

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
9/1/23	1	Late CDG post	9/1/23

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

6/26/2023 MD

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
Competencies:		S	NA	NA	NA	S	NA	S	S	NA								
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.																		
b. Provide care using developmentally appropriate communication.		S	NA	NA	NA	S	NA	S	S	NA								
c. Use systematic and developmentally appropriate assessment techniques.		S	NA	NA	NA	S	NA	S	S	NA								
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	NA	NA	NA	S	NA	S	S	NA								
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	NA	NA	NA	S	NA	S	S	NA								
Clinical Location Age of patient		ER 56	NA	NA	NA	FT 33	NA	Mid-term	Boys & Girls Club	NA								
		RH	RH	RH	RH	RH	RH	RH	RH									

Comments:

The ER had varying ages of care. The patient I chose was 56-year-old. For Erikson's I chose integrity vs despair. I know that this doesn't fit the age requirements, but my patient was morbidly obese, had no children, her only living family was a brother. The patient also did not move around for fear of falling. So she does not leave or go anywhere within her home. She has home health come just to help her bathe. This stage focuses on did I leave a meaningful life and with her quality I'm sure she thinks about this a lot. **Good observations and explanation. RH**

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

This clinical my patient was 33. Once again I fit a stage that does not fit her age group. I picked generativity vs stagnation. My patient is happily married and just delivered her 5th child. She is not creating a lasting legacy with these children and making her mark on the world. She is raising her children and making a life for them. RH
Week 6: 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. MD

For the children at the boys and girls club I have chosen Industry vs Inferiority. I think that a lot of these children are in the stage of becoming confident in their abilities to do things and succeed. If they don't succeed and receive positive feedback they lack confidence in themselves. This stage is very important it will help children succeed as they grow older. RH

Week 8- 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

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

Comments:

Week 2: 1(a, k): Great job describing your patient and their cultural implications related to their plan of care. RH

Objective																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children encompassing cultural sensitivity and diversity. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Engage in discussions of evidenced-based nursing practice.		S	NA	NA	NA	S	NA	S	S	NA								
b. Perform nursing measures safely using Standard precautions.		S	NA	NA	NA	S	NA	S	S	NA								
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	NA	NA	NA	S	NA	S	S	NA								
d. Practice/observe safe medication administration.		S	NA	NA	NA	S	NA	S	NA	NA								
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		S	NA	NA	NA	S	NA	S	NA	NA								
f. Utilize information obtained from patients/families as a basis for decision-making.		S	NA	NA	NA	S	NA	S	S	NA								
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*		S	NA	NA	NA	S	NA	S	S	NA								
		RH																

Comments:

Environment since the patient will not leave the house for fear of falling. Which means she has people who are enabling her to live the way that she does. **What can her support system do for her to help this not be an issue? RH** support system can give her assistive devices like a walker or scooter so that she is able to leave the house. She can also get physical therapy help to strengthen her extremities. **Good ideas! RH**

Economic stability would be my choice for this mom. This is her fifth child and from what I can tell both her and her husband are immigrants. Neither one speaks very good English. Having a large family in this economy makes it hard to provide food and necessary resources to maintain a decent quality of life, especially with only one income as from what I gathered mom is a stay at home. RH

Social and community context is what I have chosen for this week. The children who participate in the boys and girls club are all inner-city children. The environment that they are raised in will have a huge impact on their attitudes and who they are when they are older. Growing up in environments that have a lot of crime or other negative influences can lead these children to think that it's okay for them to act that way. Or that its an acceptable life style. RH

Objective																		
3. Summarize the legal, moral and ethical issues related to care of children and the childbearing family. (2,6,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Act with integrity, consistency, and respect for differing views.		S	NA	NA	NA	S	NA	S	S	NA								
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		S	NA	NA	NA	S	NA	S	S	NA								
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		S	NA	NA	NA	S	NA	S	S	NA								
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		S	NA	NA	NA	S	NA	S	S	NA								
		RH	RH	RH	RH	RH	RH	RH	RH									

Comments:

We had a patient who had multiple PE's and were trying to get them moved to another facility for treatment. One of the clots was near the patients heart do if they moved in the wrong way it would kill them. The transportation we had lined up called last minute and said they wouldn't be able to transport the patient till 7 am the next morning. Ethically this was an issue, the patient could not wait. **This is such a big issue in Emergency Departments. Transport times are long and it can cause the patient to deteriorate prior to getting to a higher level of care. RH**

Legal issues, when the mother came into the hospital, she was 7 cm dilated the nurse checked the patient and everyone started to prep for a vaginal delivery. At the next check the patient was complete, and they were getting ready to have the patient push when the mother stated, "baby head still up here?" and pointed to her upper abdominal area. Another nurse then checked to find the baby breech. If they had continued to deliver this baby breech and anything went wrong they would have been at fault for not realizing that the baby was breech. **RH**

