

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Shawnita Miller

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	Empathy Simulation Survey not completed	9/8/23 KA
9/1/23	1	Lab Survey not completed	9/8/23 KA
9/8/23	1	H&V survey not completed	9/15/23 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	NA	NA	NA	NA	NA	S	S	S								
b. Provide care using developmentally appropriate communication.		N A	NA	S	S	S	NA	S	S	S								
c. Use systematic and developmentally appropriate assessment techniques.		N A	NA	NA	NA	NA	NA	NA	S	S								
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N A	NA	NA	NA	NA	NA	NA	S	S								
e. Identify stage of growth and development (Erikson’s Stages)(List Below and explain reason for choice)*		N A	S	NA	S	S	NA	S	S	S								
Clinical Location Age of patient		N A	Bellevue Elementary Ages 7-8	NA	B&G CLUB	LC	NA	NA	FRMC OB	ER								
	KA	KA	KA	KA	KA	KA	KA	KA	KA									

Comments:

Week:3 Industry vs Inferiority was Erikson's stage of growth and development due to working with 3rd and 4th graders on their vision and hearing screening. Nice job! KA

Week 3 – 1b – You did a great job highlighting your communication techniques and how they focused on your knowledge of the school-age child. KA

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

Week 3 – 1e – You did a nice job identifying the correct growth and developmental level the students you worked with were in. You recognized the students were in the Erikson's stage of industry versus inferiority. KA

Week 5-1e The stage of growth and development were School age Industry vs inferiority boys and girls club kids were between the ages of 6 and 10 KA

Week 5- 1b- You 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.

Week 5 - 1e- Nice job describing the ways in which you adjusted your communication style as you educated and interacted with the different ages of children at the Boys and Girls Club. BS.

Week 6 -1e The stage of growth and development intimacy vs isolation early adulthood my patient was over the age of 20 Nice job! KA

Week 6 – 1a – Shawnita, you did a nice job describing one of the mother's you worked with during your lactation clinical and what occurred during the visit. KA

Week 8- The stage of growth and development for my patient were intimacy vs isolation early adulthood my patient was 29 years old. KA

Week 9- The stage of growth and development for my patient were integrity vs despair late adulthood my patient was 83 years old.

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

Comments:

Week 3 – 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 and engaged in a conversation with the school nurse about her thoughts on the subject. 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.		NA	NA	NA	NA	S	NA	S	S									
b. Perform nursing measures safely using Standard precautions.		NA	NA	NA	NA	NA	NA	NA	S	S								
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	NA	NA	S	NA	S	S									
d. Practice/observe safe medication administration.		NA	NA	NA	NA	NA	NA	NA	S	S								
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	NA	NA	NA	NA	NA	S	S								
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	NA	NA	NA	NA	NA	NA	S	S								
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*		NA	S	NA	S	S	NA	S	S									
	KA	KA	KA	KA	KA	KA	KA	KA	KA									

Comments:

Week 3: Factors associated with Social Determinants of Health (SDOH) would be (noticing)that some of the kids did not wear their glasses during the vision screening. My (interpretation)would be lack of educational attainment for the parents on the importance of wearing their glasses to school. Good thoughts. It could also be lack of financial resources to enable them to get follow-up care or glasses. KA

Week 5: One social determinant of health could be income, the boys and girls club is free for all. If it was not free it would be less kids in the program. This may affect the kids by not having a safe place to go after school or being left at home alone until parents got home from work. Great concerns to identify and address in this population. KA

Week 5- 2g- You did a nice job identifying and discussing two social determinants of health (income and transportation) that affect the kids. As you mentioned, the club provides a safe environment for the children after school, and if the parents are without transportation the children may not be able to attend consistently. BS

Week6-Factors associated with Social Determinants of Health (SDOH) would be education and age I (notice) it was more difficult to convince the younger moms to breast feed then the older moms. My interpretation would be lack of knowledge on the benefits of breast-feeding. Education would be a definite factor. What are your thoughts about any cultural elements that may be more prominent in the older population than in the younger population that could affect their thought process on breastfeeding? KA

