

**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	NA	NA	NA	S	S											
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	NA	NA	S	S											
b. Provide care using developmentally appropriate communication.		S	NA	NA	S	S	S											
c. Use systematic and developmentally appropriate assessment techniques.		S	NA	NA	NA	S	NA											
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	NA	NA	NA	S	NA											
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	NA	NA	S	S U	S											
Clinical Location Age of patient		FR MC OB 1 day old	Em pat hy Bel ly Res che dul ed	Preg nanc y and Post partu m Sim Lab	Boys and Girls Club 6-12	FT ER Mult iple Ages : 2yo, 10yo , 17yo , 58yo , 72yo	LC Infa ncy 0- 12m o											

*End-of-Program Student Learning Outcomes

	BS	BS	BS	BS	BS													
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Comments:

Week 2: Infant- I chose this stage of growth and development from the Erikson’s Stages because this usually lasts from birth until 1 year of age. According to Erik Erikson, “the crisis of infancy is trust versus mistrust” (Linnard-Palmer et al., 2021). This means that the child has to build a sense of trust to help build future psychosocial skills. The infant is learning to trust that one or both of their parents is going to feed them, or clean them or comfort them and this builds the foundation of their psychosocial skills until they learn to do these things for themselves. **Nice job, you correctly identified the Erikson’s stage of Trust vs. Mistrust. BS**

Week 2 – 1a – You did a wonderful job providing holistic care to the baby you were assigned to this week. KA

Week 2 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. KA

Week 2 – 1d – You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process when returning the baby to the mother after being in the nursery. KA

Week 5: School Age- I chose this stage of growth and development from Erikson’s stages because this usually lasts from ages 6-12. According to Erikson, “the school-aged child must have already mastered the developmental stages of trust, initiative, and autonomy to be ready for the next stage of industry. Industry can be defined as the child’s sense of worth” (Linnard-Palmer et al., 2021). **Please know that these are the Erikson’s stages of growth and development: (Trust vs. Mistrust. ...Autonomy vs. Shame and Doubt ...Initiative vs. Guilt. ...Industry vs. Inferiority. ...Identity vs. Confusion. ...Intimacy vs. Isolation. ...Generativity vs. Stagnation. ...Integrity vs. Despair. BS**

Week 5- 1b- You did a nice job discussing the differences you noticed among the age groups you interacted with during your time at the Boys and Girls Club. 1e- Nice job describing the ways in which you adjusted your communication style as you educated and interacted with the different ages of children at the Boys and Girls Club. Although they may seem close in age, there are significant differences in the ways they communicate and respond with others. BS

Week 6- 1a- You did a nice job detailing one of the patients you took care of in the FTMC ER and discussing the reason for her visit. 1e- You received a U in this category for not identifying Erikson’s Stage of Growth and Development. Please respond below as to how you will prevent this in the future. BS

Week 7: I chose this stage of development from Erikson’s stages because this age lasts from birth to about one year of age. The infancy stage of Erikson’s stages is trust vs. mistrust. This is when the baby learns to trust that the mother is going to tend to the baby’s needs when he/she cries. Last week I forgot to include which Erikson’s stages were included in the patient’s I took care of. To avoid this happening again, I will be sure to look over the Erikson’s stages section of my clinical tool before submitting it each week.

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		

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

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

Comments:

Week 6- 1k- You did a nice job pointing out several cultural implications that should be considered when providing care for patients. People (nurses) have long known about the importance of food and religious preferences. Gender influences are more of a newer concern (in the mainstream) but still very important. BS

Objective																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children encompassing cultural sensitivity and diversity. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Engage in discussions of evidenced-based nursing practice.		S	NA	NA	NA	S	S											

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

b. Perform nursing measures safely using Standard precautions.		S	NA	NA	NA	S	S											
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	NA	NA	NA	S	S											
d. Practice/observe safe medication administration.		S	NA	NA	NA	S	NA											
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		S	NA	NA	NA	NA	NA											
f. Utilize information obtained from patients/families as a basis for decision-making.		S	NA	NA	NA	S	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	NA	NA	S	S	S											
		BS	BS	BS	BS	BS												

Comments:

Week 2: A social determinant of health that could impact the overall health of my patient is little to no access to healthful foods (Linnard-Palmer et al., 2021). This could impact the health of my patient because the baby receives all of his or hers nutrients in their first months of life from the mother. If the mother cannot access appropriate healthy foods to feed herself, this can effect her health. The baby will be given the proper nutrients they need to survive, however, the mother may experience malnutrition and/or health decline, which in turn, would effect the baby because the mother would need to focus on her health before she can provide for the baby. **Great job, Megan. BS**
 Week 2 – 2b – You were able to observe a circumcision and the nursing interventions provided during and after the procedure to the newborn. **KA**
 Week 2 – 2c – You did a wonderful job providing a baby bath to your assigned newborn. You monitored the newborn’s temperature before and after bath as well as helped prevent hypothermia by utilizing appropriate warming techniques. **KA**
 Week 2 – 2f – You worked with the family to gather information on the baby to appropriately document the baby’s I&Os in the EMR. **KA**

