

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Natasha Doughty

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)
9/19/2023	12	Missed OB Clinical	

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.		NA	S	NA	NA	S	S	S	S									
b. Provide care using developmentally appropriate communication.		NA	S	NA	NA	S	S	S	S									
c. Use systematic and developmentally appropriate assessment techniques.		NA	S	NA	NA	NA	NA	S	S									
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	S	NA	NA	NA	S	S	S									
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	S	NA	NA	S	S	S	S									
Clinical Location Age of patient		LA CT AT IO N	ER	NA	Na	BM S	B& G	S	FRM C OB									
		BS	BS	BS	BS	BS	BS	BS										

Comments:

Week 2- Intimacy vs Isolation - new mothers developing intimate relationships with their babies. Intimate encounters during lactation, bonding with baby. **BS**

Week 2- 1a- You did a nice job discussing one of the visits you and the lactation nurse had with a patient. It sounds like this new mom had quite a few questions and concerns, and a partner who was not too interested in helping out. Her previous experience with breastfeeding was unsuccessful, but hopefully with the tips you and the nurse were able to provide maybe this time it will be different. **BS**

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

Week 3: Integrity vs Despair- One of our patients was a 93 year old woman who fell at home and was on the ground for several days. She was incredibly confused and appeared to be suffering from dementia, but she made remarks regarding past relationships and memories throughout her lifetime. Identity vs. role confusion- Although this patient was in the mid-thirties, I believe they were still attempting to develop through the identity vs role confusion stage. This patient was brought by the police, as a MHP. During our assessment he admitted he struggles with anger and “running off my mouth” due to “not really knowing what I’m supposed to do with my life.” He seemed overall frustrated and unhappy, he went on to explain that he’s incredibly alone, hates his job, and has no friends other than his parents. Nice job Tasha, this guy sounds like he needs some help. BS

Week 3- 1a- You did a great job discussing in detail one of the patient’s you cared for during your FTMC ER experience. BS

Week 6- Identity vs. confusion. A lot of the students we assessed seemed to be going through a mini “identity crisis” or trying to figure out who they were. There were very unique appearances, and students self-grouped according to their friend group. At times it was very obvious to see the different groups and behaviors, with some groups acting rudely towards others. Separately, students would not really interact with others, but while they were in groups they attempted to fit in and form a self-identity based on those around them. Yes, sounds like middle-schoolers. 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- Industry and Inferiority. The children we encountered took great pride in their work, and were excited to succeed. It was very easy to accidentally lose all of your beads of the string due to the very small size of both the beads and the diameter of the string. Some of the students were very hard on themselves if their necklace or bracelet came apart. Some of the students were obsessed with making their necklace or bracelet “perfect”, finding ways to make it unique and special compared to others. One student found a reason to dislike every bead offered stating it had to “match” a bead already on the necklace. When a matching bead was found, the student said it was not the exact shade. The older children especially were competitive, sometimes making fun of students for the way their necklace looked. Great examples, Tasha. BS

Week 7- 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

Week 8- Trust vs. Mistrust. My patient this week was a one day old infant, who was obviously completely reliant on caretakers. This stage is the basis for development, and is dependent on the care and security the infant has from their caregivers. My patient was developing trust through the nursing staff, but more importantly her parents as they cared for her. Mom was attempting to breastfeed, providing nutrients to baby, and dad would hold the baby and help change diapers. When breastfeeding did not work as planned, they supplemented with formula, which still provides nurturing and promotes trust with the infant.