Week 6 – 2c – You were able to witness a feeding during your clinical and recognized the baby latching on. You discussed how the baby potentially was tongue-tied affecting the latch on the breast. KA

Week 8: SDOH that may have the potential to influence care would be family support. Her support person was about to get a month off work to help care for the mom and baby this would be helpful in preventing depression, relieving some stress. Or it could become a financial burden due to the lack of income from both parties. I agree family support during the postpartum period can be affected by financial concerns. KA

Week9-Factors associated with Social Determinants of Health (SDOH) would be the health care system. My patient was living in a nursing home presenting symptoms of a UTI, hypotension, and distended bladder. My interpretation would be the quality of care at the nursing home .

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

Comments:

Week 3: Legal example observed in the clinical setting would be if the parents/guardians were not updated if their child failed the vision and hearing screening. **I think the parents receive a letter from the school nurse noting the failed hearing/vision screening and the need for follow-up. I know this was not discussed. I agree this would be a legal/ethical concern if the parents/caregivers were not updated. KA**

Week 5: Legal example observed in the clinical setting was watching kids walk from behind the building alone when their parent came to pick them up, caregiver never witness if the child was release to the parent. **That is definitely a potential legal concern that could be addressed. KA**

Week 6 -d: Legal example observed in the clinical setting was not answering the alarm about the baby ankle monitor in a timely manner due to not knowing which room trigger the alarm. **Great example! KA**

Week 8. Legal example in the clinical setting would be administrating vaccines without signed consent even if you were able to get a verbal consent it's very important to have a sign consent form on file.

Week 9: Legal example in the clinical setting would be preforming CPR on a patient that is a DNRCC.

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	NA	NA	NA	NA	NA	NA	S	NA								
b. Develop and implement a plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	NA	NA	NA	NA	NA	NA	S	NA								
c. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		NA	S	NA	NA	NA	NA	S	S	S								
d. Summarize witnessed examples of patient/family advocacy.		NA	NA	NA	NA	NA	NA	NA	S	NA								
e. Provide patient centered and developmentally appropriate teaching.		NA	NA S	NA	S	S	NA	S	S	S								
f. Analyze the involved pathophysiology of the patient's disease process. (Noticing, interpreting, responding)		NA	NA	NA	NA	NA	NA	NA	S	S								
	KA	KA	KA	KA	KA	KA	KA	KA	KA									

Week 3 – 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 with her what information needs to be reported to ODH. KA

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

Week 3 – 4e – You did a nice job educating the second, third, and fourth graders 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 5- 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

Week 6 – 4e – You did a great job sharing all the wonderful education provided to the mother during the visit and how there is a list they make sure to cover for second time mothers. It is so important to still provide education to mothers even if they have had previous children they have breast fed because practices and recommendations could have changed from their previous experience. KA

Week 8 – 4a – you have satisfactorily completed your care map. See comments in rubric below. KA

Student Name: Shawnita Miller				Course 4			
Date or Clinical Week: 8				Objective:			
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	2	Shawnita, you did a nice job listing the pertinent assessment findings, lab/diagnostic tests, and risk factors. What was the patient's fundus like? Firm below umbilicus? What did the 2 degree laceration look like? Was it swollen/tender? Where was the patient's pain? Some of your risk factors are assessment findings, but are not documented in assessment section (i.e. cracked nipples). Other risk factors might include how many hours postpartum, amount of support, GTPAL, or lack of resources. 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)	2	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	You did a nice job choosing nursing priorities for your patient. Your patient also has priorities related to impaired skin integrity, risk for postpartum hemorrhage, and risk for infection. You did a nice job highlighting all the related information to your chosen priority. You would also want to highlight postpartum hemorrhage. Remember when writing your potential complications, they should focus on your chosen nursing priority. Complications such as postpartum hemorrhage could cause your nursing priority, but would not necessarily be a complication cause by your priority. The signs and symptoms identified were appropriate for each of the complications identified. 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	2	You did a nice job writing SMART nursing interventions. You would want to consider adding nursing interventions for assessing cardiovascular/circulatory system, monitoring CBC results when available, and assessing your BUBBLEE especially lochia/fundus related to
	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	