Week 5: Social determinants of health that could affect the health of these children include coming from a low income home and lack of transportation. If the child comes from a low income home, they may not have access to healthful foods which could lead to malnutrition and/or obesity. Lack of transportation can affect these children’s health because they may now have access to a ride to get them to and from school to receive and education and they may not be able to get to their yearly well child checkup appointments. **Yes, great job! BS**

Week 5- 2g- Good job identifying social determinants of health that may have an impact on the children. Low income and lack of transportation certainly have an effect on a family, especially with little ones who benefit from having the same experiences as their peers. When you get a chance to talk to some of these kids, some of them don't eat from the time they leave until the next morning at school. BS

Week 6: Social Determinants of health that could affect the health of the patients I had include lack of transportation and low income. I had a 17 y/o who came into the ER via Norwalk police for suicidal and homicidal ideations. His mother needed to be present for the MRSS call to help create a safety plan/plan of care for her son, however she didn't have a ride to get there. The Norwalk police willing picked her up and brought her in, but lack of transportation poses issues for future situations like this where the police may not be willing to bring her in. Also, ER visits are pretty costly between all the medications and interventions provided. They may not be able to afford follow-up visits because one trip to the ER put a big hole in their financial leeway. Olivia, great job discussing two of the social determinants of health that certainly play a role in the care of your patient. BS

Week 7: A social Determinant of health that could affect the health of my patients is lack of resources. I noticed that most of my patients had a newborn follow-up appointment with Peds on Wheels because they were unsure of who to go to as an established pediatrician. Lack of resources and a lack of knowledge when it comes to not having an established pediatrician can lead to missed vaccinations, and not knowing when your child is missing certain milestones that they should be hitting at a certain age. In situations like this, it is best to provide your patients with as much information as possible on the importance of establishing a pediatrician to ensure the health of their child.

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

Comments:

*End-of-Program Student Learning Outcomes

An example of an ethical issue I observed in the clinical setting is there was a family that was asking to bring up their other child to the unit because they did not have anyone that could babysit while they were still in the hospital. Unfortunately, the only time that siblings are allowed in the post-partum unit is for 1 hour in the evening. I understand that both parents want to be in the hospital to bond with their new baby, however, if they couldn't find someone to babysit, the dad medically does not have an obligation to be in the hospital so he should be staying home with their daughter and someone else could come babysit and he could go back into the hospital. It seems harsh, but it is a hospital protocol and needs to be followed for a reason. **Yes, they are normally pretty strict with visitors in this department. BS**

Week 5: I did not observe this specifically, but an example of a legal or ethical issue that could occur in this sort of setting may include a parent that does not have legal custody of the child comes to pick up the child from the Boys and Girls Club without the legal custodian telling the club that this would be happening. DO you let the parent take the child or do you get the other parent and administration involved? **In that situation, definitely get someone involved. I believe they have rules in place for this sort of thing. BS**

Week 6: An example of an ethical issue I observed was we had an elderly male patient come in for a personal issue. He was uncomfortable being assessed by female nurses, however, we did not have any male nurses that could do his assessment. I stepped out of the room to provide more privacy and the patient felt more comfortable just having the one female nurse in there to assess him before the PA came in. **Every patient is a little different. It's good you could solve this so easily since a male was not available. BS**

Week 7: This week, I was helping the lactation consult with an Indian mother and her baby. This isn't really an ethical issue, but could be if it escalated. Often times, Indian women are seen dressing very modestly and not exposing much skin. In order to ensure a baby has a proper latch, the lactation nurse has to visualize the baby latching on to the nipple. I noticed that my patient was visibly uncomfortable pulling her gown down and exposing her breast, especially once her husband arrived. A cultural characteristic of India is that nudity "is considered crude and shameful" (Gupta, 2010). The patient's uncomfortability could be due to her cultural views and background. If the situation had escalated, we may not have been able to evaluate the baby's latch if the mother and family were uncomfortable with us viewing her exposed breast.

