

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

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

Student: Lyndsey Sitterly

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)

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

6/26/2023 MD

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
Competencies:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		N/A	S	N/A	S	N/A	S	S	S	N/A								
b. Provide care using developmentally appropriate communication.		N/A	S	N/A	S	N/A	S	S	S	N/A								
c. Use systematic and developmentally appropriate assessment techniques.		N/A	S	N/A	S	N/A	S	S	S	N/A								
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	S	N/A	S	N/A	S	S	S	N/A								
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		N/A	S NI	N/A	S	N/A	S	S	S	N/A								
Clinical Location Age of patient		NO CLINICAL	ER, 75	NO CLINICAL	FT OB, 35 F	NO CLINICAL	LAC TATION, new borns, 20s	Mid-term	B & G CLUB, HEARING & VISION, K-6th	NO CLINICAL								
		RH	RH	RH	RH	RH	RH	RH	RH									

Comments:

WEEK 3: integrity vs despair. Please explain why you chose this stage. RH

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

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

Week 3 Edit: I chose integrity vs despair for my patient because this is what Erikson defines for those who are over the age of 65. The patient I am referring to for this was over this age, and this stage states that those who have not reached this goal show feelings of hopelessness and regret. He showed these feelings, especially in the self-care aspect. He was working on achieving this stage, so he would have completed the generativity vs stagnation stage of middle age (30-64 years)

WEEK 5: My patient was in the generativity vs stagnation stage of Erikson's stages of development. She falls under this category because she just started her family on the 18th when she gave birth to her first child. RH

Week 5: 1, (c, d)-This week you did a nice job with using systematic and developmentally appropriate assessment techniques by individualizing your assessment to the patient. You were also able to identify safety measures for your patient. RH

WEEK 7: Since one of the main focuses of this clinical was about the newborns, I would choose trust vs mistrust as their stage of development according to Erikson. As the newborns I assisted with were either just born or only a few days old, they are still learning about the world and who they are comfortable with. The newborns also have to determine whether they can trust that their needs will be met. RH

WEEK 8: The growth and development stage of the children I cared for this week varied since the kids' age range was from kindergarten to sixth grade. For the younger children, they would fall into the initiative vs guilt stage of development. They applied to this stage because the children were presented with activities that they could take initiative on, but some had also displayed feelings of guilt if they felt that they were not successful in completing this take the way that they had wanted. For the older kids, they applied to the industry vs inferiority stage of development. These children had been presented with the same activities and felt a sense of pride when they had completed them, but some showed feelings of inferiority when they compared their work to that of others. RH

Week 8: 1b- you did a great job communicating with the first and third graders while at clinical. You used your knowledge of growth and development to guide your interactions and communication while completing the screenings. RH

Week 8- 1b- Great job discussing the ways in which you adjusted your communication style as you educated and interacted with the different age groups at the Boys and Girls Club. 1e- You also did a nice job discussing the differences you noticed among the age groups you interacted with during your time at the Boys and Girls Club. Interests and attention spans will vary quite a bit as the children grow and mature. BS

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
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Competencies:																		
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		N/A	N/A	N/A	S	N/A	N/A	S	N/A	N/A								
g. Discuss prenatal influences on the pregnancy. Maternal		N/A	N/A	N/A	S	N/A	N/A	S	N/A	N/A								
h. Identify the stage and progression of a woman in labor. Maternal		N/A	N/A	N/A	S	N/A	N/A	S	N/A	N/A								
i. Discuss family bonding and phases of the puerperium. Maternal		N/A	N/A	N/A	S	N/A	N/A	S	N/A	N/A								
j. Identify various resources available for children and the childbearing family.		N/A	N/A	N/A	S	N/A	S	S	N/A	N/A								
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		N/A	S	N/A	S	N/A	S	S	S	N/A								
l. Respect the centrality of the patient/family as core members of the health team.		N/A	S	N/A	S	N/A	S	S	S	N/A								
		RH																

Comments:

Week 8: 1k – You did a good job discussing the culture of Clyde schools and inquired about how the teachers promote this to the students. You were observant and able to identify signs throughout the office space that were positive as well as staff attitudes in the building. RH

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

Comments:

WEEK 3: The 75-year-old male I cared for was nonverbal, and this can greatly influence what type of care he receives. His sister was with him at the hospital to answer questions, but he was not able to communicate for himself. He was old enough to be retired, but there is a limited income with retirement. This can limit his ability to purchase medications, obtain healthy food, and live in a safe environment. **RH**

