EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Briana Busby

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

6/26/2023 MD

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
9/15/2023	1	Incomplete Empathy Simulation Assignment	9/22/2023

Faculty's Name	Initials
Kelly Ammanniti	**KA**
Brian Seitz	**BS**
Monica Dunbar	**MD**
Rachel Haynes	**RH**

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: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	N/A	N/A	N/A	S	N/A											
b. Provide care using developmentally appropriate communication.		S	N/A	N/A	N/A	S	N/A											
c. Use systematic and developmentally appropriate assessment techniques.		S	N/A	N/A	N/A	S	N/A											
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	N/A	N/A											
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below and explain reason for choice)***		S	N/A	N/A	N/A	S	S											
Clinical Location Age of patient		23 F FR MC postpartum	No clinical	No clinical	No clinical	HV	BGC-K-5											
		BS	BS	BS	BS	BS												

Comments:

1E. She is in stage 6 of Erikson's stages (which is what?) I had mom she was a 23 year old that recently married dad of baby. She is able to form intimate relationships and commit to those relationships. BS

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

Week 2 – 1a – You did a wonderful job providing holistic care to the postpartum mother you were assigned to this week and addressing her needs while you cared for her. KA
Week 2 – 1c – You did an excellent job completing your postpartum assessment for the first time while on clinical. You were well prepared and was able to gather the necessary assessment information with little assistance. Terrific job! KA
1E. The students were in in middle school and in the early stages of Erikson's stage 5 identity vs role confusion. This age group is 12-18 years old and are in the stages of trying to figure out who they are and identify who they are and where they belong. Yes they are. BS
Week 6- 1b- You did a nice job explaining how you used the concepts of growth and development as you communicated with the students at the middle school. 1e- You correctly identified the stage of growth and development of the kids you worked with at the middle school. You also identified behaviors they exhibited that support that supported them being in that stage. BS
Wk 7, The students are school age which is from 5-12. According to Erikson this is industry vs inferiority. They have great feelings of pride and accomplishment. They were proud of the necklaces they made and knowing the right answer to the questions.

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

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Make up	**Final**
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
Competencies: f. Describe psychological changes in response to the expectant mother's pregnancy. **Maternal**		S	N/A	N/A	N/A	N/A	N/A											
g. Discuss prenatal influences on the pregnancy. **Maternal**		S	N/A	N/A	N/A	N/A	N/A											
h. Identify the stage and progression of a woman in labor. **Maternal**		N/A	N/A	N/A	N/A	N/A	N/A											
i. Discuss family bonding and phases of the puerperium. **Maternal**		S	N/A	N/A	N/A	N/A	N/A											
j. Identify various resources available for children and the childbearing family.		S	N/A	N/A	N/A	N/A	N/A											
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	N/A	N/A	N/A	~~N/A~~ S	S											
l. Respect the centrality of the patient/family as core members of the health team.		S	N/A	N/A	N/A	N/A	N/A											
		BS	BS	BS	BS	BS												

Comments:

Week 6- 1k- Great job discussing the beliefs, behaviors, and values that you witnessed in the school setting (Bellevue Middle School). You also discussed cultural aspects unique to this school. BS

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

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

Comments:

2G. One SDOH that effects my patient at this clinical is economic stability. She discussed that the job she had was only seasonal and that she no longer has a job and will have difficult time finding one with a new baby and childcare. Another SDOH she faces is social and community context. With her stating she will have difficulty finding childcare for the new baby and the issue of the sibling not having any place to go while dad was also in the hospital with mom confirms the that the social support is an issue and will need to be overcome. I agree Bri. In the best circumstances it is very difficult to raise a child. I couldn't imagine doing it with no income and without help from family/friends. BS

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

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 – 2d – You did a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. You had the opportunity to pass PO medications independently after conferring the medication with your faculty and was able to maneuvering in the BMV system with practiced ease. KA
2G: The SDOH that could be issues with the kids are healthcare access and quality. This is one of primary reasons why these screenings are done. To seek out these at risk children and help with getting them the resources and support they need to succeed. Other influences are educational access (just being able to come to school), economic stability (ability for parents to afford the medical equipment that may be needed), and neighborhood and built environment (completing the screenings to identify and decrease the at risk kids to help promote improved health and learning ability). Nice job, Bri. These are all important social determinants of health that have great potential to affect the lives of these children. BS
2G. the SDOH that could have influenced this week at the boys and girls club could be the neighborhood and built environment. This was a place that at risk kids could come to promote improved health (after school/dinner) and learning ability. Another could be educational access, some of these kids have nowhere else to go and here they are helped with homework if needed.

