

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

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

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Fall

**Date of Completion:**

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

**Faculty eSignature:**

**DIRECTIONS FOR USE:**

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

**METHODS OF EVALUATION:**

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

**Absence: (Refer to Attendance Policy)**

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

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.

<b>Objective</b>																		
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	Mid term	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		
<b>Competencies:</b>		S	NA	NA	NA	NA	S	S	NA	S	S	S	NA					
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	NA	NA	NA	S	S	NA	S	S	S	NA					
b. Provide care using developmentally appropriate communication.		S	NA	NA	NA	S	S	S	NA	S	S	S	NA					
c. Use systematic and developmentally appropriate assessment techniques.		S	NA	NA	NA	NA	NA	S	NA	S	S	S	NA					
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	NA	NA	NA	NA	NA	S	NA	S	S	S	NA					
e. Identify stage of growth and development ( <b>Erikson's Stages</b> )(List Below and explain reason for choice)*		S	NA	NA	NA	S	S	S	NA	S	S	S	NA					
<b>Clinical Location Age of patient</b>		Fisher Titus-OB-Neonate, 2 days old.	No Clinical.	No Clinical.	No Clinical.	Boys and Girls Club.	Clyde Hearing and Vision.	MIDTERM	No Clinical.	FRMC -OB 28-year-old and a Newborn.	Fisher Titus-ER 43-year-old.	Lactation - FRMC	No Clinical.					
	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD						

**Comments:**

1e. Erikson's stage of growth and development of infancy is "trust vs. mistrust." I chose this stage because it is imperative for the infant to develop trust for future developmental tasks throughout their infancy into childhood and beyond. The infant must be able to trust that their basic needs will be met. **Perfect! MD**

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

FTMC OB Objective 1, C and D-This week you did a nice job with using systematic and developmentally appropriate assessment techniques by individualizing your assessment to the patient. You were also able to identify safety measures for your patient. MD

1e. Erikson's stage of growth and development of school-age children is "industry vs. inferiority." I chose this stage because children develop a sense of accomplishment through the ability to cooperate and compete with others. They find great reward in mastery of skills and when they do not will tend to feel inferiority towards others, but they must be taught that not everyone will master every skill and that is ok, it is important that they be allowed to work through the differences. For growth they must continue to develop skills and knowledge that allow them to contribute to society. This is awesome! MD

Week 6- 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

Week 7 1e. Erikson's stage of growth and development of the adolescent is "identity vs. role confusion." I chose this stage because while at this stage the adolescents are redefining themselves and experimenting in different roles, they still are developing confidence and working on their self-esteem. This was noticeable during the screening. They wanted the independence of setting themselves up to be screened, yet after the screening they still needed reassurance and support. Wonderful! MD

Hearing and Vision 1b – You did a great job communicating with the middle schoolers while on clinical. You used your knowledge of growth and development to guide your interactions and communication while completing the screenings. RH

Week 9 1e. Erikson's stage of growth and development of infancy is "trust vs. mistrust." This stage assists the infant with learning to trust the predictability of the caregiver's behavior and the environment they are raised in. This infant will benefit from the environment especially as mother and grandma live together and expressed plans to raise the newborn together. MD

Week 9 – 1a – You did a wonderful job providing holistic care to the mother you were assigned in Labor and Delivery this week. KA

Week 9 – 1c – You did a nice job observing the nurse during the assessment process of the laboring patient from induction to delivery. KA

Week 10 1e. Erikson's stage of growth and development is "generativity vs. stagnation." I chose this stage because the patient is limited in their ability to provide. They referenced having to ride a bicycle for transportation and relying on (teen) son to transport them to the hospital. At this stage the individual is tasked with contributing to society and leaving a positive footprint or risk feelings of unfulfillment. This is a great example of this stage of Erikson's. MD

Week 11 1e. Erikson's stage of growth and development is "intimacy vs. isolation." I chose this stage because individuals with a strong sense of self are ready to share their lives and invest in others. I cannot think of a better way to express commitment and love to others than by growing your family. MD

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

**Comments:**

Hearing and Vision 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

Week 9 – 1h – You were able to identify the stages of labor your patient was progressing through and watched the care of the patient from the moment of induction to delivery of the newborn. KA