Week 3: did you not do any medication math while on clinical this week? If not, the NA is okay for 2e, but if you did let me know so it can be changed. **RH**

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

WEEK 5: My patient had her husband and parents for support, and family support during pregnancy and the postpartum period is very important. Mothers go through a period where they seek family acceptance and support in their pregnancy, as this is crucial for them to understand that they are still loved and cared for during a time where hormones and emotions can be fragile. Another social determinant of health for my patient is that she has a steady income. She has a full-time job and therefore does not have to worry about whether or not she will have money to pay bills and buy food. Although this does not mean that she does not have struggles with finances, but she knows when she will get paid and knows that there is still money she is making. My patient stated in her admission report that she is able to read and write, so she is able to comprehend any written educational documents provided to her. This is important because if she struggled with either of these areas, education would have to be modified in order to best suit her abilities. She is also able to fill out medical forms she is provided during her care with minimal to no assistance (assistance may be needed for certain medical terms or clarifications, which is expected). **Great job! RH**

WEEK 7: One of the patients I was able to speak with during my lactation clinical had mentioned that she does not have dental insurance, which can significantly limit what kind of care her and her children can receive. She also stated that she has easy access to a pharmacy, which can improve her abilities to obtain medications and other necessities that her family may need to improve their health. Another patient I spoke with has a family who was an OB nurse for around 40 years, and this can be a great resource for assistance and support for a first-time mom like she is. **RH**

WEEK 8: One of the older children I had a chance to speak with at the Boys and Girls Club had mentioned that she has moved 8 times in the past year but did not know why. The constant moving causes a lot of disruption in the child's life and may struggle when she is older with long-term situations. She may not feel stable anywhere as she had to move around constantly, which can lead to plenty of mental health issues. Her relationships with others will suffer as well, adding on to the struggles of mental health. Another child I spoke with during the hearing and vision screenings clinical had stated that her father would not take her to the eye doctor even though she said that she had a hard time reading the chart. Being unable to see clearly can lead to difficulties in school and cause her to struggle with assignments and keeping grades up, as well as causing issues such as headaches. If she is unable to receive adequate medical care to help improve her vision, she is also more susceptible to accidents that could have been prevented by giving her the opportunity to see the world clearer. **RH**

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

Comments:

WEEK 3: One patient I helped care for towards the end of my clinical experience was an older man who had been to the Emergency Department the previous Sunday for burn wounds. He had been smoking and wearing a nasal cannula for his oxygen at the same time and it blew up, resulting in blisters and burns on his upper body. I could not hear what he had been admitted for the day of my clinical, but he had been urinating all over himself and his ostomy bag was not on properly, so feces was dried on his skin too. He was somewhat oriented, but he kept telling us he was still in the ambulance and was refusing all care. We offered to clean him up and remove his soiled clothing, but he was extremely uncooperative. We faced an ethical dilemma of either respecting his autonomy or ensuring that he at least was cleaned of urine and feces.

RH

WEEK 5: An ethical issue I noticed during my clinical is that my patient had an artificial rupture of her amniotic membranes and had a prolonged labor of about 20 hours. She lost a lot of blood during the birthing process and suffered a second-degree tear during this time as well. When analyzing this situation, one question that could be asked would be debating if the artificial rupture could have been put off and allowed her water to break naturally. If this rupture was delayed, would she have had an easier or faster labor and possibly less complications during the process? **That is a great question RH**

WEEK 7: One ethical issue I faced during my clinical was when we were discussing treatment for tongue-tied and lip-tied newborns. The Lactation Nurse was talking about how she wishes she could tell parents to seek treatment for the newborn because of how much it interferes with the baby's ability to breastfeed, but she can only recommend it to an extent. The mothers who notice the baby is struggling may just give up completely on breastfeeding, which would deprive the mother and newborn of bonding time as well as nutrients the baby could receive from the breastmilk. **RH**

WEEK 8: An ethical issue I noticed this week was when a younger girl told me about how her father would not take her to an eye doctor even though she stated she was having difficulties with reading the eye chart. I understand that some people do not have insurance or cannot afford these visits, but having a child struggle with seeing the board can cause numerous issues in her daily life. Whether in school or at home, accidents can happen, or she may not be able to understand what is being taught in school. It can be a struggle to watch as a child tells you that they are having trouble seeing the letters on the board, especially when you had the same vision issues around the same age. You may want to take action but the family may not be able to afford it, and all that you can do is provide appropriate resources to the family and hope that you are able to help. RH

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

Comments:

