

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Caitlyn Silas

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.		N/A	S	N/A	S	N/A	N/A	S	N/A									
b. Provide care using developmentally appropriate communication.		N/A	S	N/A	S	N/A	N/A	S	N/A									
c. Use systematic and developmentally appropriate assessment techniques.		N/A	S	N/A	S	N/A	N/A	S	N/A									
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	S	N/A	S	N/A	N/A	S	N/A									
e. Identify stage of growth and development (Erikson’s Stages)(List Below and explain reason for choice)*		N/A	S	N/A	S	N/A	S	S	S									
Clinical Location Age of patient		N/A	FT ER 14	N/A	FT OB 30	N/A	LC, 34 / 3 days old	Mid-term	Boys and Girls club									
		RH	RH	RH	RH	RH	RH	RH										

Comments:

Week 3: I believe my patient was in the identity vs. confusion stage because she is just starting to figure out who she wants to be and this is an accurate stage for age 14. RH

Week 3: 1(a, k): Great job describing your patient and their cultural implications related to their plan of care. RH

Week 5: I believe my patient was in the intimacy vs. isolation because this stage usually occurs from age 20 to 40 and her and her husband are having a very intimate moment by having a child and she may experience some isolation after due to the possibility of postpartum depression. RH

Week 5: 1(c, 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. RH

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

Week 7 – The baby is experiencing the trust vs. mistrust stage of development. As long as the baby's needs are met such as feeding, getting changed, and receiving love the baby will grow a sense of trust with his mother. RH

Week 7: 1(a)- this was changed to "S" due to discussing this in your CDG post. RH

Week 8 - At the boys and girls club I believe most of them were going through the industry vs. inferiority stage of development. They are at the age where they are gaining a sense of confidence and are starting to explore their independence.

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

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

Comments:

Week 3: A SDOH that influenced my patients care was provider linguistic and cultural competency which falls in the healthcare system category of the SDOH. She is a 14-year-old and because she was older and could communicate well and it was a simple viral infection the nurse did not get the interpreter for her mother. If I was a mother and, in that position, I would have wanted someone to get an interpreter so I could fully understand everything going on with my child. RH

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

Week 5: A SDOH that influenced my patients care was stress which falls under the community and social context category of the SDOH. She is a 30 year old primipara and she was super stressed and nervous about giving birth. I reassured her that it will be okay, and the baby will come when he wants to as we can't force him out if he isn't ready. I also told her that she is strong and determined to deliver the baby so she will get through it, and it'll be the best moment once he is laying on her chest. She thanked me after for encouraging her through the birthing process for the encouragement. RH

Week 7 - A SDOH that influenced my patients care was the lack of education she had for breastfeeding. She noticed that lack of education and reached out to her available resources, which was great. She learned a lot just in the couple hours with the lactation consultant and they had already scheduled more visits in the future and are going to include the speech therapist as well to see if that will help the baby at all. The baby lost 9.18% of its birth weight so the lactation consultant recommended supplementing with formula and the mother agreed to do so. Overall she left better educated on how to care and feed for her baby properly. RH

Week 7: 2(c)- this was changed to "S" due to your discussion in your CDG. RH

Week 8 - A social determinants of health that come to my mind when interacting with the children are housing which falls under the neighborhood and physical environment category of the social determinants of health, I say housing because there was a little girl talking about how cops are always responding by her house and that could be a safety issue depending on what the cops are constantly responding to. I reminded her to stay inside and stay safe when the cops are responding.

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

Comments:

Week 3: There was a patient who was pink slipped and she was actively going through withdrawal from multiple substances and did not know quite what was going on so she wanted everyone's first and last names to report all healthcare providers involved in her care, but we had to explain to her that we also have a right to privacy as well and if she did want to file a report she just needed the first name and to say in the ER where she was getting care. **RH**

Week 5: There was an ethical issue with my patient because the doctor wanted to use the mirror method to show her pushing and so that she could see the baby's head but she was super against it and he brought the mirror in anyway against her wishes of not using it. I believe that the doctor should have respected her wishes about not using the mirror and should have tried a different method. **RH**

Week 7: There wasn't really any ethical issues during this clinical but there could have been if the mother refused to supplement in formula for her baby since he has lost almost 10% of his birth weight. Her breast milk has not fully come in yet and he isn't getting enough to gain that weight back but she agreed to supplement because she wants her baby to be happy and healthy which is the best thing for both of them. **RH**

Week 8 - I did not observe any ethical or legal issues while at the boys and girls club clinical. The only legal issue I could think of is the staff let the kids go outside on their own but the parents come check them out to make sure they are leaving with the correct parent.