Week 9 – 1l – You were able to witness the labor process and how the healthcare provider, nurses, and patient's support people work together to provide the best experience possible for the patient during the laboring process. KA

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



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

**Comments:**

2g. Economic stability-Father is incarcerated, and mom has a toddler at home along with 6 stepchildren. Baby's paternal grandma is involved and provides support as able, however she expressed that she has 15 grandchildren and 3 great-grandchildren that she also assists with as well. **Wow! This definitely would place a strain on mom! MD**

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

2g. Education Access and Quality- A few of the students and myself had a discussion with one of the teachers from the Boys and Girls Club regarding the student's inability to read and the lack of assistance that is provided from the school. This creates not only a hardship in school but can also influence the student's overall health. This has a potential to affect the child's ability to succeed in higher education or obtain a higher paying job. The Boys and Girls Club program assists by having teachers in place to help with homework and provide opportunities to enhance cognitive and motor skill development by providing small group interaction based on grade and ability. **This is a great SDOH! Hardships in the school can definitely influence the students in many ways! MD**

Social and Community Context- Many of the children that I spoke with live in a one parent household or with a grandparent. Support from loved ones is imperative for their health and well-being. Performance at school, high-risk behaviors, and aggression may affect the child now or in the future. The Boys and Girls Club offers a safe structured after school environment for the children to have additional support during their formative years. **Boys and girls club is amazing for supporting students in all situations. MD**

**Week 6- 2g- Good job identifying social determinants of health that may have an impact on the children. Education access and quality and social and community context certainly have an effect on a family, especially with little ones who benefit from having the same experiences, more or less, as their peers. While many of these children share similar circumstances, the particulars of each child's life can vary greatly. When you get a chance to talk to some of these kids, some of them don't eat from the time they leave until the next morning at school. Combine this with a lack of positive role models, it is difficult for many of the kids to make healthy decisions. BS**

Week 7 2g. Education Access and Quality- Today, I found that the hearing and vision screening(s) have the potential to influence the students in a positive way and can be protective of good health. The screening gives insight and focus to students who may have a specific need to improve learning by highlighting the need for either corrective lenses or further hearing examination. The nurse can utilize her clinical skills to assess and then contact the guardian to form a partnership to assist the child. Not only assisting the child but also opening a dialogue between the guardian and the school. **This is a really good point! I appreciate your assessment! MD**

Week 9 2g. Economic Stability- Mom lives with her parents and prior to delivery she asked the staff if they can perform a DNA test when asked if dad would be present at birth. When staff responded they were unable to, mom responded that he would not be coming then. This will create a hardship for mom and baby if dad is not involved and mom is the sole provider. Resources become limited with only one provider of income and can make access to childcare, reliable transportation, along with basic needs difficult: Essentially affecting life and well-being for both mom and baby. **Absolutely. How would you support her during this time? MD**

**Week 9 – 2c – You were able to work with your assigned nurse to read and identify EMF monitor strips of your laboring patient. KA**

Week 10-2g. Social and Community Context- The patient's interaction with their son regarding them riding a bicycle for transportation clearly had a negative impact on them. Having positive relationships throughout their family and community affect their health and well-being. Interventions to provide this patient with social support and resources are critical for a healthy lifestyle for them as well as their son. Encouraging the patient to contact the local job and family services can help with needs as well as promote self-sufficiency. **Great! How do you think this is affecting the son? I am sure if he is a teen there is a high potential for him to be in school? How would you talk to him and care for his needs? MD**

Week 11-2g. Health Care Access and Quality- Access to healthcare and the quality of healthcare is diminished during the winter months due to the family living off the mainland. The family expressed in the coming winter months, check-ups with their PCP will be based on weather and not need. In this situation, education is imperative regarding signs and symptoms of when to call the doctor and the availability of tele-health visits as well as a plan for what to do in case of an emergency. **This is a good point! MD**



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

**Comments:**

3d. After speaking with the mother of the neonate, I believe that the family is a part of the socially vulnerable population. Examples of this include mom does not have a primary care physician on file, and their insurance is government funded. This presents an ethical issue based on the right to have fair access to health care as some providers do not accept government funded insurance, thereby preventing mom and baby from a provider of their choice. **This is definitely an ethical issue. The biggest problem would be how to provide them with healthcare. MD**