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

Week 5: 4(e, f)-You were able to individualize and discuss education that you would or did have with your patient/patient's provider. You were also able to describe the pathophysiology of your patient. RH

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

Week 8: 4c – You assisted the nurse to gather information on the hearing and vision screenings by using the proper papers for documentation. You discussed the process in which the nurse is to document all screenings to the Ohio Department of Health. RH

Week 8: 4e- you did a nice job educating the 1st and 3rd graders you worked with during hearing and vision screenings. You were very patient and able to explain things as needed to make the education individualized to each student. You were caring and professional with all interactions. RH

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

Student Name: Lyndsey		Course 4					Points Earned	Comments
Date or Clinical Week: MCN		Objective:						
Criteria		3	2	1	0			
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	7. Good details to monitor for potential complications.	
	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	8. You technically only have 5 interventions, but each intervention has many steps. It is okay to separate them and make the list a little more detailed.
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention33	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	
	14. Evaluation includes one of the following statements: <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: 42/42	
Faculty/Teaching Assistant Comments: Great job on this care map! Please see comments in the side panels.						Faculty/Teaching Assistant Initials: RH	

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
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g. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		N/A	S	N/A	S	N/A	S	S	S	N/A								
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	S	N/A	S	N/A	S	S	N/A	N/A								
i. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	S	N/A	S	N/A	S	S	S	N/A								
j. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	S	N/A	S	N/A	S	S	N/A	N/A								
k. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	S	N/A	S	N/A	S	S	N/A	N/A								
		RH	RH	RH	RH	RH	RH	RH	RH									

Comments:

Week 3: 4(h, i)- Good description of interventions and WHY you performed them by connecting them to the disease process. What a great experience to see heparin being initiated and hung on a patient. RH

Week 5: 4(g-k)-This week you were able to correlate diagnostic tests, pharmacotherapy, medical treatment, nutrition, and growth and developmental level in relation to your patient. RH

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

Comments:

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

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

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

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

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

Comments:

WEEK 3: I feel that I was not as confident as I should have been when a nurse and I were replacing an ostomy bag on a patient. In order to strengthen my clinical knowledge, I will review the chapter in my book that reviews this skill as well as watching videos on YouTube demonstrating this three times before my next clinical date (9/20/23) RH

Week 3: feedback from ED RN: Engaged and asks questions even with limited patient availability. RH

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

WEEK 5: I do not think I was prepared enough about the process of an epidural during clinical this week. To enhance my knowledge about the process, I will review this process as well as finding a video demonstrating this procedure twice before my next clinical date (10/3/23). **And eat lunch next time! RH**

WEEK 7: My area for improvement for this week would be that I struggled to remember what foods my patient could eat to help increase her breastmilk production. I will look up this topic twice to help refresh my memory twice before my next clinical (10/10/23). **RH**

Week 7: Lactation consultant comments: Excellent in all areas. "Nice job being flexible today I hope you learned a lot. You did a wonderful job! Good luck with nursing!" Jacquelyn Lerch.

Midterm: Lyndsey, you have an "N/A" for 2e. This is to do with medication administration. Please take advantage of medication administration opportunities in the remaining clinicals you have for the semester. Keep up the great work! RH

WEEK 8: As I do not have children of my own, I was unsure about the best way to get the kids' attention since I did not want to seem like I was scolding or yelling at them. I was able to get their attention in a nice manner as I would never want them to think that I am angry with them, as they are younger children who have not reached a maturity level that would allow them to sit still and listen. This is expected with their age group, and I would not want the children to think they are punished for something that they may not be able to control. I would like to expand my knowledge on this topic so I can feel more comfortable adapting to the children's needs and allow them to still feel like I am working with them and not against them. I will look up the best methods to get children's attention twice before my next clinical date (10/24/23) so I can feel that I am using the most effective methods with the children while avoiding a mixed message that I am angry with them. **RH**

Week 8: 6h- You had an ACE attitude this week with all interactions with staff and students. The nurses were extremely grateful and appreciative of your assistance, especially because you stayed after to assist with completion of the 3rd graders. Terrific job! RH

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

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

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

* Course Objectives

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

* Course Objectives

Comments:

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2023
Simulation Evaluations

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation											
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/12 & 9/13	Date: 9/25	Date: 10/3 & 10/4	Date: 10/9	Date: 10//19	Date: 10/26 & 11/2	Date: 11/6	Date: 11/7 & 11/8	Date: 11/21	Date: 11/21	Date: 11/28	Date: 9/26/23
Evaluation	S	S	S	S								S
Faculty Initials	RH	RH	RH	RH								RH
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A								N/A