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

Comments:

Week 3- 1k- You did a nice job discussing cultural implications that need to be considered when planning care for patients, such as the need for modesty, nurse preferences, and religious considerations. BS

Week 7- 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	S	NA	NA	NA	NA	S	S									
b. Perform nursing measures safely using Standard precautions.		S	S	NA	NA	NA	NA	S	S									
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	S	NA	NA	S	NA	S	S									
d. Practice/observe safe medication administration.		NA	S	NA	NA	NA	NA	S	NA									
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	S	NA	NA	NA	NA	S	NA									
f. Utilize information obtained from patients/families as a basis for decision-making.		S	S	NA	NA	S	NA	S	S									
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*		S	S	NA	NA	NA	S	S	S									
		BS	BS	BS	BS	BS	BS	BS										

Comments:

Week 2- Lack of support system and knowledge deficit.- One young mom stated she wanted to exclusively formula feed because she had limited support with family and lack of knowledge with breastfeeding. BS

Week 2- 2c- You were able to witness the baby latch on to the breast, initially with poor placement. With education and repositioning, the baby had a better latch and you were able to hear the baby swallow. BS

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

Week 3: Lack of transportation, lack of mental health resources, lack of community support (MHP). This patient felt frustrated and alone due to the perceived cost of mental health services in the area. He explained that he wanted to meet with a counselor but was concerned with a bill he wouldn't be able to pay. The elderly woman that came in as a fall stated she wished to be a full code because it was "God's Will", she appeared to be Catholic, as she recited parts of the rosary. Lastly, there was a homeless man that was described to be as a "regular." He often comes to the ER because he cannot afford his insulin and wants a place to eat and sleep. Although his sugar was above 500, he still intended to order a lunch primarily consisting of carbohydrates. His SDOH included deficiency in knowledge of medical condition, lack of transportation, economic uncertainty, and lack of community resources. Nice work describing the social determinants of health that must be considered when caring for the patients you encountered in the FTMC ER. BS

Week 6: Lack of economic resources, learning deficit associated with medical condition, lack of reliable transportation. Some children needed glasses but did not have them due to financial reasons, or because they broke their previous pair and insurance wasn't due to pay for them again. The school nurse mentioned voucher programs that they have, but in the past they sometimes have issues with transportation and parents actually taking the children to the appointment. Another large challenge was children who had prescriptions, and had glasses, but refused to wear them due to a lack of self esteem and lack of education regarding their necessity to wear them. Yes, these are common concerns for many children. Glasses are expensive, but like you mentioned, there are programs available to provide free eye exams and glasses. BS

Week 7: Lack of support system, lack of economic stability, lack of resources. Some students reported they would not have a safe place to go after school and/or they would be left alone if they were not at boys and girls club. It was apparent that some students' families struggled financially, with some children wearing soiled clothing and shoes that did not fit appropriately. Overall, the school did an amazing job providing for the students, and giving them a safe and caring environment to be after school. However, when compared to other schools in the area, it was apparent that this school in particular did not have as many resources as other districts. The school and caretakers still provided an invaluable service to the students, but it was clear they were working within budgetary constraints.

Week 7- 2g- Good job identifying social determinants of health that may have an impact on the children. Lack of support and lack of economic resources certainly have an effect on a family, especially with little ones who benefit from having the same experiences, more or less, as their peers. While many of these children share similar circumstances, the particulars of each child's life can vary greatly. When you get a chance to talk to some of these kids, some of them don't eat from the time they leave until the next morning at school. BS

Week 8- Lack of education regarding medical condition. This week my patient struggled to feed, having a weak suck reflex and overall disinterest in eating. We attempted to educate and re-educate the parents regarding frequency of feedings, however it was a struggle to get baby to eat every 2-3 hours. The parents seemed confused regarding the feeding schedule and did not complete the I&O chart vigilantly. We attempted to educate regarding the importance of frequent feeds and their relation to hypoglycemia and hyperbilirubinemia, but they seemed confused each time and needed reminding to feed at the 2-3 hour mark. Four separate caretakers educated multiple times, and it was still unclear at discharge that the parents understood what they needed to do, which is obviously concerning.