*End-of-Program Student Learning Outcomes

	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	bleeding. All interventions listed were realistic, relevant, and included rationale. KA
	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	0	When writing the evaluation section of the care map, you need to go back to the highlighted areas in your assessment/lab section and reevaluate what they are now. It is okay if they are unchanged you would still list what the current findings are when you left clinical versus writing them as goals. KA
	14. Evaluation includes one of the following statements: - 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. Faculty/Teaching Assistant Comments: You have satisfactorily completed your care map. Please see comments above for areas of improvement for the future. KA							Total Points: 35/42 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)		NA	N/A	NA	NA	NA	NA	NA	S	NA								
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	NA	NA	NA	S	NA								
i. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	NA	NA	NA	S	NA								
j. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	NA	NA	NA	S	NA								
k. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	NA	NA	NA	S	NA								
	KA	KA	KA	KA	KA	KA	KA	KA	KA									

Comments:

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

Comments:

Week 3 – 5g – Shawnita, you did a wonderful job responding to all the CDG questions about your hearing and vision clinical with thoughtful responses. You included an appropriate in-text citation and reference that added to the further information to your CDG response. In the future remember to include a page number or paragraph number if no

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

Week 5 – 5g – Shawnita, you did a nice job responding to all the CDG questions on your Boys and Girls experience. You utilized your book as a reference to support your information and appropriately in-text cited it. Keep up the continued nice work! KA

Week 6 – 5a – The nurse you precepted Rachel Figgins RN reported you were Excellent in all areas and made the comment “Very sweet, helpful, personable. Great job!” KA

Week 6 – 5g – Shawnita, you did a nice job thoroughly explaining your lactation clinical experience through your CDG responses. Thank you for sharing the wealth of education you learned while on clinical. Your reference was appropriately in-text cited and added good information on tongue-tie to your post. Keep up the terrific 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)*		NA	S	NA	S	S	NA	S	S									
b. Accept responsibility for decisions and actions.		NA	S	NA	S	S	NA	S	S									
c. Demonstrate evidence of growth and self-confidence.		NA	S	NA	S	S	NA	S	S									
d. Demonstrate evidence of research in being prepared for clinical.		NA	N/A	NA	NA	NA	NA	S	S									
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA U	S U	NA	S	S	S	S	S									
f. Describe initiatives in seeking out new learning experiences.		NA	N/A	NA	NA	S	NA	S	S									
g. Demonstrate ability to organize time effectively.		NA	S	NA	S	NA	NA	S	S									
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		NA	S	NA	S	S	NA	S	S									
i. Demonstrates growth in clinical judgment.		NA	S	NA	S	S	NA	S	S									
	KA	KA	KA	KA	KA	KA	KA	KA	KA									

Comments:

Week 2 – 6e – Simulation survey for your empathy belly experience and the lab survey for week 1 lab was not completed by the due date and time. Please complete both as soon as possible. Once they are both 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

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

Week 2- I totally forgot to complete my lab survey and empathy belly experience survey. I will prevent receiving a U in this competency area by completing all surveys on the same day or before the due date. Thank you for completing them. KA

Week 3- Area for improvement would have been using my critical thinking skills to help my classmate when her hearing machine stopped working and the kids were not able to get screened properly. Goals to meet this need is to be more observant with what is going on around me to assist those in need. KA

Week 2 – 6e – Your H&V clinical 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 3 -I was so determined to complete my H& V screening survey I rushed home and mistakenly, completed to wrong survey. I will prevent receiving a U in the competency area by completing the survey immediately after each clinical on my phone and double checking that I completed the correct survey before submitting it. KA