Ethical issues observed parents leaving their children at school till well after 6 pm. I understand that parents must work and extra childcare is needed, especially for single parents. Staying in the same environment for 10 + hours would be exhausting. For a child. There was a little boy who was asleep at the table when we were presenting. We left the school at 6:15 and more than half the children were still there. How does that leave time for homework, a proper dinner, bath, and a decent bedtime. The older ones might be able to stay up a little later, but the youngest ones need their sleep. **Some children do not eat when they go home so the meal provided at the boys/girls club is their dinner. It is hard to see so many children there so late, but also if a single parent works 12 hour days, this is a great resource for them for childcare as well as homework help. 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		
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	NA	NA	NA	S	NA	S	NA	NA								
b. Develop and implement a plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		S	NA	NA	NA	S	NA	S	NA	NA								
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	NA	NA								
d. Summarize witnessed examples of patient/family advocacy.		S	NA	NA	NA	S	NA	S	S	NA								
e. Provide patient centered and developmentally appropriate teaching.		S	NA	NA	NA	S	NA	S	S	NA								
f. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		S	NA	NA	NA	S	NA	S	NA	NA								
		RH	RH	RH	RH	RH	RH	RH	RH	RH								

Comments:

Week 2: 4(c)- this was changed to NA because you did not chart at Fisher Titus. RH

Week 2: 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 For the most part everything was done with my preceptor and I. We did have another nurse come in to insert an IV, and to help us hold down a pediatric patient to give them a shot. The teamwork was great, and all for the better of the

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

patient. Everyone was on the same page as far as what the goal was. That is awesome! Teamwork is always a great way to get urgent things done quickly for the patient. RH

Week 6: 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. MD

Week 8- 4e- Your group did a great job providing education on various bullying scenarios. You did a nice job of adjusting the type of education provided based on the ages of the groups you worked with. BS

Student Name: Laurel		Course 4					
Date or Clinical Week: MCN 2023		Objective:					
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	
	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	

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Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	8. Great interventions list! Very thorough Make sure your medications have a frequency, even if this is "once" or "prn"
	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	
Refl	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: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments:</p>							<p>Total Points: 42/42 Satisfactory</p>
							<p>Faculty/Teaching Assistant Initials: RH</p>

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

Comments:

Week 2: 4(h, i)- Good description of interventions and WHY you performed them by connecting them to the disease process. What a great experience to see a heparin drip started and monitored for this patient. RH

Week 6: 4(g-k)-This week you were able to correlate diagnostic tests, pharmacotherapy, medical treatment, nutrition, and growth and developmental level in relation to your patient. MD

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

Comments:

Week 2: 5(a)- there is so much technology in the ED and I am glad you were able to experience some new charting and how it improves/helps with patient care. RH
 Week 2: 5(g)- This was marked “U” because your CDG was not turned in on time and there was no reference as required by the assignment. Please address this “U” and what you will do to prevent getting another “U” in the future. If it is not addressed, you will continue to get a “U” until it has been addressed. RH I do have a reference in my CDG , I used the drug guide. But for future I will double check that I have a reference and all bullet points are correctly addressed. The change in due date for this

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

semester messed me up with the turn in. But I now have the due time correctly marked in my planner every week now. When I checked for a reference on 9/1/23 there was no reference and the post says it was modified on 9/4/23. Thank you for adding the reference. RH

Week 6: 5(a)-You showed great enthusiasm during the FTMC OB clinical experience. MD

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

Comments:

Week 2: 6(a)- This was marked as a "U" as you did not comment anything to improve upon. Please address this "U" and what you will do to prevent getting another "U" in the future. If it is not addressed, you will continue to get a "U" until it has been addressed. RH I will improve on my clinical for the rest of the semester! No more U's!!!!

RH

Week 2: Feedback from ED RN: "Was willing to help in all situations. Will make a great nurse." Great job! RH.

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

Midterm: Laurel, great job so far this semester, keep up the good work! RH

I can improve on communication with younger groups. I can communicate with my own children because I know how they communicate back but communicating with children who don't necessarily care about what you have to say is a different story. RH

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

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2023
Skills Lab Competency Tool

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills														
	Adult Head to Toe Assessment (*1, 2, 5, 6)	Breastfeeding and Bottle Feeding	Breast Assessment (*1, 2, 3, 4, 5, 6)	Circumcision Care (*1, 2, 6)	Broselow Tape (*1, 2, 3, 5)	Leopold's (*1, 2, 3, 5, 6)	APGAR (*2, 3, 4, 5, 6)	Breast Self-Exam (*1, 4, 5, 6)	Pediatric Vital Signs (*1, 4, 5)	Pediatric Lab Values (*1, 4, 5)	C-Section Care (*1, 2, 5, 6)	Health Literacy (*2, 5, 6)	Safety (*1, 2, 3, 5, 6)	Postpartum Assessment (*1, 2, 6)	Newborn Bath and Cord Care (*2, 4)
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	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:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
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: 10/19	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								S
Faculty Initials	RH	RH	RH	RH								RH
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A								N/A