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

Comments:

Week 2- Ethical issues- charging out materials that would help mothers breastfeed. Current policy states items such as nipple shields and hydrogel pads must be paid for in person when they are provided. Some moms would benefit from these items to establish successful breastfeeding, but don't have the means to purchase them-can be very discouraging. **BS**

Week 3- The nurse described a time she was told to discharge the routine diabetic patient that is homeless. He was in the ER for three days waiting for a bed upstairs to become available, when it was decided he would be discharged. The nurse discussed feeling uncomfortable discharging him with a vial of insulin and a weeks worth of needles. Although he needed the medication, it seemed like an ethically gray area because he may not have the knowledge or understanding to dose himself appropriately and without injury. **Yes that is an interesting situation that could be a legal AND ethical issue. BS**

Week 5: I missed my clinical because I went to the wrong site. I will avoid this from happening again by not using acronyms in my planner to avoid confusion. I will also double check my planner against the clinical schedule the night before instead of relying on my planner alone. **Great plan! Since you did what you were supposed to do once a mistake was discovered, you followed the "Student Code of Conduct." BS**

Week 6: One ethical issue I recognized was the economic inequality some of the students faced. It was apparent that some of their families struggled financially, and the way they were treated by their peers, as well as the outcome of the vision screens were impacted by that. The school nurse discussed voucher programs established to help offset or eliminate economic hardship. However, she did also explain that some of the vision centers that accepted the vouchers included a considerable drive, that not all families were able to make due a lack of reliable vehicle. It seemed that the school nurse and the community really strived to eliminate the ethical issues present. **Yes, I agree, they do try. Bellevue is a pretty tight-knit community, but there are definitely cliques, just like everywhere else. BS**

*End-of-Program Student Learning Outcomes

Week 7: An ethical (and potentially legal) issue observed in the clinical setting recognized was the inappropriate behavior between and 6th grade boy and girl. The boy was incredibly flirtatious, attempting to obtain the girls phone number. The girl repeatedly told the boy no, and he continued to push the issue. Veronica and I stepped in when he became disrespectful of the girls personal space, pressing himself near her. We sternly told him to sit down, and leave her alone, as she asked him to stop. Without adult supervision and interference, it could potentially become a legal concern if the behavior advanced. **Yes, it certainly could! Kudos to you both! BS**

Week 8: This week on the OB unit, a Firelands nurse visited a new mom and her babies. I would assume that this was all done ethically, but it does open the door to a conversation about employees acting unethically regarding loved ones on the OB unit. It also allows employees to act unethically towards their co-workers if they are taking excessive breaks visiting a loved on another unit. HIPAA violations could easily occur with access to medical records for moms and babies, as well as unwanted visits occurring due to employees having easier access to the unit. Although the unit is technically locked down, it seemed that the doors were opened for everyone who rang, even if the nurse opening the door didn't really know who the person was. It's a small hospital with a small OB unit, which I think gives a false sense of security.

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

Week 2- 4e- You and the lactation nurse were able to provide some valuable education to this patient. In doing so, she may have a much more positive breastfeeding experience than the last time she tried. Nice work! BS

Week 3- 4b- Nice job describing the priority nursing interventions you provided to a patient in the ER. You also did a nice job discussing how the patient responded to the interventions BS

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

Week 7- 4e- Your group did a nice job of providing developmentally appropriate education to children of various ages on the topics you chose related to nursing. Nice work! BS

Student Name:		Course 4					
Date or Clinical Week:		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)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Respon	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		

ding	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	14. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete		
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:							Total Points: Faculty/Teaching Assistant Initials:

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

Comments:

Week 3- 4h- Nice job discussing the fluid replacement your patient received and why. 4i- You did a good job describing the interventions performed for your patient related to both her disease process (dehydration) and the consequences of it (electrolyte imbalance). BS

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

Comments:

8/29/23 – Natasha Doughty Excellent in all areas. Comments: “Very personable! Asked excellent questions! You will be an awesome nurse! Great Job! 😊” Rachel Figgins, RN, CLC Preceptor

*End-of-Program Student Learning Outcomes

Week 3- 5a- You were able to work with a new and unfamiliar piece of equipment this week. You did a nice job of explaining how the straight cath kits used at FTMC work, and what to watch out for when placing one. BS

Week 3- 5a- From ER RN- “excellent in all areas. Fantastic participation.”

