

**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	Lab Survey not completed	9/8/23 KA
9/19/23	12	OB Clinical	9/26/23 KA

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	S	N/A	S	S	S	N/A	S								
b. Provide care using developmentally appropriate communication.		N/A	S	S	N/A	S	S	S	N/A	S								
c. Use systematic and developmentally appropriate assessment techniques.		N/A	S	S	N/A	S	S	S	N/A	S								
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	S	S	N/A	S	S	S	N/A	S								
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		N/A	S	S	N/A	S	S	S	N/A	S								
Clinical Location Age of patient		N/A	Lactation consultant 1 day old	H&V Bell evue High school	No clinical	Firelands OB	Empathy belly / boys and girls club	NA	N/A	Fisher Titus OB								
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA								

Comments:

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Week 3 - E) I had my clinical with the lactation consultant this week and the child was 1 day old. The Erikson's stage for growth and development would be trust vs. mistrust. This stage is where the baby builds a relationship with mom and or other parent and they learn trust and mistrust by feeding. The infant learns to trust parents when they are fed and taken care of. The infant feels secure and builds that trust. **Good job! KA**

Week 3 - 1a - You did a nice job discussing one of the mothers you worked with while on clinical with the Lactation Consultant. KA

Week 4 - E) I had my clinical at the Bellevue High School for hearing and vision. The Erikson's stage for growth and development in this period is Identity versus role confusion. This stage for adolescents is where they are questioning and trying to figure out who they are. They are trying to figure out their values and ideas of what and who they should be. I think the hearing and vision can play a role into that by if they were glasses or contacts and maybe trying to figure out their style that best represents them and who they are or want to be. **KA**

Week 4 - 1b - You did a great job highlighting your communication techniques and how they focused on your knowledge of the adolescent child. KA

Week 4 - 1e - You did a nice job identifying the correct growth and developmental level the students you worked with were in. You included the correct sage in your tool, but remember to identify the Erikson's stage they are in in your CDG response as well and not just that they are in the adolescent stage. KA

Week 6 - E) In my clinical I was in the nurse's office. The infants are at the Erikson's stage called trust versus mistrust. The infant learns to trust their caregivers in this stage. The basic trust would be that the caregivers are picking baby up when they cry, giving them safety, and providing food for them. Infants can develop mistrust if their environment is unreliable or not dependable. This stage is very important for the child down the road growing up. **Great job! KA**

Week 6 - 1a - You did a wonderful job providing holistic care to the baby you were assigned to this week. KA

Week 6 - 1c - You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. KA

Week 6 - 1d - You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process as needed. KA

Week 7 - E) As a school age child Erikson's for them is Industry Vs. Inferiority this can refer to when children start to compare themselves to each other and gauge the feelings of ability and worth. We had a range of kids at the boys and girls club as well as adolescents. The adolescence Erikson's stage is Identity vs role confusion and this is where they explore certain thoughts and feelings of values, beliefs, and goals. **Good job! KA**

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. BS

Week 7 - 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 9 - E) Intimacy vs. Isolation would be the Erikson's developmental stage for the mother I had in Clinical. She was in this stage because she is in a vulnerable state as a mother and the hormonal imbalances that occur after birth. She could also be susceptible to post baby blues. We educated mother on when to notify the doctor for the post

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partum blues. I also think isolation could occur especially as we get to flu season that the mother will not go out as much due to the health of the infant and her to keep healthy. It can also be hard to have people over to visit in the cold and flu season knowing they could possibly be sick.

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

Comments:

Week 4 – 1k – You did a nice job discussing the culture and beliefs of the school system you performed hearing and vision screening in. You were very observant and able to pick up their beliefs and values through different things you observed in the building. KA

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

Comments:

Week 3 - G) I think a cultural element with this clinical would be the social stigma associated with breastfeeding in public. Many people look at mothers weird for breastfeeding their baby in public and there is a negative stigma attached to that in our culture. Some other parents understand that their baby needs to eat and will

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breastfeed wherever and anywhere. Most feel as though breastfeeding is a private matter and that is why many places have breastfeeding rooms such as malls and hospitals. Why is there such a negative stigma associated with breastfeeding in public? I feel as though it is because there is a sexual association about women's breast even with breastfeeding even though they are just trying to provide nutrition for their child. Seeing a woman's breast or nipple has a negative stigma attached to it and that is why breastfeeding out in public spaces is frowned upon in our society. I feel as though it is getting better but people still stop and stare no matter what. **I agree there can be a social stigma associated with breastfeeding in public. Do you feel that this stigma occurs in all cultures across the board or do you think this is something more prominent in the culture in the United States?** KA Kelly I think this stigma is mainly in the United States. In some countries breast feeding is seen as a beautiful nurturing thing that mothers can provide for their baby.

