

**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

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	N/A	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
b. Provide care using developmentally appropriate communication.		N/A	S	N/A	S	N/A	N/A	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
c. Use systematic and developmentally appropriate assessment techniques.		N/A	S	N/A	S	N/A	N/A	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	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	N/A	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		N/A	S	N/A	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
Clinical Location Age of patient		N/A	FT ER 14	N/A	FT OB 30	N/A	LC, 34 / 3 days old	Mid-term	Boys and Girls club	Web elo Day	FRMC OB 1 day old / H&V	N/A	N/A	N/A	N/A	N/A	N/A	
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH					

Comments:

Week 3: I believe my patient was in the identity vs. confusion stage because she is just starting to figure out who she wants to be and this is an accurate stage for age 14. RH

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

Week 5: I believe my patient was in the intimacy vs. isolation because this stage usually occurs from age 20 to 40 and her and her husband are having a very intimate moment by having a child and she may experience some isolation after due to the possibility of postpartum depression. RH

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

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 – The baby is experiencing the trust vs. mistrust stage of development. As long as the baby’s needs are met such as feeding, getting changed, and receiving love the baby will grow a sense of trust with his mother. RH

Week 7: 1(a)- this was changed to “S” due to discussing this in your CDG post. RH

Week 8 - At the boys and girls club I believe most of them were going through the industry vs. inferiority stage of development. They are at the age where they are gaining a sense of confidence and are starting to explore their independence. RH

Week 8: 1(a, b)- these were both changed to “S” due to you changing your communication techniques while talking to and interacting with the students. 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

Week 9: During Webelo Day I believe most of the children were going through the industry vs. inferiority stage of development. They are at the age where they are gaining a sense of confidence, asking more questions, and being more open with peers. RH

Week 9: 1(c)- You did great communicating with the webelo students and changing your communication techniques so they were able to understand. RH

Week 10: My patient was a 1-day old infant, he was in the trust vs. mistrust stage of development. He has to trust that someone will be there to feed and change him as well as give him the love and attention he needs for proper development. RH

Week 10 – 1a – You did a wonderful job providing holistic care to the baby you were assigned to this week. KA

Week 10 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. KA

Week 10 – 1d – You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process. KA

Week 10: 1b- you did a great job communicating with the 1st, 3rd, and 5th graders while at clinical. You used your knowledge of growth and development to guide your interactions and communication while completing the screenings. 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	S	N/A	N/A	N/A	N/A	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	S	N/A	N/A	N/A	N/A	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	S	N/A	N/A	N/A	N/A	N/A	N/A	
i. Discuss family bonding and phases of the puerperium. Maternal		N/A	N/A	N/A	S	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	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	S	N/A	N/A	N/A	N/A	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	S	S	N/A	N/A	N/A	N/A	N/A	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	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	
		RH																

Comments:

Week 10 – 1i – You were able to identify the stage of bonding your patient was in appropriately and discuss why you chose that stage. KA
 1k – You did a good job discussing the culture of Clyde/Green Springs schools and inquired about how the teachers promote this to the students. BS

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	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	
b. Perform nursing measures safely using Standard precautions.		N/A	S	N/A	S	N/A	N/A	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	
c. Perform nursing care in an organized manner recognizing the need for assistance.		N/A	S	N/A	S	N/A	N/A	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	
d. Practice/observe safe medication administration.		N/A	S	N/A	S	N/A	N/A	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		N/A	S	N/A	S	N/A	N/A	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	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	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	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	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH					

Comments:

Week 3: A SDOH that influenced my patients care was provider linguistic and cultural competency which falls in the healthcare system category of the SDOH. She is a 14-year-old and because she was older and could communicate well and it was a simple viral infection the nurse did not get the interpreter for her mother. If I was a mother and, in that position, I would have wanted someone to get an interpreter so I could fully understand everything going on with my child. **RH**

*End-of-Program Student Learning Outcomes

Week 5: A SDOH that influenced my patients care was stress which falls under the community and social context category of the SDOH. She is a 30 year old primare and she was super stressed and nervous about giving birth. I reassured her that it will be okay, and the baby will come when he wants to as we can't force him out if he isn't ready. I also told her that she is strong and determined to deliver the baby so she will get through it, and it'll be the best moment once he is laying on her chest. She thanked me after for encouraging her through the birthing process for the encouragement. RH

Week 7 - A SDOH that influenced my patients care was the lack of education she had for breastfeeding. She noticed that lack of education and reached out to her available resources, which was great. She learned a lot just in the couple hours with the lactation consultant and they had already scheduled more visits in the future and are going to include the speech therapist as well to see if that will help the baby at all. The baby lost 9.18% of its birth weight so the lactation consultant recommended supplementing with formula and the mother agreed to do so. Overall she left better educated on how to care and feed for her baby properly. RH