3d. An ethical issue that I observed was a child threw an object on the floor. The child was appropriately disciplined; however, after the discipline the child was told loudly to turn and look away. This is an ethical example of dealing with what is good and bad. The adult's role should not be embarrassing the child in front of other students, instead the adult's role is to bring change to the behavior by influencing the child to make the right choice. **You are absolutely right! It would have been more influential to take the child to the side and talk to them without peers looking at them. MD**

Week 7 3d. I conducted the second portion of the hearing screening in the nurse's clinic. An ethical issue observed and corrected was that a student needed medication administration via G tube. We paused the hearing screening in the clinic in order to provide privacy for the student. **This is wonderful! I am glad you were able to make the student comfortable and have a private area for them. MD**

Week 9 3d. A patient was admitted for a blood transfusion prior to surgery. They needed a minimum of four units due to their HGB 5.5. The nurses were having difficulty starting the IV on the patient due to their health status and a member of the staff enter the room and stated to the patient that with their hemoglobin at that level they were already half dead. The patient immediately began to cry and shake profusely. A little bedside manner could really go a long way, even if one is upset with the patient for not complying with taking the medication that was prescribed. This presents a multitude of ethical issues, one being the patient has the right to autonomy. Whether good or bad,

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

the patient has the right to choose to take the medication or not. This is absolutely true. How would you respond to this individual? How would you advocate for this patient? MD

Week 10 3d. An ethical issue that I observed was a patient came to the ER for an elevated blood pressure. The patient became disgruntled that the staff was not moving fast enough. He ripped off his wristband and told the staff he was leaving, however as he was leaving, he referenced that he was seen at specialty for a “bleeding heart”. The staff inquired as to what he was referencing as he had not mentioned this before, and he continued towards the exit. He was encouraged to stay for testing. Patient refused treatment although consequence is unknown. Wow! Unfortunately he needed to give that information during check in. This could play a big impact on his care. MD

Week 11 3d. One of the ethical issues that was discussed during my time with the Lactation Nurse was promotion and education of breastfeeding while not downgrading one’s choice to bottle feed. Avoiding suggestion that one method is better than the other protects and supports the autonomy of the patient. This is very true! Sometimes it is hard to not influence feeding methods. It is important to continue to let the patient be the one to decide. MD

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

FTMC OB Objective 4, E and F-You were able to individualize and discuss education that you would or did have with your patient/patient's provider. You were also able to describe the pathophysiology of your patient. MD

Week 6- 4e- Your group did a great job providing education on various emergency situations such as; fire extinguishers and when and how to use them, the importance of crawling under the smoke, the use of first aid kits, and the importance of smoke detectors. BS

\*End-of-Program Student Learning Outcomes

Hearing and Vision 4c – You assisted the nurse to gather information on the hearing and vision screenings by using the proper papers for documentation. You also sorted the results upon completion of the screenings for ease of documentation. You discussed the process in which the nurse is to document all screenings to the Ohio Department of Health. RH

Hearing and Vision 4e – You did a nice job educating the middle schoolers you worked with during hearing and vision screenings. You were able to adapt and explain things as needed to make the education individualized to each student. You were caring and professional with all interactions. RH

Student Name: <b>Tabitha Thom</b>		Course 4					
Date or Clinical Week: <b>8/31/2023</b>		Objective:					
Criteria		3	2	1	0	Points Earned	Comments
<b>Noticing</b>	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	All criteria met. MD
	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	
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	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	

<b>Responding</b>	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Prioritization should be assessment, monitor, medications, encourage, and educate. Most were prioritized. There were a couple that were not. Overall, nice job! MD
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
<b>Refl</b>	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. MD
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	Complete			Not complete	3	
<p>Total Possible Points= 42 points  42-33 points = Satisfactory  32-21 points = Needs Improvement*  &lt; 21 points = Unsatisfactory*</p> <p><b>*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.</b></p> <p><b>Faculty/Teaching Assistant Comments:</b></p>						<b>Total Points: 41/42 Satisfactory MD</b>	
						<b>Faculty/Teaching Assistant Initials: MD</b>	