Week 5 - Area for improvement would be for me to increase my endurance level. The kids in the gym area were playing dodge ball I was unable to keep up. I would meet this goal of increasing my endurance level by exercising for 30-40 min times three times a week. I am always amazed at the amount of energy kids have! KA

Week-6 I should have offered a helping hand to the dad that was having a hard time changing his baby diaper. I will meet this goal by offering to help when I observed someone in need of assistance. Nice thought. This will allow you to provide assistance/education as needed to help them improve their confidence in the task in the future. KA

Week 6 – 6d – I believe you researched the clinical expectations and was prepared for this clinical before arriving. KA

Midterm – Shawnita, the competencies you were able to have clinical experiences to support were met satisfactorily for midterm. Several competencies were marked as NA for midterm. Your ER and OB clinicals coming up should help you address these areas. Please make sure to seek out experiences to help address these areas as well. Your care map has not been completed yet however you have not had an OB clinical yet to allow you to address this. If there is anything we can do to help you work with any of these areas please let us know. Good luck and continue to work hard entering into the second half of the semester. KA

Week 8: Area for improvement would be leave my house earlier than I usually leave for clinicals. Only because I missed place my badge and spent 10 minutes looking for it. However, I wasn't late due to speeding, I would meet these goals by leaving my house a little earlier than usual. This is a great idea. It can also decrease stress and anxiety if you have a little extra time built in before you have to be somewhere. KA

Week 9: Area for improvement would have be to assist my preceptor with priming liquid acetaminophen although he did not mention that he was having trouble priming the solution I could sense there was an issue. I would meet these goals by asking if they need help.

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

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

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills														
	Adult Head to Toe Assessment (*1, 2, 5, 6)	Breastfeeding and Bottle Feeding	Breast Assessment (*1, 2, 3, 4, 5, 6)	Circumcision Care (*1, 2, 6)	Broselow Tape (*1, 2, 3, 5)	Leopold's (*1, 2, 3, 5, 6)	APGAR (*2, 3, 4, 5, 6)	Breast Self-Exam (*1, 4, 5, 6)	Pediatric Vital Signs (*1, 4, 5)	Pediatric Lab Values (*1, 4, 5)	C-Section Care (*1, 2, 5, 6)	Health Literacy (*2, 5, 6)	Safety (*1, 2, 3, 5, 6)	Postpartum Assessment (*1, 2, 6)	Newborn Bath and Cord Care (*2, 4)
	Date: 8/22	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	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: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/24	Date: 10/16
Evaluation	S	S	S	S	S	S	S	S	S	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: 8/26
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): Arthur (A), Doughty (C), Miller (M)

GROUP #: 2

SCENARIO: Pregnancy and PPH

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

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Nurses introduce themselves, begin assessment (remember to identify patient). VS obtained. Contractions noted on monitor. Patient identified, orientation established. Enters room and begins assessment, VS. Patient identified, CO feeling dizzy. Bleeding noticed. Notices boggy uterus.
INTERPRETING: (2, 4) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Contractions interpreted on monitor. Pain level at 5. UA results interpreted, + for glucose. FSBS- 200. From interactions, team interpreted the need for education related to blood sugar control and lifestyle changes. Bleeding interpreted as abnormal. Pad- 600 g. Uterus interpreted to be firm in response to fundal massage.
RESPONDING: (1, 2, 3, 5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/Flexibility: E A D B • Being Skillful: E A D B	Urine sent to lab. Fetal monitor applied. Mona requests something to smoke. Charge nurse asks questions about smoking. Call to lab for UA results. Education provided to patient RT smoking, prenatal care. Great teamwork. Cultural preferences discussed. Patient assisted to left side. Call to provider. Orders received for fluids, Procardia, and acetaminophen, orders read back. Ice chips provided. Education provided on the importance of prenatal care, gestational diabetes. Medications and IV fluid prepared, patient identified, allergies checked. Medications administered and IV fluid initiated. Call to OBGYN to set up appointment. BP measured in response to feeling dizzy. Uterine massage initiated in response to noticing bleeding. Call to provider to report symptoms.