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

Comments:

Week 3: 4(b)- Great interventions for you patient in the ED and describing how the patient responded. Did you do these all on your own (with your preceptor) or were there more than one nurse in the room? How was the teamwork of the nurses in relation to these interventions? RH

Week 5: 4(e, 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. RH

*End-of-Program Student Learning Outcomes

Student Name:				Course Objective: 4			
Date or Clinical Week:							
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	
	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	
	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	2	8. What other interventions besides vitals and wound site checks? What about pain, neurological assessment (sepsis), lab value checks?
	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	
	14. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	0	
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: Great job, see comments in side panels.							Total Points: 38/42 Satisfactory
							Faculty/Teaching Assistant Initials: RH

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

Comments:

Week 2: 4(g-k): these were marked "U" as they were not filled out. Please address the "U" and what you will do to prevent receiving another in the future. If the "U" is not addressed, you will continue to get a "U" until it is addressed. RH

Week 2 "U" Response: I accidentally did not see this page when filling out the clinical tool for week 2, I know about it now and will be filling it out from now on. RH

Week 3: 4(h, i)- Good description of interventions and WHY you performed them by connecting them to the disease process. RH

Week 5: 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. RH

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

Comments:

Week 2: 5(a-g): these were marked “U” as they were not filled out. Please address the “U” and what you will do to prevent receiving another in the future. If the “U” is not addressed, you will continue to get a “U” until it is addressed. RH

Week 2 “U” Response: I accidentally did not see this page when filling out the clinical tool for week 2, I know about it now and will be filling it out from now on. RH

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

Week 3: 5(a)- there is so much technology in the ED and I am glad you were able to experience some new procedures and how it improves/helps with patient care. RH

Week 5: 5(a)-You showed great enthusiasm during the FTMC OB clinical experience. RH

Week 5: 5(d, e)- These were changed to “S” due to you navigating the electronic health record and utilizing the charting provided. RH

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

Comments:

Week 2: 6(e)- This was marked as U due to your tool being turned in late. Please address the "U" and what you will do to prevent receiving another in the future. If the "U" is not addressed, you will continue to get a "U" until it is addressed. RH

Week 2: 6(a-i): these were marked "U" as they were not filled out. Please address the "U" and what you will do to prevent receiving another in the future. If the "U" is not addressed, you will continue to get a "U" until it is addressed. RH

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

Week 2 “U” Response: I accidentally did not see this page when filling out the clinical tool for week 2, I know about it now and will be filling it out from now on. I also turned it in late because I was thinking it was still due on Saturday, I know it is due Friday at 0800, so it will not happen again. This does take some adjustment as it is a new semester and has new guidelines. Here’s to a great rest of the semester! RH

Week 3: An area for improvement would be drawing up medications from an ampule, I know that you use a 2x2 to break it off and then use a filtered needle but I am not confident drawing it up. I will practice drawing it up 3 times before my next clinical. RH

Week 3: Feedback from ED RN: Excellent in all areas. Caitlyn was super involved during clinical. She showed interest in learning and participating in patients' plan of care. RH

Week 5: An area for improvement would be looking at the APGAR scoring more often to remember it better when assessing a newborn. I will practice by reviewing it twice a week before my next OB clinical. RH

Week 7: An area for improvement would be learning more about different types of breast pumps and nipple shields. When the lactation consultant was talking about these I wasn’t fully onboard with everything because I’ve never looked into the different types of pumps. I will look into the 3 most popular breast pumps and learn new information within the next 2 weeks before my next OB clinical where the information may be needed. RH

Week 7: Feedback from lactation nurse: Marked excellent in all areas. “Very engaged and interacted well with patients. Asked great questions.” Hannah Alexander, RN

Midterm: Caitlyn, Great job so far this semester, keep up the great work! RH

Week 8 - An area for improvement would be learning how to better communicate with the younger kids in a loud environment. I did not want to yell at them, so I wasn’t sure how to properly communicate. I will look up ways to communicate with the younger kids twice this week to help my education.