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

**Comments:**

FTMC OB Objective 4, G-K-This week you were able to correlate diagnostic tests, pharmacotherapy, medical treatment, nutrition, and growth and developmental level in relation to your patient. MD

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

**Comments:**

Week 2 Objective 5G-This week you turned in a care map. You did not complete a CDG. This competency is a NA. MD

FTMC OB Objective 5, A-You showed great enthusiasm during the FTMC OB clinical experience. MD

Week 6 Objective 5G-Remember to place the authors names in the in-text citations. Let me know if you need further clarification! Overall, you satisfactorily completed the CDG. MD

Week 7 Objective 5G-You met the requirements for one in-text citation and one reference, however, you had two additional references that were not cited in your CDG. In the future, if all references are not cited inside the CDG you will receive a NI. All references should be cited in a document. Let me know if you have questions! MD

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

Week 9 Objective 5G-Great CDG! You satisfactorily met all of the requirements. MD

Week 9 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You were able to observe a vaginal delivery while on clinical this week! Your nurse had wonderful things to say about the care you provided to the patient and how you asked great insightful questions related to the care of the laboring patient. KA

Week 10 Objective 5A-You received a satisfactory rating in all areas with the nurse commenting that you were “engaged and inquisitive.” MD

Week 11 Objective 5A-For lactation you were marked excellent in all areas by R. Smith. MD

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

**Comments:**

6a. I feel that I am always eager to learn, an area of improvement that I can refine is self-criticism. I can avoid this by trusting in my preparation for the task presented to me and continue to look for ways (use different study tools, review material the evening before) to be better and smarter in all aspects, be it clinicals or class. **You definitely are eager to learn which is a refreshing quality! I love getting questions and assisting with helping you understand the concepts! Keep asking questions! MD**

6a. While the teaching was effective, an area of improvement for this week would be to elaborate more on my teachings. For example, I introduced the first aid kit and its contents, but I felt that perhaps a demonstration and redemonstration of some of the contents would've improved the teachings. My goal in the future to meet these needs will be to think outside of the box further and prepare a more refined list of activities that would improve learning. This can also be applied to the clinical setting when providing patient education. **This is great! You can practice this and then see how it works for Webelo Day! MD**

Week 7 6a. Early in the hearing screening process, I assumed that there would be no confusion on identifying right from left. Given that this may be a stressful situation for some, I recognized the need to improve on my communication and instead of assuming, I handed them the headphones with the red on the right for correct placement. In the future, my goal is to not assume, and decrease the stress level by identifying the most productive way to complete the task at hand. **Awesome goal! I think this will be very achievable! MD**

**Hearing and Vision 6h – You used ACE attitude this week with all interaction with staff and students. The nurses were extremely grateful and appreciative. Great job! RH**

**MIDTERM-Great job this first half of the semester! Continue to search for opportunities to continue your growth in this course! MD**

Week 9 6a. An area for improvement that I need to work on is confidence in my knowledge. I found myself in multiple situations at clinical being able to anticipate the next steps of need yet lacked the confidence to step in and complete the task. Instead, I asked for approval of the obvious. My goal to improve on this is to carefully assess what I can do without permission and go with it instead of asking for permission with the obvious. Of course, this is only with the obvious. Example, can I clean up and place these belonging in their appropriate places. **Awesome goal! There are many things you could do! How do you plan on building this confidence? MD** I plan on building this confidence by acting and offering myself. Move with intention.

Week 10 6a. This clinical experience highlighted that I need to improve on accepting that I cannot fix every situation. My patient was agitated and there were few things that could relieve the agitation. That was difficult because my intention is always to help and send whomever I encounter away better than they came. My goal to improve on this is to ensure that I provided the best patient-centered care possible (following procedure, utilizing resources, providing education, therapeutic communication), reach out for assistance for another approach, and if all else fails, accept that my peers and I did all that we could. **Absolutely! If you provide the absolute best care you can and do everything for the patient that you can you should feel accomplished even though they remain agitated. It is hard to lose site of things during the moment. MD**

