

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2023**

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

Faculty: Kelly Ammanniti, MSN, RN, CHSE; Monica Dunbar DNP, RN;
Brian Seitz, MSN, RN, CNE; Rachel Haynes MSN, RN

Faculty eSignature:

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, or U”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, the following week it must be addressed with a comment as to why it is no longer a “U”. If the student does not state why the “U” is corrected, then it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

- Care Maps
- Patient/Family Education
- Preparedness for Clinical/Clinical Performance
- Online Clinical Discussion Groups
- Administration of Medications
- Nursing Skills Completion of Clinical Performance Tool
- Written Reports of Clinical Experiences
- Documentation
- Conferences with the Faculty
- Lasater Clinical Judgment Rubric
- vSim
- Simulation Scenarios

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)

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

6/26/2023 MD

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe; accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from instructor or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
Competencies:		S	N/A	S	N/A	S	S											
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	N/A	S	N/A	S	S											
b. Provide care using developmentally appropriate communication.		S	N/A	S	N/A	S	S											
c. Use systematic and developmentally appropriate assessment techniques.		S	N/A	S	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	S	N/A	S	N/A											
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	N/A	S	N/A	S	S											
Clinical Location Age of patient		FR MC OB , 34	N/A	Lac tati on	Emp athy	Hear ing& Visi on	Boy' s and Girl' s											
		BS	BS	BS	BS	BS												

Comments:

Week 2 – 1a – You did a wonderful job providing holistic care to the mother you were assigned in Labor and Delivery this week. KA

Week 2 – 1c – You did a nice job observing the nurse during the assessment process of the laboring patient. KA

Week 4- 1a- Very nice job discussing the patients you visited with the lactation consultant nurse. You did a nice job describing the visits and the various problems the new moms were facing with breastfeeding. As you pointed out, even if you've breastfed before, every baby is different and can pose new challenges that may have not been present with previous children. As you also saw, with a little education many of these challenges can be overcome. BS

Week 2: My patient with week was a 34-year-old laboring mother waiting to deliver a baby girl via vaginal delivery. Based on what I observed, the patient seemed to be in the Generativity vs. Stagnation (stage 7) stage of growth and development. During her labor, her husband remained at her bedside and called the nurse multiple times over concerns he or the patient had over the different stages of labor. Based on their relationship, she seemed to have completed the Intimacy vs. Isolation stage and was now expanding her family with a second child with her husband. **Good explanation. BS**

Week 4: All the newborns I interacted with during lactation are in the Trust vs. Mistrust stage of growth. This occurs between birth and one year of life and development of this stage will depend on their parents/caregivers. The parents who had the newborn that was bottle fed the breast milk seemed to be in the Intimacy vs. Isolation stage. This couple had not been married or engaged yet. The father seemed to lack interest only a couple days after birth and the mom was the sole provider of the baby's needs. Upon entering the room, the dad was eating, and the mom was struggling to get the baby comfortable while her food was sitting at the bedside. The lactation nurse attempted to involve dad during the consultation, but he did not seem interested. Towards the end of the visit, the lactation nurse attempted to schedule the couple for an appointment on a Saturday and the dad made the comment that it could not interfere with his football game. **Sounds like a great way to begin parenthood. Takes all kinds! BS**

Week 6: This week I was working with mainly 7th graders and a few 6th graders with hearing and vision screenings. They were in Erikson's identity vs. role confusion stage. Most of the children that came through were experimenting with their own style via their hair, clothes, and shoes. It was obvious they were not allowing their parents to pick their clothes out for them anymore and were attempting to find what they liked for themselves. Some of the children came in boisterously and were told to be quiet multiple times by the school nurse for being too loud and then there were students who were so quiet I had to read their lips during the screening. **Yes, you definitely see kids on both ends of the spectrum....and everywhere in between! 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

Week 7: The groups of children I worked with ranged from kindergarteners to sixth graders. The majority of this age group was in the industry vs. inferiority stage of Erikson's. This was supported by their need to show their social achievements while making bracelets. When one child received a compliment on their bracelet, another child wanted their bracelet to be noticed as well. This continued through the group until all the children were noticed or received praise for their work. The younger kindergarteners seemed to still be transitioning from Erikson's stage of initiative vs. guilt. This was supported based on some of the children attempting to help "lead" the other children when they were struggling with the necklace activity.

