

**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:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	S	NA	S	S											
b. Provide care using developmentally appropriate communication.		S	NA	S	NA	S	S											
c. Use systematic and developmentally appropriate assessment techniques.		S	NA	S	NA	NA	NA											
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	NA	NA	NA	NA	NA											
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	NA	S	NA	S	S											
Clinical Location Age of patient		FT 27 yo	No Clinical	Lactation	No Clinical	Boys and girls club	Hearing and Vision											
	MD	MD	MD	MD	MD	MD												

Comments:

Wk 2: Stage of development- Intimacy vs. Isolation: This stage deals with forming relationships with others. This doesn't have to be only a sexual relationship but also developing true friendships where both parties feel fulfilled. For this clinical in particular, I wanted to shine a light on the relationship my patient had with her husband who stayed at the bedside with her. It was clear that this stage of development had been accomplished. During this delegate time of having a baby and having an unplanned c-section, she had her husband there to support and comfort her. She was able to rely on those deep connections they had formed and know that she wasn't alone in that moment. **Wonderful! MD**

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

Wk 4: Stage of development- Industry vs. Inferiority: I chose this stage because a lot of the moms we encountered were having a hard time developing self confidence in their ability to breast feed. This stage has a lot to do with developing self-confidence in abilities when competent or having a sense of inferiority when unable to develop said confidence. **Great job determining Erikson's stage! MD**

FTMC OB Objective 1, C and D-This week you did a nice job with using systematic and developmentally appropriate assessment techniques by individualizing your assessment to the patient. You were also able to identify safety measures for your patient. MD

Wk 6: Stage of development- initiative vs guilt: during this stage kids start to take the initiative on certain activities followed by the child have feelings of guilt when unsuccessful or boundaries are overstepped. I chose this stage because at one point during clinical I noticed a child initiate a game for all of his friends to play and when one of the other kids shut down his idea he was very discouraged. **Aww poor kiddo! I hate seeing kids like this. MD**

Week 6- 1b- Great job discussing the ways in which you adjusted your communication style as you educated and interacted with the different age groups at the Boys and Girls Club. 1e- You also 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. Interests and attention spans will vary quite a bit as the children grow and mature. BS

Wk 7: The stage of growth and development: Identity vs. Role confusion. In this stage, the person is searching for a sense of self and personal identity. This includes exploring their own likes and dislikes, goals, and values while finding out who they are. During this stage, they want to feel accepted by their peers and are easily influenced and care about others' opinions. Also in this stage, they are experimenting with different ways to dress, how to wear their hair, makeup, etc.

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

Comments:

Objective																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children encompassing cultural sensitivity and diversity. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Engage in discussions of evidenced-based nursing practice.		S	NA	S	NA	NA	NA											
b. Perform nursing measures safely using Standard precautions.		S	NA	S	NA	NA	NA											
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	NA	S	NA	NA	NA											
d. Practice/observe safe medication administration.		S	NA	NA	NA	NA	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	S	NA	NA	NA											
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	S	NA	S	S											
	MD	MD	MD	MD	MD	MD												

Comments:

Wk 2: Social Determinants of Health: Economic Stability and having a huge support system. My patient has the means to take care of her family and has access to needed resources to meet their basic needs. Her support system consists of her husband, both their parents, and friends. This will be very beneficial once discharged from the hospital. Not having to do things alone is a big help, especially with the trauma her body has been through. **Wonderful! MD**

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

Wk 4: Cultural elements that have the potential to influence patient care: this week we had a mom who was Spanish speaking only. She was having a hard time getting the baby to latch and a hard time expressing to us if she was having pain and what exactly was bothering her. We were able to use the translator provided at Firelands to have a conversation and to better assist her with her issues. We did have a few bumps in the road with connection issues or with the machine taking a while to register the conversation but we made it work. When things were all said and done we were able to get the baby to latch onto mom's breast and get a good feed going. We addressed her pain as well. **This is a very difficult situation. Great SDOH! MD**