Week 11 6a. This week's simulation experience provided a valuable lesson in verification of orders. Improving on verifying orders instead of trusting what is written or said is imperative to patient-centered care and what is best for the patient's overall health. I can improve on this by ensuring that anytime that I am providing medication administration, I perform my due diligence to verify that the order is written correctly and within the patient's safe dose recommendation. This can be done by performing taught safe dosage calculations, verifying with another nurse, utilizing resources (Lexicomp/Skyscape), or calling the pharmacy to advise me of what the correct safe dose range is. **This is a great practice to start! I am glad you were able to take this from simulation. MD**

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

<b>Skills Lab Competency</b> <b>Evaluation</b> Performance Codes: <b>S:</b> Satisfactory <b>U:</b> Unsatisfactory	<b>Lab Skills</b>													
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													
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	MD														
<b>Remediation: Date/Evaluation/Initials</b>	NA														

\* Course Objectives

<b>Skills Lab Competency</b> <b>Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>									
	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	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD
<b>Remediation: Date/Evaluation/Initials</b>	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: 9/13	Date: 9/25	Date: 10/4	Date: 10/9	Date: 10//19	Date: 11/2	Date: 11/6	Date: 11/8	Date: 11/21	Date: 11/21	Date: 11/28	Date: 10/12
Evaluation	S	S	S	S	S	S	S					S
Faculty Initials	MD	MD	MD	MD	MD	MD	MD					MD
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA					NA

\* Course Objectives

## Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Stacy (M), Taylor (C), Thom (A)

GROUP #: 10

SCENARIO: Pregnancy and PPH

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

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES				
<b>NOTICING: (1, 2, 5) *</b>					
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
	<p>Nurse enters and identifies patient. VS. Begins head-to-toe assessment.</p> <p>Assessment nurse begins second assessment, identifies patient. Notices heart rate increase. Patient CO dizziness, gush of blood.</p> <p>Notices uterus becoming firm.</p>				

<p><b>INTERPRETING: (2, 4)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data: E     <b>A</b>     D     B</li> <li>• Making Sense of Data: E     <b>A</b>     D     B</li> </ul>	<p>Interpreted the need to apply fetal monitor. Notices contractions on the monitor, about 5 minutes apart. Noticed contractions slowing down.</p> <p>Notices elevated heart rate. Notices blood on bed. Notices boggy uterus. Interprets firm fundus as improvement.</p>
<p><b>RESPONDING: (1, 2, 3, 5) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner: <b>E</b>     A     D     B</li> <li>• Clear Communication: E     <b>A</b>     D     B</li> <li>• Well-Planned Intervention/ Flexibility: <b>E</b>     A     D     B</li> <li>• Being Skillful: E     <b>A</b>     D     B</li> </ul>	<p>Fetal monitor applied. Leopold’s maneuver to determine fetal position. Patient requests a smoke, will provide education. Patient requests a mountain dew, offered water instead. Call to provider. Urine collected. Call to lab for UA results, not resulted yet. Patient assisted to left side. Discussion about smoking cessation. Options discussed with patient. Mountain dew discouraged. Cervical exam- no dilation. Call to provider to update on urine results. Orders for US to verify dates, IV fluid, Procardia, acetaminophen, educate to follow up with a provider and regarding smoking cessation, diet. Encouraged to breathe through contractions. Med nurse enters, identifies patient, checks allergies. Charge nurse to educate on smoking cessation and diabetes. Call to dietician for consult. Referral made to OBGYN.</p> <p>Fundus immediately massaged when blood noticed. Call to provider to report boggy uterus, increasing heart rate. Peri pad weighed- 600 grams. Med nurse recognizes giving methergine is a priority. Administers methergine. Call to provider reporting improvement. IV fluid rate increased.</p>
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E     <b>A</b>     D     B</li> <li>• Commitment to Improvement: <b>E</b>     A     D     B</li> </ul>	<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><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p>	<p><b>You are satisfactory for this scenario! BS</b></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</p>

<p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)*</li> <li>2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)*</li> <li>3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)*</li> <li>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)*</li> <li>5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</li> </ol> <p>*Course Objectives</p>	<p>assess Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads</p> <p>Interpreting: Generally, focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: 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 Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses:</p>
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## Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Stacy (A), Taylor (M), Thom (C)