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

Comments:

Week 2 – 1h – You were able to identify the stages of labor your patient was progressing through and watched the care of the patient from the moment of induction to delivery of the newborn. KA

Week 2 – 1l – You were able to witness the labor process and how the healthcare provider, nurses, and patient's support people work together to provide the best experience possible for the patient during the laboring process. KA

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

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	S	N/A	S	N/A											
b. Perform nursing measures safely using Standard precautions.		S	N/A	S	N/A	S	N/A											
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	N/A	S	N/A	S	S											
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	S	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	S	N/A	S	S											
		BS	BS	BS	BS	BS												

Comments:

Week 2 – 2c – You were able to work with your assigned nurse to read and identify EMF monitor strips of your laboring patient. KA

Week 4- 2c- While visiting with the breastfeeding mothers you were able to observe the babies latch onto the breast and hear them swallow. BS

Week 2: The patient had great social determinants of health overall. She attended an institution prior to the birth of her first child and obtained a bachelor's in human resources. She has a full-time job in her field at a dentist's office and her husband works in construction. She did not have any serious medical history and was overall very healthy. She is catholic which could possibly influence her decision to use birth control or other forms of contraceptives. **Yes, in her case, the social determinants of health are likely to affect her positively. BS**

Week 4: During our rounds, there was a Spanish speaking couple that had given birth two days prior. They were paying out of pocket due to not having any insurance and were having issues communicating with staff. They had the translator on the unit in their room, but the staff was still struggling with the language barrier. The main issues were getting the parents to understand the importance of the lab work such as the baby's high bilirubin. They did not want their daughter to have her blood drawn again, but also did not understand what the bloodwork was for. The parents also did not have prenatal care or a doctor for the baby planned for discharge. They requested a doctor who could speak Spanish, but the nurses were struggling to find a doctor who knew fluent Spanish in the area. The couple also did not have their own transportation and would need to rely on taxis or buses to get to their appointments. Overall, the family have unfortunately poor social determinants of health. **Yes, it is difficult to raise a child in the best conditions, so it would be very difficult without the resources many take for granted. BS**

Week 6: While I did not have one specific patient, we did discuss overall social determinants of health of students at the school. The nurse comes across students during the screenings that need glasses, but they do not follow through with the referrals. When she investigated further, she found the family did not have insurance and was not able to pay for the exam and glasses. The school nurse has waivers she gets from a program that pays for the eye exam and glasses of the student. There are also students who have glasses but break them during the school year. Their insurance does not cover another pair for another year and the school nurse reaches out to the local community to get the glasses covered. Lastly, there was a student who required prisms in their glasses and the parents were not able to afford the prescription. The school nurse was able to reach out to the community again and got the student the glasses he needed to be able to see in class. **Sounds like she definitely advocates for her students! And it's good that she does because there are (under utilized) resources available for these types of things. BS**

Week 7: The social determinants of health seemed rather low in this population of students. The students that were at the boys and girls club can stay after school until 6:00pm to allow their parents to work. In this group of students, many of the students showed up to the boys and girls club with dirt on their faces, stains on their clothes, and one student had their shirt on inside out and it lingered with the smell of weed. The students overall seemed happy while they were at the boys and girls club and were provided with a meal after school, but some of the students did not seem to have someone at home to make sure they were being cared for.