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Peterman (A), Sitterly (C), Whitworth (M)

GROUP #: 8

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/13/2023 1010-1140

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES				
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> Focused Observation: E A D B Recognizing Deviations from Expected Patterns: E A D B Information Seeking: E A D B 	<p>Nurse introduces herself and identifies patient. VS. Notices a contraction on monitor. Continues with assessment. Begins second assessment, VS. Asks about bleeding. Notices bleeding upon inspection.</p>				

<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>FSBS interpreted as high at 200. Utilizes Leopold’s to determine fetal position. Baby measured to be 34 weeks.</p> <p>Interprets need for fundal assessment.</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>Inquires about pregnancy history, blood pressure. FSBS obtained-200. Fetal monitor applied. Patient asks for a smoke, alternatives offered. UA sent to lab. Discussed typical diet while pregnant, smoking (tobacco and marijuana). Questions patient about home environment. Patient education provided; follow-up care for baby, prenatal care, healthy eating habits, and smoking cessation. Call to provider with good SBAR report, nice job. Orders received for IV fluid, Procardia, acetaminophen. Patient is filled-in with the plan of care. Call to provider to clarify Procardia. Call to imaging to order ultrasound. Medications prepared, patient identified, 2 medications administered. IV fluid initiated. Ice chips provided. US confirms gestational age – 33 weeks.</p> <p>Call to lab to draw CBC. Call to provider to report bleeding, boggy uterus, low BP. Orders receive for methergine and increase in IV fluid rate. Explains the need for fundal massage. Methergine prepared, patient identified, methergine administered. Vital signs repeated, noting BP increasing, HR lowering.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed team member roles and being flexible- giving and offering help when needed. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help when unsure of something. Discussed the importance of lifestyle changes and prenatal care, especially with pregnancy.</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>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. Assertively seeks information to plan intervention; carefully collects useful</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>*Course Objectives</p>	<p>subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses:</p>
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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Lyndsey Sitterly

OBSERVATION DATE/TIME: 9/26/23

<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.</p> <p>Great job.</p> <p>I enjoyed seeing your pregnancy photo!</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>Comments</p> <p>You are satisfactory for this simulation. RH</p>

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Peterman (C), Sitterly (M), Whitworth (A)

GROUP #: 3

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/4/23 1010-1140

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>Maternal assessment: heart sounds, lung sounds, vitals, edema, GI/GU, cervical exam, fundal height, discusses birth plan. Pain assessment only done after medication administration. Repeat cervical exam after pain medication. Newborn warmer turned on prior to delivery. Apgar score 1 minute: 9 Newborn assessment complete; very detailed Post-delivery assessment of mother: looks at episiotomy and checks vitals, fundal assessment, assess bleeding</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>Finger stick blood sugar 120; recognizes no interventions at this time. Read fetal monitoring strip and educate mom and sister. Offer Nubain as pain relief to stick with birth plan. Relates PCN order to GBS+ result. Read fetal monitoring strip and identify decelerations and correlates to head compression of baby. Newborn warmer turned on prior to deliver, wrapped in blanket, dry baby, put on hat all for thermoregulation.</p>
<p>RESPONDING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>PCN administration: performs all checks. Hands secondary tubing correctly. Nubain administration: performs all checks. Use proper technique and needle size. Needle safety engaged. Working as team to medicate for pain and antibiotics at same time. Reposition patient to assist with pain relief Calling healthcare provider: good SBAR, no recommendation. Interventions: McRoberts maneuver, suprapubic pressure, call for help, hands and knees, rotational maneuver, remove posterior arm, evaluate for episiotomy Education while mom is pushing and baby is stuck Encourage breast feeding and skin to skin with mother Education on breastfeeding for mom. Provides different options for holding baby. IM injection with use of correct needle size for</p>

	<p>newborn. Proper technique used. Needle safety engaged. Obtain consent for medication administration for baby. Does all checks prior to medication administration. Education on safe practices at home (car seat safety, safe sleep, feeding schedule/engorgement, breast care, lactation consultant information, thermoregulation, laceration care)</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 intervention. Discussion of various interventions (HELPERR and types of heat loss for baby). Discussion of education topics provided to mother and sister.</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)* • 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 	<p>You are Satisfactory for this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses</p>

<p>infants. (1, 2, 4, 5)*</p> <ul style="list-style-type: none">• Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)*	
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EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2023
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date: _____