Gupta, D. (2010, July 31). *Nudity in the Indian context*. Youth Ki Awaaz. <https://www.youthkiawaaz.com/2010/07/nudity-in-the-indian-context/amp/>

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

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

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

Week 2 – 4e – You witnessed discharge teaching for the mother and newborn in your assigned patient this week. KA

Week 5- 4e- Your group did a nice job of providing developmentally appropriate education to children of various ages on the topics you chose related to nursing. Nice work! BS

Week 6- 4b- Nice job discussing the nursing interventions completed for your patient in the FTMC ER, along with explaining the patient responses to the interventions. BS

Student Name: Olivia Arthur		Course: 4	
Date or Clinical Week: 2		Objective:	
Criteria			

*End-of-Program Student Learning Outcomes

		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)	3	Nice job listing abnormal observation and assessment findings based on your patient experience this week. Many abnormal findings were identified and listed. Abnormal lab/diagnostic findings were also provided. Nice job reviewing and including pertinent risk factors related to your priority problem of risk for ineffective thermoregulation.
	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	
	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)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Four high priority nursing problems were identified. Risk for ineffective thermoregulation was appropriately selected as the top priority problem. All relevant assessment data was highlighted pertinent to the priority problem. Three potential complications were identified, each supported with signs and symptoms to monitor for.
	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	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Nursing interventions related to the top priority were listed. Interventions were appropriately prioritized. Each listed intervention included a frequency and rationale. All listed interventions were individualized and realistic to the patient situation.
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	An evaluation of all abnormal findings were provided along with a determination to discontinue the plan

ecting	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	3	of care.
<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: Olivia, nice work with your care map related to risk for ineffective thermoregulation. See comments provided throughout the rubric. Let me know if you have any questions. Keep up the hard work! BS</p>						<p>Total Points: 42/42- Satisfactory.</p>	
						<p>Faculty/Teaching Assistant Initials: BS</p>	

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
g. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		U	NA	NA	NA	S	NA											
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		U	NA	NA	NA	S	NA											
i. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		U	NA	NA	NA	S	NA											
j. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		U	NA	NA	NA	S	NA											
k. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		U	NA	NA	NA	S	NA											
		BS	BS	BS	BS	BS												

Comments:

Week 3: I was unaware that the clinical tool objectives continued after the care map rubric. In the future, I will be sure to scroll through the entire clinical tool before submitting to ensure that I have not missed any objectives that I was supposed to address. **BS**

Week 6- 4h- Nice job discussing the use of Ativan. Ativan is often successful in combating the symptoms your patient was exhibiting. 4i- Great job discussing the nursing interventions that were performed for your patient during the ER visit. **BS**

Objective																		
5. Collaborating professionally with members of the health care team, childbearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Demonstrate interest and enthusiasm in clinical activities.		U	NA	NA	S	S	S											
b. Evaluate own participation in clinical activities.		U	NA	NA	S	S	S											
c. Communicate professionally and collaboratively with members of the healthcare team.		U	NA	NA	S	S	S											
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		U	NA	NA	NA	NA	NA											
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		U	NA	NA	NA	S	NA											
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		U	NA	NA	NA	NA	NA											
g. Consistently and appropriately post comments in clinical discussion groups.		U	NA	NA	S	S	S											
		BS	BS	BS	BS	BS												

Comments:

Week 2 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You were able to participate in multiple areas of newborn care and complete 24 hour newborn screenings. KA

Week 2 – 5e – You did a nice job documenting the newborn assessments in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessment accurately. KA

Week 3: I was unaware that the clinical tool objectives continued after the care map rubric. In the future, I will be sure to scroll through the entire clinical tool before submitting to ensure that I have not missed any objectives that I was supposed to address. BS

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

Olivia Arthur-Satisfactory ratings-"Olivia was comfortable with engaging in patient care" (ER nurse)

Week 6- 5a- You did a nice job explaining something you witnessed in the FTMC ER that was new to you. While most babies are born in an appropriate unit, there are times when they arrive unexpected, and I'm sure the ER has seen its share. BS

Objective																		
6. Critique own strengths and areas for improvement modifying behaviors accordingly to achieve personal and professional goals. (7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Recognize areas for improvement and goals to meet these needs. (List Below)*		U	NA	NA	S	S	S											
b. Accept responsibility for decisions and actions.		U	NA	NA	S	S	S											
c. Demonstrate evidence of growth and self-confidence.		U	NA	NA	S	S	S											
d. Demonstrate evidence of research in being prepared for clinical.		U	NA	NA	S	S	S											
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		U	NA	NA	S	S	S											
f. Describe initiatives in seeking out new learning experiences.		U	NA	NA	S	S	S											
g. Demonstrate ability to organize time effectively.		U	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.		U	NA	NA	S	S	S											
i. Demonstrates growth in clinical judgment.		U	NA	NA	NA	S	S											
		BS	BS	BS	BS	BS												

Comments:

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

Week 3: I was unaware that the clinical tool objectives continued after the care map rubric. In the future, I will be sure to scroll through the entire clinical tool before submitting to ensure that I have not missed any objectives that I was supposed to address. BS