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

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	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	N/A											
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		S	N/A	N/A	N/A	S	S											
d. Critique examples of legal or ethical issues observed in the clinical setting. **(List Below)***		S	N/A	N/A	N/A	S	S											
		BS	BS	BS	BS	BS												

Comments:

3D. A ethical issue observed with the patient was with allowing sibling to be visiting outside of visiting hours allotted for siblings. Do we allow this because they have no one else that can watch her, or bend the rules and allow her to stay. This was really a moot point because grandma and dad could have taken turns or came during known visitation times. Yeah, they don't bend the rules very often, especially in this department! BS

3D: A legal issue that could possibly happen is the lack of following up and reporting to the state. It is mandated that these screening be completed and reported to the state. An ethical issue that may come up is if a child needs a referral and parents refuse to follow up, what would happen then. Reporting still is needed and in the end the child may not get done what they need to (by parents). Yes, this happens all the time. I don't pretend to put myself in anybody else's shoes, but I can't imagine ignoring this advice. We are forced to deal with it because it is a part of our job, but I think many people don't realize the potential harm of their children falling behind with these types of milestones. BS

3d. An ethical issue that was observed was the one adult yelled at a kid when he wasn't sitting correctly in the chair. Was there a better way to handle this situation? Probably but just as a one-time thing for us being there we didn't know their policy or procedure. Other issues could have been some of the staff continued to be active on their phone while the kids were playing and eating. Someone could have gotten hurt or choked and no one saw what happened.

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

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

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)		S	N/A	N/A	N/A	N/A	N/A											
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	N/A	N/A											
c. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		S	N/A	N/A	N/A	~~N/A~~ S	N/A											
d. Summarize witnessed examples of patient/family advocacy.		S	N/A	N/A	N/A	S	N/A											
e. Provide patient centered and developmentally appropriate teaching.		S	N/A	N/A	N/A	S	S											
f. Analyze the involved pathophysiology of the patient's disease process. **(noticing, interpreting, responding)**		S	N/A	N/A	N/A	N/A	N/A											
		BS	BS	BS	BS	BS												

Week 2- 4a- Great work on your care map, Bri! Please see the rubric below for feedback. BS
4D: checks/rechecks, referrals, and follow-up by the nursing staff was discussed.
Week 6- 4c- You did a nice job discussing how the information acquired from the hearing and vision screenings is tracked and reported. You also addressed the implications of tracking and reporting this information to the Ohio Department of Health. 4e- You identified educational needs that are important to address in the middle school age group and provided examples of the teaching you provided to the kids. BS

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

Student Name: Briana Busby				**Course Objective:** 4			
Date or Clinical Week: 2							
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)**	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 postpartum infection.
	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	Five high priority nursing problems were identified. Risk for postpartum infection was appropriately selected as the top priority problem. All relevant assessment data was highlighted pertinent to the priority problem (although I would suggest the postpartum hemorrhage after delivery would increase risk also). Six potential complications were identified, each supported with signs and symptoms to monitor for. Nice work!
	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	

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

	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Reflecting	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 was provided along with a determination to maintain (continue) the plan of care.
	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Total Possible Points= 42 points
42-33 points = Satisfactory
32-21 points = Needs Improvement*
< 21 points = Unsatisfactory*
***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

Faculty/Teaching Assistant Comments: Bri, great work with your care map related to risk for postpartum infection. See comments provided throughout the rubric. Let me know if you have any questions. Keep up the hard work! BS

Total Points: 42/42- Satisfactory.