Wk 6: SDOH: The first social determinant of health would be food insecurity. A person is food insecure when they lack regular access to enough safe and nutritious food for normal growth and development and an active and healthy life. A lot of the kids receive most of their meals at school and rely heavily on them to meet necessary caloric needs. The second social determinant of health would be low-income family homes. This can lead to the individual or family lacking the resources to provide life necessities, such as food, clean water, shelter, and clothing. It also includes a lack of access to such resources as health care, education, and transportation. **Awesome SDOH! MD**

Week 6- 2g- Good job identifying social determinants of health that may have an impact on the children. Food insecurity and low income certainly have an effect on a family, especially with little ones who benefit from having the same, or close to 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

Wk 7: SDOH that came to mind this week would be my students parents lacking the resources to provide the student with glasses. When the student arrived to the vision screening board they stated " I already know I am going to fail, I need glasses but my mom isn't able to get them for me". The child did fail the vision screen and hopefully this screening will open some doors to provide the child with glasses. Not having glasses can really effect their education and truly any of the activities of daily living. In the mean time I hope they are making accommodations for this student such as sitting in the front of the class.

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

Comments:

Wk 2: An ethical principle that comes to mind from this week would be beneficence. This is a duty to enhance the well-being of others or doing the most good for others. My patient this week delivered a 12lb baby by via cesarean. Mom had pregnancy-induced hypertension and delivered at 37 weeks. Beneficence comes to mind because we thought mom being induced a couple of weeks prior may have changed the outcome of having the cesarean and possibly delivering vaginally. This would have saved mom from surgery and shortened her recovery period. Baby arrived and was having respiratory issues where his oxygen dropped into the 70s and required O2 for over 24 hours. I am wondering if him being so big played any part in this issue. Although I understand that mom was essentially healthy and induction wasn't needed, it is just something I observed could have possibly been an option. **This is very true! MD**

Wk 4: I do not have any critiques about ethical principles this week but I did notice the ethical principle of justice come into play throughout the whole clinical experience. Everyone was treated equally and fairly no matter if mom was breastfeeding, if mom pumped and used a bottle to feed, or if mom used formula. The environment felt very nonjudgmental. **Wonderful! MD**

Wk 6: An ethical issue I noticed is that most of the kids only receive meals when they are at the boys and girls club and none at home or have limited access to food. **Great ethical issue! MD**

Wk 7: While at clinical we were asked to put the hearing and vision screenings results in alphabetical order so this was done sitting at a table. While doing this task some students were still in line to get their hearing checked. Some of the papers were spread around the table in view sight of other students. I'm am not sure if this information is treated confidentially but maybe in the future this could be done in a separate room to avoid any conflicts that could possibly arise with being able to see other's results. The students weren't necessarily paying attention to what I was doing but to air on the side of caution.

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

FTMC OB Objective 4, E and F-You were able to individualize and discuss education that you would or did have with your patient/patient's provider. You were also able to describe the pathophysiology of your patient. MD

Week 6- 4e- Your group did a great job providing education on various emergency situations such as; fire extinguishers and when and how to use them, the importance of crawling under the smoke, the use of first aid kits, and the importance of smoke detectors. BS

*End-of-Program Student Learning Outcomes

Student Name: Taylor Whitworth		Course Objective: 4					
Date or Clinical Week: 8/30/2023							
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	All criteria met. MD
	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	All criteria met. MD
	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	All criteria met. MD
	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	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. MD
	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:</p>						<p>Total Points: 42/42 Satisfactory MD</p>	
						<p>Faculty/Teaching Assistant Initials: MD</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	NA	NA	NA	NA	NA											
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		S	NA	NA	NA	NA	NA											
i. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		S	NA	NA	NA	NA	NA											
j. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		S	NA	NA	NA	NA	NA											
k. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		S	NA	S	NA	NA	NA											
	MD	MD	MD	MD	MD	MD												

Comments:

FTMC OB Objective 4, G-K-This week you were able to correlate diagnostic tests, pharmacotherapy, medical treatment, nutrition, and growth and developmental level in relation to your patient. MD

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

Comments:

FTMC OB Objective 5, A-You showed great enthusiasm during the FTMC OB clinical experience. MD
 Week 4 Objective 5A-Your preceptor rated you excellent in all areas stating “very engaged, personable! Great job!” MD
 Week 4 Objective 5G-Great job with your CDG! You met all of the requirements for a satisfactory CDG. MD