Week 3 – 2c – You were able to describe observing the baby latch on the breast and begin to suck and swallow. I know the baby was having issues falling asleep during the feedings so it was not a continuous feed. However, you still were able to witness the baby initiating the feeding process. KA

Week 4 – G) Some social determinant for the adolescent age is that the kids might not have money or their families might not have money to pay for glasses or hearing test. Some of the hearing tests are going to be at certain times and the parents might not be able to take their children due to work. To go along with not being able to afford glasses maybe their families do not even want to take their kids possibly because they can't afford insurance or even have insurance. **This can definitely affect follow-up care.** KA

Week 6 – G) One social determinant is that the infant's parents were quite young and it was their first child. Being young and it being their only child there could possibly be a knowledge deficit there about the infant and infant care. As the nurse you need to ensure you are teaching the parents and having them watch what to do and then act out after to ensure they are doing things right with the infant care. **The parents being young could also influence the amount of support they have as well as their financial stability.** KA

Week 6 – 2c – You did a nice job caring for and holding a newborn for the first time. You should be proud of all you accomplished while on clinical. You were able to perform the congenital heart screening on your assigned newborn and document the results appropriately in the patient's EMR. KA
Week 6 – 2f – You worked with the family to gather information on the baby to appropriately document the baby's I&Os. KA

Week 7 – G) One big thing I say would be a social determinant for all the kids is being at the school for an extended period of time. The kids that stay over are there till about 6pm and that is almost 11 hours the kids are at the school. I think it can put a toll on the home environment as well as the school environment. There can be certain reasons as well as why the kids are not going home right after school. I did notice a lot of the kids did get tired so I have a feeling a lot of them go to sleep as soon as they get home and maybe do not spend a lot of time with their family when at home. **I agree home/school life balance along with supervision can affect a child and family's ability to manage and maintain health.** KA

Week 7- 2g- Good job identifying social determinants of health that may have an impact on the children. Food insecurity and low income certainly have an effect on a family, especially with little ones who benefit from having the same, or close to the same, experiences as their peers. When you get a chance to talk to some of these kids, some of them don't eat from the time they leave until the next morning at school. BS

Week 9 - G) Both parents have a stable full time job. This can be good for income and knowing they have income coming in to raise their children. Her support system seems to be good she had her mother their with her who is a nurse and seemed to be helping her.

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

Comments:

D) week 3 – I think in the legal and ethical issues looking forward would be not trying to push breastfeeding on mothers. Some mothers feel forced and that can be a big problem looking forward for the mother and baby. If the mother doesn't feel comfortable but feels forced to she will be doing something against her wishes and that is not what we want to do in cases like that. **I agree there can be an issue with autonomy when many mothers deliver in hospitals that promote the importance of breastfeeding over bottle feeding. This can definitely cause a mother to maybe breastfeed out of pressure versus truly feeling autonomous in her feeding choices for her infant. KA**

Week 4 – D) I think there can be legal or ethic issue with the hearing and vision test. I think it can be hard to keep things confidential when you are in a room with 30 other kids while trying to do testing. Do I think any of it was confidential? No, even though the nurse tries to make it confidential it is not because the kids are watching their peers take the test and hear and visibly see how they are doing. I think even if we are not verbally saying whether they passed or not it is evident if they did or not. **I agree this could definitely be a concern for the screenings. KA**