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

Week 7- 5a- Your group did a nice job working as a team to provide education to the students of the Boys and Girls Club. 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	S	NA	NA S	S	S	S	S									
b. Accept responsibility for decisions and actions.		S	S	NA	S	S	S	S	S									
c. Demonstrate evidence of growth and self-confidence.		S	S	NA	NA	S	S	S	S									
d. Demonstrate evidence of research in being prepared for clinical.		S	S	NA	NA	S	S	S	S									
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		S	S	NA	NA S	S	S	S	S									
f. Describe initiatives in seeking out new learning experiences.		S	S	NA	NA	S	S	S	S									
g. Demonstrate ability to organize time effectively.		S	S	NA	NA	S	S	S	S									
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		S	S	NA	NA	S	S	S	S									
i. Demonstrates growth in clinical judgment.		S	S	NA	NA	S	S	S	S									
		BS	BS	BS	BS	BS	BS	BS										

Comments:

Week 2: become more comfortable around new moms and babies. Felt very out of place in such an intimate situation, I didn't feel like it was my place to contribute much. Hopefully this improves when I am in the clinical setting performing tasks and patient care instead of observing. **Yes, I bet the next time you will feel much more comfortable! BS**

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

Week 3: Gain confidence with ER assessments. While triaging our first patient (who was later diagnosed with appendicitis and transported to surgery) the nurse asked me to do a quick assessment. I finished a complete head to toe and after leaving the room the RN explained that they do more focused assessments in the ER. I felt pretty stupid, but I did accurately assess his LRQ pain and guarding associated with his later diagnosis of appendicitis. I also attempted a straight cath on a female patient (the confused 90+YO fall). She somehow pinned my hand between her knees, and her anatomy made it impossible to see anything. The straight cath kit also resembled more of a coffee stirrer attached to a drip chamber, which I was completely thrown by. I plan on googling different cath kits to see what other versions I might encounter so I'm not so nervous next time. **Good realization Tasha. Yes, there are times and places when a focused assessment is necessary. Most ER patients would fall into this category, as most of them come in with specific complaints. This is much different than working on a floor where head to toes are done on a regular basis and focused assessments are performed when necessary (change in condition, etc.). BS**

Week 5: I missed my clinical because I went to the wrong site (went to FTMC instead of FRMC). I will avoid this from happening again by not using acronyms in my planner to avoid confusion. I will also double check my planner against the clinical schedule the night before instead of relying on my planner alone. I fully accept responsibility and am thankful for the faculty working with me to reschedule my missed clinical. **Appreciate this Tasha, but once you realized you were at the wrong place you notified Kelly and the school of the mistake, which is what we want you to do. BS**

Week 6: This week I struggled a bit with keeping the students on task because I initially felt uncomfortable redirecting them. I'm not familiar with the age group at all, and wasn't sure how to redirect them without being too forceful, or treating them too youngly. I plan on becoming more acquainted with this age group through more exposure at work with patients around this age, as well as talking with peers who have children of a similar age. **Great plan! Just remember, you know more about how they're supposed to act than they know how you're supposed to. BS**

Week 7: This week I struggled with maintaining a positive outlook. I was frustrated with how our activity was turning out, and how difficult it was for some of the kids. I wasn't frustrated with the children but with the materials we had, because they weren't age appropriate and it was affecting the outcome of the activity. I had to take a moment to decompress and positively reframe the situation, putting things in perspective. It was apparent that the children were having a good time, and at the end of the day, that's all that matters. They spent an entire day in school, so if they didn't retain much of the education we provided, its okay. At the end of the clinical, I was just happy that the kids had a good time, and we were able to spend the afternoon with them. **Yes, you all did fine. It can be very frustrating and overwhelming when dealing with so many kids at once, that is to be expected. But you guys all worked as a team and got the job done! BS**

Tasha, Nice work this first half of the semester. Keep it up! BS

Week 8: This week I absolutely struggled with getting a fetal pulse. My infant had the hiccups while I was assessing her, which made it extra difficult to keep track of her heart rate. I can improve on this by using simulation videos on YouTube, getting used to how fast a babies pulse is, and keeping track of counts. If I became a nursery nurse I would also naturally improve on this skill as I would be using it everyday.