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

Comments:

Week 2: On the postpartum side of the unit, a patient was being held longer due to giving birth to her first child. She had a stepchild at home that she did not have a caregiver for and was attempting to let her stay in the unit with her and the father. The staff unfortunately had to ask them to have the young child leave due to it not being the proper visiting hours for siblings under 18. The patient was immediately upset and requested to go home. The doctor was proposed with the ethical dilemma of discharging a new mom early that could possibly hemorrhage at home or refusing to discharge the patient and leaving her without childcare options for her stepchild. **This could also be applied to her social determinants of health, in this case negatively. BS**

Week 4: The largest ethical dilemma I saw was the Spanish speaking couple. The nursing staff was attempting to translate with them, but they were also opting to use Google Translate instead of the translator much of the morning. I am not sure if the family would have understood better if the nursing staff had been taking the time to use the translator instead of Translate for shorter interactions. The mom was also denied an electrical pump due to being self-pay and was given a hand pump at the hospital since she was breast feeding. **I couldn't imagine being hospitalized in an environment where no one understands you and you don't understand any of them. BS**

Week 6: The largest ethical dilemma would have been the families that were not able to get their children glasses due to insurance issues or lack of insurance. I personally feel like if there's an issue with someone's sight it should not be inaccessible and as expensive as it is without insurance. I am glad the school nurse has been able to find as many resources as she has to be able to provide the students with the supplies they need. **Great example, Roni. BS**

Week 7: The largest ethical dilemma this clinical would be the child that had shown up to boy's and girl's club with the stains on his shirt, his shirt inside out, and his shirt smelling of weed. He had food stuck to his face which could have been from school, but he also had dirt on his arms and legs. He did not seem to have an adult at home that helped him get dressed, made sure he was clean, or at least did not smoke around him. I also understood the point of the club being to help parents with childcare, so they were able to work, however, I felt bad about how long the children were at school. Sandusky schools start school early in the day and by the time the last student was picked up, there were students falling asleep while watching cartoons. I understand that some parents have limited options, and this is a good one, but I could not imagine going to school for 12 hours every day that young.

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

Week 2- 4a- Roni, nice work on your care map. Please see rubric below for feedback. BS

Week 4- 4e- You did a nice job detailing the education you and the lactation consultant nurse provided to the patients you visited, such as pumping, positioning, latching, and nipple care. BS

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

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

Student Name: Veronica Cromwell		Course 4					
Date or Clinical Week: 2		Objective:					
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Nice job listing abnormal observation and assessment findings based on your patient experience this week. Eight 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 pain.
	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	Three high priority nursing problems were identified. Pain 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 most of the time. I would suggest that administering the pain/nausea medication should be a little higher on the priority list due to that being your
	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	priority problem. Each listed intervention included a frequency and rationale. All listed interventions were individualized and realistic to the patient situation.
	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 abnormal findings was provided along with a determination to continue the plan of care.
	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	
<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: Roni, nice work with your care map related to pain. 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)		S	N/A	S	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	S	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	S	N/A	N/A	N/A											
		BS	BS	BS	BS	BS												

Comments:

Objective																		
5. Collaborating professionally with members of the health care team, childbearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Demonstrate interest and enthusiasm in clinical activities.		S	N/A	S	N/A	S	S											
b. Evaluate own participation in clinical activities.		S	N/A	S	N/A	S	S											
c. Communicate professionally and collaboratively with members of the healthcare team.		S	N/A	S	N/A	S	S											
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		S	N/A	S	N/A	N/A	N/A											
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		S	N/A	S	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	S	N/A	N/A	N/A											
g. Consistently and appropriately post comments in clinical discussion groups.		N/A	N/A	S	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 see a vaginal delivery while on clinical this week! KA

Week 4- 5a- Veronica Cromwell: Excellent in all areas. Great job! Enjoyed your company. Good luck with your nursing career! –Jackie Lerch

Week 6- 5g- Great job on your CDG this week. 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)*		S	N/A	S	N/A	S	S											
b. Accept responsibility for decisions and actions.		S	N/A	S	N/A	S	S											
c. Demonstrate evidence of growth and self-confidence.		S	N/A	S	N/A	S	S											
d. Demonstrate evidence of research in being prepared for clinical.		S	N/A	S	N/A	S	S											
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		S	N/A	S	N/A	S	S											
f. Describe initiatives in seeking out new learning experiences.		S	N/A	S	N/A	S	S											
g. Demonstrate ability to organize time effectively.		S	N/A	S	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	S	N/A	S	S											
i. Demonstrates growth in clinical judgment.		S	N/A	S	N/A	S	S											
		BS	BS	BS	BS	BS												