	Orders received and read back to provider. Medication prepared and administered. O2 applied. BUBBLEE assessment completed.
REFLECTING: (6) * - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did very well with each. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help when unsure of something. Discussed the importance of lifestyle changes and prenatal care, especially with pregnancy.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)*	You are Satisfactory for this scenario! BS Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Shows mastery of necessary nursing skills Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses

5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* *Course Objectives	
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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Shawnita Miller

OBSERVATION DATE/TIME: 8/26/23

REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy. Great job. I enjoyed seeing your pregnancy photo!
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric Developing to accomplished is required for satisfactory completion of this simulation.	Comments You are satisfactory for this simulation.

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: 2

SCENARIO: Shoulder Dystocia and Newborn Care

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

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
NOTICING: (Link to Course Objectives) * - Focused Observation: E A D B - Recognizing Deviations from Expected Patterns: E A D B - Information Seeking: E A D B	Introductions; ask preference of name and relation to support person Take vitals and assess patient (heart, lungs, abdomen, cervical exam) Ask about all prenatal appointments and diabetes management Pain assessment (rating and timing) Fundal assessment immediately post birth Apgar 1 minute: 9 Apgar 5 minutes: 9 Newborn assessment: looks at shoulder
INTERPRETING: (Link to Course Objectives) * - Prioritizing Data: E A D B - Making Sense of Data: E A D B	Correlates need for PCN due to GBS+ Offer Nubain for pain relief due to no epidural in birth plan Pain reassessment after medication administration See patient is ready to deliver and tell healthcare provider Dry baby off, put on hat, and swaddle to prevent heat loss
RESPONDING: (Link to Course Objectives) * - Calm, Confident Manner: E A D B - Clear Communication: E A D B - Well-Planned Intervention/ Flexibility: E A D B - Being Skillful: E A D B	Hangs PCN prior to delivery. Secondary bag needs to be above the primary bag for gravity to pull it in first. IM injection for Nubain; proper technique and needle size. Needle safety engaged. Education on baby medications prior to birth with consents Communication with provider: good sbar Interventions for birth: McRoberts maneuver, call provider, suprapubic pressure, roll patient, call OR, call nursery, internal rotation, remove posterior arm, evaluate for episiotomy Educate on breathing while pushing Medication administration for baby: eye ointment and IM injection. Correct needle size and needle safety engaged Educate and encourage skin to skin with mom

REFLECTING: (Link to Course Objectives) * - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	Team discussion of scenario. Team recognized teamwork, communication, and proper interventions. Discussion of various interventions (HELPERR and types of heat loss for baby). Discussed not all interventions can be done by nursing staff, but can suggest to provider to assist delivery. Team was able to recognize correction of hanging antibiotics as secondary and were able to understand need for secondary bag to be hung above primary bag. Team did great with education to mother on medications and sticking to her birth plan.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: Select physical assessment priorities based on individual patient needs. (1, 2)* Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)* Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)*	You are Satisfactory for this scenario! RH Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses:

- **Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)***

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Barber, Doughty, Huntley, Miller

OBSERVATION DATE/TIME:

10/12/2023

SCENARIO: Escape Room

CLINICAL JUDGMENT						OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*						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.
• Focused Observation:	E	A	D	B		
• Recognizing Deviations from Expected Patterns:	E	A	D	B		
• Information Seeking:	E	A	D	B		
INTERPRETING: (2, 4)*						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.
• Prioritizing Data:	E	A	D	B		
• Making Sense of Data:	E	A	D	B		
RESPONDING: (1, 2, 3, 5)*						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. Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.
• 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		

REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric Developing to accomplished is required for satisfactory completion of this simulation.	You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! BS

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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: _____