of lifestyle changes, especially with pregnancy.</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 members of the health team. (3, 5, 6)*</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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment 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 a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

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: \_\_\_\_\_