Week 6 – D) My infants mother was not allowing the nurses to administer the Hepatitis B shot or the erythromycin eye gel to the baby. I think these personally are very important considering the mother was GBS positive. I think as a nurse you can run into ethical issues or legal issues in this instant. As a nurse you have to step back and think about how you feel about the situation and if you feel comfortable still working with the baby and mother. Some nurses might try to push the vaccine or erythromycin on the mother to try to prevent the infant from getting sick or getting an infection this would be in the nurses nature to do no harm. The mother does have the choice and we have to respect the choices she made. I personally did think it was wrong she did not give her baby at the erythromycin because she did test positive but I said to think about

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if it would effect the care and it did not. I just had to observe the infant a little better for stuff around the eyes. This is a great example of how an ethical dilemma can create a concern for potential bias in the nurse. KA

Week 7 – D) I think if something was to happen to a child while there it could be a legal issue. I think also following others beliefs and values could run into an issue with that many kids. I think the teacher did a great job managing all the kids though. Lack of supervision of a formal process for kids entering and leaving the program can cause concerns for potential legal concerns definitely. KA

Week 9 – D) I think one thing that could be a legal issue is we took multiple abbacies out at a time to the nurse and that could be a potential for a fix up. I think it is important to look at the bands to match up with mother's which is what we did.

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

Week 3 – 4e – You did a great job identifying education provided to the mother including information regarding cluster feedings and how this is a normal thing to experience with babies during breastfeeding. KA

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Week 4 – 4c – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You discussed the nurse’s process for documenting the screenings in the computer system and discussed what information needs to be reported to ODH. KA
Week 3 – 4e – You did a nice job educating the high schoolers you worked with in the school system during hearing and vision screenings. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. KA

Week 6 – 4a – You satisfactorily completed your care map on your patient his week. See comments on the rubric for further detail. KA

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: Destiny Hannan		Course 4					
Date or Clinical Week: 6		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	Destiny you did a great job listing all the pertinent assessment findings, lab/diagnostics, and risk factors for the newborn you cared for this week. KA
	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	Destiny, you were able to identify the major nursing priorities to focus on for your patient. A risk for infection would also be a concern with the mother refusing the erythromycin ointment and Hep B vaccine and the newborn being exposed to group B strep during delivery. You also did a great job highlighting all necessary information for your nursing priority and listing related complications and the signs and symptoms to monitor for. KA
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job listing all relevant nursing interventions for your nursing priority. They were correctly prioritized, included frequencies and rationales, and were realistic and individualized. KA
	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	

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	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	2	You did a nice job reevaluating all the information highlighted in the assessment and lab section. The only information not fully reevaluated was the stating of the current weight, the current age since the baby was over 24 hours old when we left, and the current glucose. If there for no new FSBS you could report that no new results taken versus listing the acceptable range. The range for a newborn would be lower than the range for an adult. On the whole you did a nice job with this section. KA
	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	
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.							Total Points: 41/42
Faculty/Teaching Assistant Comments: Destiny, you satisfactorily completed your care map. See comments above for areas you can improve on. KA							Faculty/Teaching Assistant Initials: KA

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	N/A	S	N/A	S	N/A	S	N/A	S								
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		U	N/A	N/A	N/A	S	N/A	S	N/A	S								
i. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		U	N/A	N/A	N/A	S	N/A	S	N/A	S								
j. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		U	N/A	N/A	N/A	S	N/A	S	N/A	S								
k. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		U	N/A	N/A	N/A	S	N/A	S	N/A	S								
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA								

Comments:

Week 2 – 4g-k – Competencies left blank are marked with a U according to policy. Remember to ensure all competencies are addressed each week. Please make sure to make a comment on how you will prevent this in the future. KA

In the future I will make sure to save the correct Clinical tool and the finished clinical tool before submitting it. KA

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

Comments:

Week 2 – 5a-g – Competencies left blank are marked with a U according to policy. Remember to ensure all competencies are addressed each week. Please make sure to make a comment on how you will prevent this in the future. KA

I acknowledge I received Us I will do better to try to save my clinical tool appropriately and upload appropriately in the weeks looking forward. KA

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

Week 3 – 5a – Rebecca Smith RN was your preceptor. You were rated Excellent in all areas. Preceptor commented, “Asked great questions.” KA

Week 3 – 5g – Destiny, you did a great job responding to all of the CDG questions related to your Lactation Consultant experience with detailed responses. You included an appropriate in-text citation and reference to help support the information you discussed. Keep up the good work! KA