Faculty/Teaching Assistant Initials: BS

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

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

Comments:

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

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	S											
b. Evaluate own participation in clinical activities.		S	N/A	N/A	N/A	S	S											
c. Communicate professionally and collaboratively with members of the healthcare team.		S	N/A	N/A	N/A	S	N/A											
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		S	N/A	N/A	N/A	S	N/A											
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		S	N/A	N/A	N/A	N/A	N/A											
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	N/A	N/A											
g. Consistently and appropriately post comments in clinical discussion groups.		S	N/A	~~S~~ NA	N/A	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 asked tons of questions and sought out more information on different aspects of maternal newborn care while you were on clinical. KA

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

Week 6- 5g- Great job on your CDG this week. BS

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

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

Comments:

6A. Be more confidant in my skills. I have knowledge and skills to take care of patients, but sometimes I lack confidence. I will talk myself up before each clinical day and not doubt myself. Great realization Bri. It's much better to lack confidence sometimes (we all face new situations all the time, it's only natural), than to be the person who appears and acts confident, and then freezes up when it's time to act. Seek out the patients and scenarios that make you feel un-confident, and you'll feel confident soon enough. BS

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

6A. An area of improvement would be find and take a computer class. Technology has changed so much over the years that some things I just don't know how to do. The younger generation has grown up with the technology, but those of us that are older learned and have used what we have and don't always have the latest and greatest. Because of this I missed 1 hour of clinical (I didn't know how to attach a picture). Going forward, I will make sure my kids or niece/nephews double check to make sure that the computer work I did was done correctly if I need to attach something or find a class to take to assist with things like attachments, google doc, ect. Picture was sent in via text. Brings back memories because I needed my kids to get me through school also!! BS

6A: An area of improvement would be taking a minute to collect my thoughts and be prepared for anything. Today a kid read the chart backwards from right to left. I was not prepared for that and was so confused. I needed to take a minute to figure out what was going on and jump back into the game. I readjusted how I explained the directions for the remainder of the students and no other student read the letters from right to left. For future use I will take an extra minute to think about all possibly outcomes and be more specific with my directions. Great realization, Bri. However, sometimes what we say and what they hear are two different things! BS

6a. An area of improvement I could have done was be a little more prepared. I struggled finding the place and forgot scissors for the cord. Next time I will always double check and think ahead of things that I may need and plan out different routes on different apps for the location.

***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	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: 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	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: 9/15**
Evaluation	S	S										U/S
Faculty Initials	BS	BS										BS
Remediation: Date/Evaluation/Initials	NA	NA										S

* Course Objectives

9/15- You received a U on this assignment for not including a photo wearing the empathy belly with your reflection. Please respond below how you will prevent this from happening in the future. BS I will ask for assistance from a younger person to assist with the technology issues I may have. I did send a picture via text to remediate this.

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Busby (C), Hamman (M), Martin (A)
GROUP #: 4
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/12/2023 1200-1330

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1, 2, 5) * • Focused Observation: E **A** D B • Recognizing Deviations from Expected Patterns: E **A** D B • Information Seeking: E **A** D B	Team introduces members and begins assessment. VS. Patient identified. Notices contractions and fetal heart rate on monitor. Pain reassessed following acetaminophen. Team enters and begins assessment, patient identified. Notices blood on bed. Notice BP risinf, HR lowering .
INTERPRETING: (2, 4)* • Prioritizing Data: E **A** D B • Making Sense of Data: E **A** D B	Interprets the need to apply fetal monitor, send urine to lab for analysis. Contractions interpreted to be irregular. UA results- +glucose, +THC. Ultrasound results determined gestational age. Interprets the need for fundal massage.
RESPONDING: (1, 2, 3, 5) * • 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	Leopold's, fetal monitor applied. Inquires about prenatal care. Asking questions to try to identify gestational age. Patient laid on left side. No eating or drinking explained to patient. Call to provider to give report, good background and assessment. Orders receive for LR, Procardia, acetaminophen, US to verify due date, and education about follow-up care. Education provided about follow-up care, smoking cessation. Patient identified, allergies checked, IV fluid initiated, medications given. Fundal massage initiated and maintained. Call to provider. Orders received for methergine and increased IV fluid rate (remember to read back orders). IM injection prepared and administered, fundal massage continues
REFLECTING: (6) * • Evaluation/Self-Analysis: E **A** D B	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

• Commitment to Improvement: **E** A D B	hemorrhage and that it is ok to ask for help when unsure of something. Discussed the importance of education to influence lifestyle changes and encourage prenatal care, especially with pregnancy.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 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	**You are Satisfactory for this scenario! BS** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads 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. 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. 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

members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* *Course Objectives	

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

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

Student eSignature & Date: _____