GROUP #: 5

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/4/23 1335-1505

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (Link to Course Objectives) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E       A       D       B</li> <li>• Recognizing Deviations from Expected Patterns:           E       A       D       B</li> <li>• Information Seeking:           E       A       D       B</li> </ul>						<p>Pain assessment: duration Maternal assessment: GI/GU, lung sounds, breasts, abdomen, Leopolds, leg strength and ROM, edema, cervical exam. Pain and vitals reassessment post medication administration. Cervical exam recheck. Apgar score 1 minute: 9 Apgar score 5 minutes:</p>
<p><b>INTERPRETING: (Link to Course Objectives) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       A       D       B</li> <li>• Making Sense of Data:       E       A       D       B</li> </ul>						<p>Correlates PCN administration to GBS+ Offers nubain for pain to stick with mother's birth plan. Read fetal monitor strip to read early decelerations while educating mom and sister. Turn warmer on prior to birth, dry baby, put on hat, offer skin to skin for thermoregulation.</p>
<p><b>RESPONDING: (Link to Course Objectives) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       E       A       D       B</li> <li>• Clear Communication:       E       A       D       B</li> <li>• Well-Planned Intervention/ Flexibility:           E       A       D       B</li> <li>• Being Skillful:           E       A       D       B</li> </ul>						<p>Administration of PCN: performs all checks. Hangs fluids correctly. Educate and offer nonpharmacological interventions for pain. Administration of nubain: perform all checks. Inquire about contraindications prior to administration. Proper technique and needle safety engaged. Interventions: call for help, McRoberts, assess for episiotomy, suprapubic pressure, hands and knees, rotational maneuvers, remove posterior shoulder Educate mother on vitamin K and erythromycin. Administration of vitamin K: does all checks and uses proper technique. Uses appropriate needle size for infant IM.</p>
<p><b>REFLECTING: (Link to Course Objectives) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:       E       A       D       B</li> <li>• Commitment to Improvement:   E       A       D       B</li> </ul>						<p>Team discussion of scenario. Team recognized teamwork, communication, and proper intervention. Discussion of various interventions (HELPER and types of heat loss for baby). Discussion of education topics provided to mother and sister.</p>

<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ul style="list-style-type: none"> <li>• <b>Select physical assessment priorities based on individual patient needs. (1, 2)*</b></li> <li>• <b>Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)*</b></li> <li>• <b>Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</b></li> <li>• <b>Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)*</b></li> <li>• <b>Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)*</b></li> <li>• <b>Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)*</b></li> </ul>	<p><b>You are Satisfactory for this scenario! RH</b></p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses</p>
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STUDENT NAME:

OBSERVATION DATE/TIME:

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

\*Course Objectives

### Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Schneider, Sitterly, Thom**

OBSERVATION DATE/TIME:

**10/19/2023**

SCENARIO: **Escape Room**

<b>CLINICAL JUDGMENT</b>	<b>OBSERVATION NOTES</b>
<p><b>COMPONENTS NOTICING: (1, 2, 5)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:      E      <b>A</b>      D      B</li> <li>• Recognizing Deviations from Expected Patterns:      E      <b>A</b>      D      B</li> <li>• Information Seeking:      E      <b>A</b>      D      B</li> </ul>	<p>Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.</p>

<p><b>INTERPRETING: (2, 4)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data: E     A     D     B</li> <li>• Making Sense of Data: E     A     D     B</li> </ul>	<p>Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.</p>
<p><b>RESPONDING: (1, 2, 3, 5)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner: E     A     D     B</li> <li>• Clear Communication: E     A     D     B</li> <li>• Well-Planned Intervention/ Flexibility: E     A     D     B</li> <li>• Being Skillful: E     A     D     B</li> </ul>	<p>Responded to safety issues by correcting each of them to provide a safe environment for the patient's care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient's respiratory distress by providing the patient with the ordered breathing treatment.</p> <p>Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.</p>
<p><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E     A     D     B</li> <li>• Commitment to Improvement: E     A     D     B</li> </ul>	<p>Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.</p>
<p><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p><b>Developing to accomplished is required for satisfactory completion of this simulation.</b></p>	<p>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</p>

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## Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Stacy (C), Taylor (A), Thom (M)