Week 4 – 5g – Destiny, you did a nice job responding to all the CDG question on your hearing and vision clinical experience. You included a relevant reference and in-text citation that added to your response. Keep up the nice work! KA

Week 6 – 5a – You were able to see both a caesarian birth of twins and a vaginal delivery while on clinical this week! KA

Week 6 – 5e – You did a nice job documenting the newborn assessment in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessment accurately. KA

Week 7 – 5g – Destiny, you did a nice job responding to all the CDG questions on your Boys and Girls clinical experience. I am glad the students were receptive to your education. You were thoughtful with your responses and included a relevant reference and in-text citation. Keep up the good work! KA

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

Comments:

Week 2 – 6a-i – Competencies left blank are marked with a U according to policy. Remember to ensure all competencies are addressed each week. Please make sure to make a comment on how you will prevent this in the future. KA

Week 2 – 6e – You week 1 lab survey was not completed by the due date and time. Please complete the survey as soon as possible. Once it is completed your missed time will be marked as made up. Also, remember to make a comment on how you will prevent receiving a U in this competency in the future. KA

Week 2 – A) improvement and goals – need to improve upon saving the clinical tool after completing and to just trying to upload immediately. I think goals are to improve upon my lab competencies and do my clinical tool appropriately. Lab survey is complete. KA

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

Week 3 - I also recognize I got several of Us this week and addressed them all appropriately. I forgot to save the finished clinical tool after doing it so only a portion of it was saved. I will from now on look over and save immediately my clinical tool from and I will look over Clinical tool instruction this week before turning this week's tool in . KA

A) I think I need to improve on communication. I feel as though through my clinical experience I was rather quiet I did as a lot of questions but I felt as though I could of interacted more and talked more with patient's . It was a little hard because I felt as though it was more of me shadowing rather than hands on clinical, so I felt weird trying to talk to mothers during the time they were trying to breast feed. So my goal is to try to be more active with patient's and communicate with them more and not be so shy. **This is a great idea. Sometimes having some prepared ice breakers can help you interact with patients and develop rapport. You can also have prepared questions to ask the nurse while on clinical to help you learn more about the site. KA**

Week 4 A) I think I needed to be more clear on the directions some students understood what I need them to do for vision and others thought I just needed them to read one letter instead of the line. I think explaining it better would of made it more efficient instead of just assuming they knew what to do . **Remember to state how you will improve this for next time (i.e. practicing providing instructions to others related to the screening). KA**

Week 6 A) I think I need to get more comfortable handling babies and dealing with babies. I was very nervous to move babies and pick babies up because they look so fragile. I finally held a baby and became more confident in the assessments with the babies. I think I just need to review the 24 hr baby assessment as well as the post-partum assessment before the end of the week. I will look in edvance for the videos and resources for those assessments. I do think getting hands on with the assessment did help make them easier to understand and remember. **Being prepared is always a great plan. You did a nice job caring for the baby even if you were nervous holding them. KA**

Week 7 A) I wish I talked a little more with the kids about everyday stiff rather than just then our topic we had to teach. A lot of the kids were sweet and I would of loved to talked to more of them. I think that would also involve me opening up more so I could work more on communication skills. I will look over some stuff we learned in psych semester by the next clinical. **Great idea! I also think having a few topics you can talk about easily can help build rapport and make it easier to build a relationship with those you come in contact. KA**

Midterm – Destiny, you are currently satisfactorily passing all of the competencies at midterm. You have also satisfactorily completed your care map for the semester. You are conscientious and thoughtful with your actions and care. You have had a variety of experiences and clinicals in the first of the semester and have had the opportunity to work a multitude of patients. Keep up the great work as you enter into the second half of the semester. KA

Week 9 (A – I think I need to work more on BUBBLEE . I did Good on my assessment but I think I would like to be able to complete it faster . I will look over the paper Monica gave us in class this week to study the BUBBLEE.