Comments:

Week 2: Overall I just felt my knowledge was inadequate for the unit. I know it was only the second week of class, but I feel I should have done some additional reading of my own to better prepare for clinical. I had a general base, but I think if I had done some additional research, I would not have felt as clueless when it came to what was happening with the labor process. For future clinicals, I will do some additional readings in the text on topics I do not feel like I have a decent grasp on. **Good idea Roni. It helps to acknowledge your weak areas so they can be addressed. Once you've taken care of a weakness, find another one and do the same thing. BS**

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

Week 4: I think the biggest thing I struggled with this week was just being more proactive with the clinical in general. I wanted to give the mom's privacy and stay towards the back of the room, but I was not as involved as I could have been. The lactation nurse called me over a few times to let me get a closer look at what she was doing with the mom's and explain the baby's latch. I was grateful for the nurse to encourage the interaction, but I need to be more proactive on my own, so I do not miss anything important during clinicals. For the future, I will take more initiative instead of waiting for the invitation as long as the patients are comfortable. **Yes, while you're out there try to do and see and learn all you can! BS**

Week 6: This week I feel like I may have rushed through the testing a little and could have been more thorough with the assessment part, such as looking at the children's ears to make sure there was no drainage. There were large groups of students coming down at once and I felt like we needed to get through them in a decent amount of time, but I feel like I could have slowed down more in the moment to make sure I did not miss anything while I was assessing them. **The pressure increases as the lines of kids backs up, but yes, it always better to slow down a little and get things right than to go faster and potentially make a mistake. BS**

Week 7: This clinical I felt that as a group we were underprepared for the activities with the children. I cannot speak for the others, but I feel like we should have cut the strings in advance to save time with the groups and picked a bigger string and beads for the children to have an easier time when it came to stringing the bracelets. We had also not been fully prepared when it came to something for the kids to draw with or something to cut the string with. It involved an extra stop for someone else and using a keychain to cut the string for the groups. Overall, I feel like it went smoothly for wrangling children, but we could have prepared more in advance.

***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:	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): Cromwell (M), Fox (C), McCloy (A)

GROUP #: 3

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2023 1010-1140

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Assessment nurse introduces self and identifies patient. VS assessed, heart and lung sounds. Lab results received. Patient requests mountain dew.</p> <p>Patient identified, VS obtained. Mona CO pain- rated at 3/10, and feeling dizzy. 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>Lab results interpreted- + for glucose. FSBS- 200, interpreted as being high.</p> <p>Inspection reveals blood on the bed. Uterus interpreted to be boggy. Uterus interpreted to be firm following 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>Inquires about smoking during pregnancy, applies fetal heart monitor. Leopold's performed to determine baby's position. Mona assister to left side. UA sent to lab. Call to lab for results. Call to provider to report glucose in urine, report of no prenatal care. Orders received- US to confirm dates, FSBS, IV fluid, Procardia, acetaminophen, education. Orders read back. Medications prepared and patient identified. Talked about ways to reduce stress. Nurse and charge nurse in to provide patient education related to dietary changes and prenatal care. Ultrasound phoned with gestational age. IV fluid initiated and acetaminophen administered. Call to provider with concern about Procardia related to blood pressure. Procardia administered.</p> <p>Fundus palpated, Mona CO pain and a gush. Feeling dizzy. Fundus immediately massaged. Call to provider, orders for methergine and to increase fluid rate. Methergine prepared and administered- remember to use an IM needle. Peri-pad weighed and replaced.</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 prenatal care, especially with pregnancy.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</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 	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information</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: Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily 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>

skills in the interactions with patients, families, and members of the health team. (3, 5, 6)*

5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*

*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: _____