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse; O=Observer (Course Specific)

STUDENT NAME(S) AND ROLE(S): Schneider (A), Seiger (C), Whittaker (M)

GROUP #: 7

SCENARIO: Pregnancy and PPH

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

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES				
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> Focused Observation: E A D B Recognizing Deviations from Expected Patterns: E A D B Information Seeking: E A D B 	<p>Introduces self and identifies patient. VS. Notices fetal heart rate and contractions. Pain with contractions rated 5/10. Noticed UA results abnormal. Pain reassessed following acetaminophen administration. Begins second assessment. VS. Patient CO dizziness. Notices bleeding. Notices boggy uterus.</p>				

<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>FSBS- 200, questions patient about what their normal is. Leopold’s result- head down. Interprets the need for patient education- smoking, diabetes, prenatal care, primary care.</p> <p>Patient condition interpreted to be improving with interventions. Interprets the need to inspect breasts.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Patient asks for a smoke, alternatives offered. FSBS obtained. Leopold’s maneuver. Patient education provided related to smoking cessation. Fetal monitor applied. Call to pharmacy about safety of nicotine patches/gum in pregnancy. Call to lab to inform of urine sample. Patient assisted to their left side. Call to provider with good SBAR report. Orders received for US to verify date, IV fluid, Procardia, acetaminophen patient education (remember to read back orders). Procardia, acetaminophen, IV fluid explained to patient, administered. Patient education provided. Medications prepared. Call to pharmacy regarding Procardia. Pain rated at 5/10, acetaminophen and Procardia administered, IV fluid initiated.</p> <p>Congratulates patient and inquires about education topics. Fundal massage began immediately. Call to provider to report hemorrhage. Orders received- remember to read back orders. IM methergine prepared, patient identified medication administered. IV fluid rate increased. Call to provider to report patient response to interventions. BUBBLEE assessment performed. Episiotomy assessed. Good job with patient support/education.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed team member roles and being flexible- giving and offering help when needed. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help when unsure of something. Discussed the importance of lifestyle changes and prenatal care, especially with pregnancy. Team did a great job with education.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p>	<p>You are satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes</p>

<p>E= Exemplary A= Accomplished D= Developing B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* <p>*Course Objectives</p>	<p>subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: 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:</p>
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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: **Laurel Sieger**

OBSERVATION DATE/TIME: **10/3/23**

<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>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.</p> <p>Great job.</p> <p>I enjoyed seeing your pregnancy photo!</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>Comments</p> <p>You are satisfactory for this simulation. RH</p>

*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): Schneider (C), Seiger (M), Whittaker (A)

GROUP #: 2

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/4/23 0835-1005

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Pain assessment: rating Mother assessment: pulses on upper and lower extremities, listen to heart, lungs, and abdomen, checks edema, cervical exam Pain reassessment and cervical exam after medication administration. Apgar score 1 minute: 9 Apgar score 5 minutes: 9 Newborn assessment complete. Reflexes assess and present</p>
<p>INTERPRETING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Relates PCN order to GBS+ results Finger stick blood sugar: 120. Knows is in normal range and no interventions needed Offers Nubain for pain relief to stick with mother's birth plan of no epidural Interpret fetal monitor strip to read frequency and duration of contractions as well as fetal heart rate having decelerations Dry baby, put on hat, turn on warmer, to assist with thermoregulation of baby</p>
<p>RESPONDING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>PCN administration: does all checks. Hangs secondary tubing correctly Offers education on epidural options Nubain administration: No verification of name/DOB. Use of proper needle size for adult IM injection. Only use of one hand to uncap needle, should use two hands. Needle safety engaged. Good education and coaching to mother during labor Interventions: evaluate for episiotomy, McRoberts maneuvers, suprapubic pressure, call for help, hands and knees, remove posterior arm, rotational maneuvers Erythromycin ointment put on baby's eyes Education provided to mom on vitamin K. Vitamin K injection given to baby. Used correct needle size for newborn. Proper technique used. Needle safety engaged.</p>

	Promote skin to skin and encouraged breastfeeding. Assist with baby latching
<p>REFLECTING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • 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 safety when removing cap from needle.
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary A= Accomplished D= Developing B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • 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)* 	<p>You are Satisfactory for this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses;</p>

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|---|--|
| <ul style="list-style-type: none">• Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)* | |
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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: _____