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

Comments:

Wk 2: For this clinical I was assigned to mom. My area for improvement would be to find a way connect with the moms and build some type of rapport. Although I wanted to promote rest for healing and didn't want to be a bother. It would have benefited me to really get into moms room and work on my communication/education skills within the 12 hour clinical. I completed a head to toe assessment and was able to pass medications without error and with confidence. My goal for my next OB clinical is to perform an assessment on a newborn baby and be able to better educate the moms. I plan to work on educating patients by looking over the handout we received in clinical before my next OB rotation. **This is a fantastic goal! MD**

Wk 4: This week I precepted with the Lactation consultant Nurse at Firelands. This clinical experience was amazing. I was able to help the nurse when needed with positioning baby for feeds. Although very engaged throughout the clinical experience whenever asked if I had any questions.. I didn't have any. My goal for future clinicals are to ask questions. I will bring scrap paper and jot them down as the day goes on. **Great goal! You could also come up with potential questions prior to the clinical experience! MD**

Wk 6: An area for improvement this week would be finding a way to keep the older kids more engaged. Although they participated with us, I found that it was easy for them to lose interest and want to converse with one another versus talking with us. A goal to meet this need would be to look up different ways to keep older school-aged children engaged for a longer time while educating them on important topics. **How do you plan on meeting this goal? MD**

Wk 7: An area of improvement from today would be to work on being punctual. I arrived at clinical with 2 minutes to spare due to not being prepared the night before with the address for the site. I found myself scrambling this morning trying to get the address and heading out the door. I will work on this by preparing the night before and looking up all needed material and addresses for the clinical sites. I didn't like the panic I was in this morning.

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	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD
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	MD	MD	MD	MD	MD	MD	MD	MD	MD	
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: 9/13	Date: 9/25	Date: 10/3 & 10/4	Date: 10/9	Date: 10/12 & 10/19	Date: 10/26 & 11/2	Date: 11/6	Date: 11/7 & 11/8	Date: 11/21	Date: 11/21	Date: 11/28	Date:
Evaluation	S	S										
Faculty Initials	MD	MD										
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): Peterman (A), Sitterly (C), Whitworth (M)

GROUP #: 8

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/13/2023 1010-1140

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES				
<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>Nurse introduces herself and identifies patient. VS. Notices a contraction on monitor. Continues with assessment. Begins second assessment, VS. Asks about bleeding. Notices bleeding upon inspection.</p>				

<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>FSBS interpreted as high at 200. Utilizes Leopold’s to determine fetal position. Baby measured to be 34 weeks.</p> <p>Interprets need for fundal assessment.</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 pregnancy history, blood pressure. FSBS obtained-200. Fetal monitor applied. Patient asks for a smoke, alternatives offered. UA sent to lab. Discussed typical diet while pregnant, smoking (tobacco and marijuana). Questions patient about home environment. Patient education provided; follow-up care for baby, prenatal care, healthy eating habits, and smoking cessation. Call to provider with good SBAR report, nice job. Orders received for IV fluid, Procardia, acetaminophen. Patient is filled-in with the plan of care. Call to provider to clarify Procardia. Call to imaging to order ultrasound. Medications prepared, patient identified, 2 medications administered. IV fluid initiated. Ice chips provided. US confirms gestational age – 33 weeks.</p> <p>Call to lab to draw CBC. Call to provider to report bleeding, boggy uterus, low BP. Orders receive for methergine and increase in IV fluid rate. Explains the need for fundal massage. Methergine prepared, patient identified, methergine administered. Vital signs repeated, noting BP increasing, HR lowering.</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 well with each. Discussed team member roles and being flexible- giving and offering help when needed. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help when unsure of something. Discussed the importance of lifestyle changes and prenatal care, especially with pregnancy.</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>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. Assertively seeks information to plan intervention; carefully collects useful</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 completion of nursing assessment. (1, 2, 5)* <p>*Course Objectives</p>	<p>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. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. 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>
---	--

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: _____