***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	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (*1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditech (*1, 2, 3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	S	S	S	S	S	S	S	S	S
Faculty Initials	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
Remediation: Date/Evaluation/Initials	NA	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 & 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: 10/5
Evaluation	S	S	S	S	S							S
Faculty Initials	KA	KA	KA	KA	KA							KA
Remediation: Date/Evaluation/Initials	NA	NA	NA	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): Busby (C), Hamman (M), Martin (A)

GROUP #: 4

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2023 1200-1330

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Team introduces members and begins assessment. VS. Patient identified. Notices contractions and fetal heart rate on monitor. Pain reassessed following acetaminophen.</p> <p>Team enters and begins assessment, patient identified. Notices blood on bed. Notice BP rising, HR lowering .</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>Interprets the need to apply fetal monitor, send urine to lab for analysis. Contractions interpreted to be irregular. UA results- +glucose, +THC. Ultrasound results determined gestational age.</p> <p>Interprets the need for fundal massage.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Leopold's, fetal monitor applied. Inquires about prenatal care. Asking questions to try to identify gestational age. Patient laid on left side. No eating or drinking explained to patient. Call to provider to give report, good background and assessment. Orders received for LR, Procardia, acetaminophen, US to verify due date, and education about follow-up care. Education provided about follow-up care, smoking cessation. Patient identified, allergies checked, IV fluid initiated, medications given.</p> <p>Fundal massage initiated and maintained. Call to provider. Orders received for methergine and increased IV fluid rate (remember to read back orders). IM injection prepared and administered, fundal massage continues</p>

<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did very well with each. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help when unsure of something. Discussed the importance of education to influence lifestyle changes and encourage prenatal care, especially with pregnancy.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal 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>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads</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. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses</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): Busby (M), Hamman (A)

GROUP #: 4

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/23 1200-1330

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>Introduce self Obtain mother vital signs IV site assessment Pain assessment: rating, offer relief Cervical assessment prior to medication administration Mother head to toe: heart, lungs, abdomen, leopold's, lower extremities. Reassess vitals and pain after medication administration Apgar 1 minute: 9 Apgar 5 minutes: 9 Newborn assessment: lung sounds, bowel sounds Post-partum assessment</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>Offer Nubain for pain relief to align with birth plan of no epidural Identify patient has gestational diabetes, check finger stick blood sugar Relate need for PCN to GBS+ result Relate Nubain with decelerations on fetal monitor. Interpret fetal monitor strip correctly as decelerations related to head compression</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>Medication administration: Nubain. Performs all checks. Appropriate needle used. Needle safety engaged. Educate patient on side effects.</p> <p>Medication administration: PCN. Performs all checks. Secondary IV fluids hung below primary bag.</p> <p>Call healthcare provider in relation to decelerations. SBAR organized</p> <p>Interventions for birth: McRoberts maneuver, suprapubic pressure, position hands and knees, internal rotation, removal posterior arm, call for help, evaluate for episiotomy</p> <p>Dry baby and provide skin to skin with mother for thermoregulation</p> <p>Hot on for thermoregulation</p> <p>Educate mother on medications for baby. Erythromycin ointment and vitamin K injection</p> <p>Medication administration: perform all checks. IM administration done properly with correct needle and needle safety engaged.</p> <p>Educate mother on baby plan for next 24 hours (glucose check, bath, blood work)</p> <p>Assist mother with breastfeeding</p>
<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 	<p>Team discussion of scenario. Team recognized teamwork, communication, and proper interventions. Discussion of various interventions (HELPERR and types of heat loss for baby). Discussion of proper IV piggyback administration and full newborn assessment pieces.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • Select physical assessment priorities based on individual patient needs. (1, 2)* 	<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</p>

<ul style="list-style-type: none"> • 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)* 	<p>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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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Destiny Hamman

OBSERVATION DATE/TIME: 10/5/23

<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>
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<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.</p>
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*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **O. Arthur, R. Cromwell, D. Hamman, E. McCloy**
Escape Room

OBSERVATION DATE/TIME: **10/12/2023**

SCENARIO:

CLINICAL JUDGMENT	OBSERVATION NOTES
<p>COMPONENTS 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>Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.</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>Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.</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>Responded to safety issues by correcting each of them to provide a safe environment for the patient's care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient's respiratory distress by providing the patient with the ordered breathing treatment.</p> <p>Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.</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>Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.</p>

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2023
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date: _____