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

Week 5: An area of growth I could work on is learning to better communicate with the different age groups. It was easy to talk to the younger grades because they are very chatty and seek the approval of other adults whereas the older grades are more interested in entertaining their friends and peers. To get better at this skill, I will find topics that may interest the older grades more than something that may interest the younger grades. I would like to achieve this by my hearing and vision clinical date. **Great idea. There will be plenty of kids to practice on while doing hearing and vision checks. BS**

Week 6: An area of growth I think I could improve on is taking initiative. In the ER everything is kind of chaotic and very busy. I understand that nurses don't particularly like having nursing students with them because they have to explain things, but I *can* help out with things that I know I'm permitted to do, such as administer meds. I could have administered the Ativan to my patient, but they move so quickly that they already had the med pulled and drawn up. When I go to my OB clinical at FT, I will let the nurse know at the beginning of my clinical, these are the meds I can give and if any of these patients need meds, I would like to administer them for you. This way I am taking the initiative right off the bat. **Great idea Olivia. Let them know you're eager right off the bat and most times they will try and accommodate. BS**

Week 7: An area of growth I could improve on is getting comfortable talking to the moms. I always feel like I'm bothering them when they are trying to rest and heal. But it is an essential part of nursing and definitely something I need to get more comfortable with. I would like to achieve this by either taking a postpartum patient or a laboring patient at my OB clinical at FTMC so I have to find a way to communicate with them effectively.

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

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills														
	Adult Head to Toe Assessment (*1, 2, 5, 6)	Breastfeeding and Bottle Feeding	Breast Assessment (*1, 2, 3, 4, 5, 6)	Circumcision Care (*1, 2, 6)	Broselow Tape (*1, 2, 3, 5)	Leopold's (*1, 2, 3, 5, 6)	APGAR (*2, 3, 4, 5, 6)	Breast Self-Exam (*1, 4, 5, 6)	Pediatric Vital Signs (*1, 4, 5)	Pediatric Lab Values (*1, 4, 5)	C-Section Care (*1, 2, 5, 6)	Health Literacy (*2, 5, 6)	Safety (*1, 2, 3, 5, 6)	Postpartum Assessment (*1, 2, 6)	Newborn Bath and Cord Care (*2, 4)
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

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

* Course Objectives

Comments:

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2023
Simulation Evaluations

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation											
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/12	Date: 9/25	Date: 10/3 & 10/4	Date: 10/9	Date: 10/12 & 10/19	Date: 10/26 & 11/2	Date: 11/6	Date: 11/7 & 11/8	Date: 11/21	Date: 11/21	Date: 11/28	Date:
Evaluation	S	S										
Faculty Initials	BS	BS										
Remediation: Date/Evaluation/Initials	NA	NA										

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Arthur (A), Doughty (C), Miller (M)

GROUP #: 2

SCENARIO: Pregnancy and PPH

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

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

<ul style="list-style-type: none"> Information Seeking: E A D B 	<p>Enters room and begins assessment, VS. Patient identified, CO feeling dizzy. Bleeding noticed. Notices boggy uterus.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> Prioritizing Data: E A D B Making Sense of Data: E A D B 	<p>Contractions interpreted on monitor. Pain level at 5. UA results interpreted, + for glucose. FSBS- 200. From interactions, team interpreted the need for education related to blood sugar control and lifestyle changes.</p> <p>Bleeding interpreted as abnormal. Pad- 600 g. Uterus interpreted to be firm in response to fundal massage.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> Calm, Confident Manner: E A D B Clear Communication: E A D B Well-Planned Intervention/ Flexibility: E A D B Being Skillful: E A D B 	<p>Urine sent to lab. Fetal monitor applied. Mona requests something to smoke. Charge nurse asks questions about smoking. Call to lab for UA results. Education provided to patient RT smoking, prenatal care. Great teamwork. Cultural preferences discussed. Patient assisted to left side. Call to provider. Orders received for fluids, Procardia, and acetaminophen, orders read back. Ice chips provided. Education provided on the importance of prenatal care, gestational diabetes. Medications and IV fluid prepared, patient identified, allergies checked. Medications administered and IV fluid initiated. Call to OBGYN to set up appointment.</p> <p>BP measured in response to feeling dizzy. Uterine massage initiated in response to noticing bleeding. Call to provider to report symptoms. Orders received and read back to provider. Medication prepared and administered. O2 applied. BUBBLEE assessment completed.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> Evaluation/Self-Analysis: E A D B Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did very well with each. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help when unsure of something. Discussed the importance of lifestyle changes and</p>

	prenatal care, especially with pregnancy.
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon 	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Shows mastery of necessary nursing skills</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses</p>

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

*Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2023
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date: _____