GROUP #: 5

SCENARIO: **Pediatric Respiratory**  
 OBSERVATION DATE/TIME(S): 11/2/23 1335-1505

<b>CLINICAL JUDGMENT COMPONENTS</b>	<b><u>OBSERVATION NOTES</u></b>
<p><b>NOTICING: (1, 2, 5) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E        <b>A</b>        D        B</li> <li>• Recognizing Deviations from   Expected Patterns:           E        <b>A</b>        D        B</li> <li>• Information Seeking:        E        A        <b>D</b>        B</li> </ul>	<p>Throat assessment. Respiratory assessment: listen to lungs, identify crackles in lungs and sits patient up for better lung expansion. Does not lift gown to visualize chest</p> <p>Did not identify incorrect dose for weight based medications (amoxicillin, ibuprofen)</p> <p>Temperature reassessment after medication administration.</p> <p>Respiratory assessment: listen to lungs, does not lift gown to visualize chest. Throat assessment done.</p> <p>Did not identify incorrect dose for weight based medications (ibuprofen)</p> <p>Due to students advanced assessment skills and performance, the missing of the incorrect orders brought students to developing level. Remediation was done in debriefing and all students were able to find the correct and safe dose for the patient.</p>
<p><b>INTERPRETING: (2, 4) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E        A        <b>D</b>        B</li> <li>• Making Sense of Data:       E        A        <b>D</b>        B</li> </ul>	<p>Able to calculate the correct concentration according to the healthcare provider's order in the chart. (amoxicillin, ibuprofen)</p> <p>Identify that croup is causing increased work of breathing</p> <p>Able to calculate the correct concentration according to the healthcare provider's order in the chart. (acetaminophen)</p>
<p><b>RESPONDING: (1, 2, 3, 5) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:    <b>E</b>        A        D        B</li> <li>• Clear Communication:       E        <b>A</b>        D        B</li> <li>• Well-Planned Intervention/   Flexibility:                E        <b>A</b>        D        B</li> <li>• Being Skillful:            E        A        <b>D</b>        B</li> </ul>	<p>Remove syringes from crib.</p> <p>Sits patient up for easier respiration and provides chest physiotherapy</p> <p>Medication administration: (amoxicillin, ibuprofen, cetirizine) checks allergies to medications, educates on side effects of medication and why administering them. Did not check name/DOB</p> <p>Educate mother on signs/symptoms of croup and how to manage</p>

	<p>symptoms at home.</p> <p>Raises crib side rails when not at bedside.</p> <p>Educate mother on smoke/secondhand smoke exposure. Encourage smoking outside or smoking cessation. Encourage changing clothes after smoking for limiting smoke exposure.</p> <p>Calls healthcare provider for update and new orders.</p> <p>Apply oxygen due to oxygenation decline. Educate mother and patient on why needed.</p> <p>Call respiratory for breathing treatment</p> <p>Medication administration: (acetaminophen, dexamethasone) educates mother and patient on why medications are needed and side effects. Does not ask name/DOB</p> <p>Remove scissors from crib</p>
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:     <b>E</b>     <b>A</b>     <b>D</b>     <b>B</b></li> <li>• Commitment to Improvement: <b>E</b>     <b>A</b>     <b>D</b>     <b>B</b></li> </ul>	<p>Team discussion of scenario. Team recognized good teamwork and communication. Identified medication errors. All students looked up correct dosage for patient’s age and weight and completed all dosage calculations for medications administered. Discussed how reporting would be done if medication error was done in practice. Discussion of how to find correct dosage in practice by calling pharmacy or using online reference per hospital policy. Team provided great education to mother and child. Used growth and development knowledge to communicate with patient and mother appropriately.</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p>	<p><b>You are Satisfactory for this scenario! RH</b></p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs  Recognizes most obvious patterns and deviations in data and uses these to continually assess  Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an</p>

<p><b>Scenario Objectives:</b></p> <ul style="list-style-type: none"> <li>• Select physical assessment priorities based on individual patient needs. (1, 2)*</li> <li>• Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)*</li> <li>• Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</li> <li>• Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)*</li> </ul>	<p>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: Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p>
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**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: \_\_\_\_\_