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

***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	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* 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	RH	RH	RH	RH	RH	RH	RH	RH	RH	
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

* 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 & 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: 10/3/23
Evaluation	S	S	S									S
Faculty Initials	RH	RH	RH									RH
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A									N/A

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Phillips (A), Silas (M), Ward (C)

GROUP #: 6

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/13/2023 1335-1505

CLINICAL JUDGMENT COMPONENTS						OBSERVATION NOTES
NOTICING: (1, 2, 5) *						Enters and introduces self, (remember to identify patient) inquires about contractions, begins assessment, VS. Applies fetal monitor, notices fetal heart rate and contractions. Noticed UA results were abnormal. Notices contractions still occurring following Procardia administration. Patient identified, inquires about pain. VS. Bleeding noticed. Patient CO feeling dizzy. Notices VS improving, firm fundus.
• Focused Observation:	E	A	D	B		
• Recognizing Deviations from Expected Patterns:	E	A	D	B		
• Information Seeking:	E	A	D	B		

INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interprets contractions on the fetal monitor, also interprets that it is early in the pregnancy for contractions. Interprets pain to be in control following acetaminophen. Pain rated at 3/10. Interprets an improvement in condition following methergine.
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	Patient requests cigarette, is informed there is no smoking at the hospital. Patient assisted to the left side. Call to provider to report UA results- + for glucose and THC. Remember to give background information and assessment. Orders received for IV fluid, Procardia, acetaminophen, US to verify dates. Orders read back. Ice chips provided, reason for US explained to patient. Smoking discouraged. IV fluid prepared and initiated (900 mL/hr?). Procardia and acetaminophen prepared and administered. (check FSBS, provide education). Leopold's performed. Inspects fundus, patient feels gush. Call to provider to report hemorrhage (be prepared with information). Orders received and read back. Methergine prepared (need to use an IM needle). Patient assisted to a comfortable position.
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 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.
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	You are satisfactory for this scenario! BS Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads Interpreting: Generally focuses on the most important data and seeks further relevant

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)* *Course Objectives	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: 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. 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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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Caitlyn Silas

OBSERVATION DATE/TIME: 10/3/23

REFLECTING: (6)*					You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy. Great job.
• Evaluation/Self-Analysis:	E	A	D	B	
• Commitment to Improvement:	E	A	D	B	

	I enjoyed seeing your pregnancy photo!
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric Developing to accomplished is required for satisfactory completion of this simulation.	Comments You are satisfactory for this simulation. RH

*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): **Phillips (C), Silas (A), Ward (M)**

GROUP #: **1**

SCENARIO: **Shoulder Dystocia and Newborn Care**

OBSERVATION DATE/TIME(S): **10/4/23 0700-0830**

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	Introduce self, obtain vitals Pain assessment: location, description, duration, rating Cervical exam Assessment: edema, pulses, fundal assessment, abdominal assessment, lung sounds Pain reassessment, cervical exam, and vital reassessment post medication administration Newborn assessment complete. Checks all reflexes Apgar 1 minute: 9 Fundal assessment post delivery Assess for signs/symptoms of infection				
INTERPRETING: (Link to Course Objectives) * - Prioritizing Data: E A D B - Making Sense of Data: E A D B	Offers pain medication other than epidural to align with patient birth plan Correlates need for PCN with GBS+ results Interpret fetal monitoring strip changes to early decelerations Dry baby off, apply hat, and swaddle baby to assist with thermoregulation				
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	Calling healthcare provider: SBAR organized Medication administration: PCN and nubain. Performs all checks. Hangs PCN correctly. IM administration using proper technique and needle size. Needle safety engaged. Call healthcare provider after second cervical exam: SBAR organized Interventions: call for help, evaluate for episiotomy, McRoberts maneuver, suprapubic pressure, rotational maneuvers, hands and knees, remove posterior arm Did not deliver placenta immediately post birth, did return to do so after newborn assessment. Provide skin to skin Medication administration to baby: does all checks. IM injection done with adult size IM needle. Ouch! Use 5/8 inch needle for IM injection on infants. Education to mother on medications for baby				

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 intervention. Discussion of various interventions (HELPERR and types of heat loss for baby). Discussed proper needle size for IM injection for adult and newborn.
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: 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)*	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. 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: _____