***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	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	S									
Faculty Initials	BS	BS	BS									
Remediation: Date/Evaluation/Initials	NA	NA	NA									

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: 2

SCENARIO: Pregnancy and PPH

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

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

Information Seeking: E A D B	feeling dizzy. Bleeding noticed. Notices boggy uterus.
INTERPRETING: (2, 4) * - Prioritizing Data: E A D B - Making Sense of Data: E A D B	Contractions interpreted on monitor. Pain level at 5. UA results interpreted, + for glucose. FSBS- 200. From interactions, team interpreted the need for education related to blood sugar control and lifestyle changes. Bleeding interpreted as abnormal. Pad- 600 g. Uterus interpreted to be firm in response to 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	Urine sent to lab. Fetal monitor applied. Mona requests something to smoke. Charge nurse asks questions about smoking. Call to lab for UA results. Education provided to patient RT smoking, prenatal care. Great teamwork. Cultural preferences discussed. Patient assisted to left side. Call to provider. Orders received for fluids, Procardia, and acetaminophen, orders read back. Ice chips provided. Education provided on the importance of prenatal care, gestational diabetes. Medications and IV fluid prepared, patient identified, allergies checked. Medications administered and IV fluid initiated. Call to OBGYN to set up appointment. BP measured in response to feeling dizzy. Uterine massage initiated in response to noticing bleeding. Call to provider to report symptoms. Orders received and read back to provider. Medication prepared and administered. O2 applied. BUBBLEE assessment completed.
REFLECTING: (6) * - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: 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 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.

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 members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*	You are Satisfactory for this scenario! BS Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Shows mastery of necessary nursing skills 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
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*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: 2

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/23 0835-1005

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>				
NOTICING: (Link to Course Objectives) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Introductions; ask preference of name and relation to support person Take vitals and assess patient (heart, lungs, abdomen, cervical exam) Ask about all prenatal appointments and diabetes management Pain assessment (rating and timing) Fundal assessment immediately post birth Apgar 1 minute: 9 Apgar 5 minutes: 9 Newborn assessment: looks at shoulder				
INTERPRETING: (Link to Course Objectives) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Correlates need for PCN due to GBS+ Offer Nubain for pain relief due to no epidural in birth plan Pain reassessment after medication administration See patient is ready to deliver and tell healthcare provider Dry baby off, put on hat, and swaddle to prevent heat loss				

RESPONDING: (Link to Course Objectives) * • 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	Hangs PCN prior to delivery. Secondary bag needs to be above the primary bag for gravity to pull it in first. IM injection for Nubain; proper technique and needle size. Needle safety engaged. Education on baby medications prior to birth with consents Communication with provider: good sbar Interventions for birth: McRoberts maneuver, call provider, suprapubic pressure, roll patient, call OR, call nursery, internal rotation, remove posterior arm, evaluate for episiotomy Educate on breathing while pushing Medication administration for baby: eye ointment and IM injection. Correct needle size and needle safety engaged Educate and encourage skin to skin with mom
REFLECTING: (Link to Course Objectives) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of scenario. Team recognized teamwork, communication, and proper interventions. Discussion of various interventions (HELPERR and types of heat loss for baby). Discussed not all interventions can be done by nursing staff, but can suggest to provider to assist delivery. Team was able to recognize correction of hanging antibiotics as secondary and were able to understand need for secondary bag to be hung above primary bag. Team did great with education to mother on medications and sticking to her birth plan.
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	You are Satisfactory for this scenario! RH 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. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.

B= Beginning Scenario Objectives: • Select physical assessment priorities based on individual patient needs. (1, 2)* • Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)* • Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* • Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* • Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)* • Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)*	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. 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. 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:
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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: _____