Week 7: 2(c)- this was changed to "S" due to your discussion in your CDG. RH

Week 8 - A social determinants of health that come to my mind when interacting with the children are housing which falls under the neighborhood and physical environment category of the social determinants of health, I say housing because there was a little girl talking about how cops are always responding by her house and that could be a safety issue depending on what the cops are constantly responding to. I reminded her to stay inside and stay safe when the cops are responding. RH

Week 9: A social determinant of health that comes to my mind with the children are community engagement which falls under the community and social context category of the social determinants of health. It is good that their parents/guardians are having their children get involved with the community and further their education. The kids seemed to have a good time and overall enjoyed the experience. RH

Week 10: A social determinant of health when taking care of my patient was safety which falls under the neighborhood and physical environment category of the social determinants of health. I am concerned about the safety of the baby because this is the mom's 11th child, and she says it's hard to take care of all their needs. I discussed ways to help and told her that it is okay to rely on family and friends to help. I was also concerned because she said the other kids can be very wild, I just reminded her to have a talk with them about how tiny the baby is and that it is important to be careful around him. RH

Week 10 – 2d – You did a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. You had the opportunity to administer an IM infection to the newborn this week. KA

Week 10 – 2f – You worked with the family to gather information on the baby and appropriately documented/reported any necessary information as well as provided any appropriate education. KA

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	S	S	N/A	N/A	N/A	N/A	N/A	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	S	S	N/A	N/A	N/A	N/A	N/A	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	S	S	N/A	N/A	N/A	N/A	N/A	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	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH					

Comments:

Week 3: There was a patient who was pink slipped and she was actively going through withdrawal from multiple substances and did not know quite what was going on so she wanted everyone's first and last names to report all healthcare providers involved in her care, but we had to explain to her that we also have a right to privacy as well and if she did want to file a report she just needed the first name and to say in the ER where she was getting care. **RH**

Week 5: There was an ethical issue with my patient because the doctor wanted to use the mirror method to show her pushing and so that she could see the baby's head but she was super against it and he brought the mirror in anyway against her wishes of not using it. I believe that the doctor should have respected her wishes about not using the mirror and should have tried a different method. **RH**

Week 7: There wasn't really any ethical issues during this clinical but there could have been if the mother refused to supplement in formula for her baby since he has lost almost 10% of his birth weight. Her breast milk has not fully come in yet and he isn't getting enough to gain that weight back but she agreed to supplement because she wants her baby to be happy and healthy which is the best thing for both of them. **RH**

Week 8 - I did not observe any ethical or legal issues while at the boys and girls club clinical. The only legal issue I could think of is the staff let the kids go outside on their own but the parents come check them out to make sure they are leaving with the correct parent. **Double checking who is leaving with who is very important at any after school program. I do wish there was a little more security while they were outside, so I can see how this could become an issue. RH**

Week 9: An ethical/legal issue could have been if parents/guardians did not agree to stay with the younger kids for safety reasons. All parents/guardians did stay with the younger kids so there were no issues during Webelo Day. **This is also why we have a sign in/sign out sheet. RH**

Week 10: A ethical/legal issue I observed was that a family wanted a car seat for free from the hospital even though they had one at home but it was dirty and did not want to clean it, the hospital did not have any to give. This is an issue because the child cannot leave without a proper car seat, especially because the baby was late preterm so they had to pass a car seat test before being able to be discharged. **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	N/A	N/A	N/A	N/A	N/A	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	S	N/A	N/A	N/A	N/A	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	S	N/A	N/A	N/A	N/A	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	S	N/A	N/A	N/A	N/A	N/A	N/A	
e. Provide patient centered and developmentally appropriate teaching.		N/A	S	N/A	S	N/A	S	S	N/A S	S	S	N/A	N/A	N/A	N/A	N/A	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	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	
		RH	RH	RH	RH	RH	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- 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

Week 9: 4(e)- You did a great job educating the webelo students on various topics. RH

Week 10: 4c – You assisted the nurse to gather information on the hearing and vision screenings by using the form for documentation that was provided. You discussed the process in which the nurse is to document all screenings to the Ohio Department of Health. BS

Week 10: 4e- You did a nice job educating the 1st, 3rd, and 5th graders you worked with during the hearing and vision screenings. You were patient and able to explain things as needed to make the education individualized to each student. You were caring and professional with all interactions. BS

Student Name: Caitlyn		Course 4					
Date or Clinical Week:MCN		Objective:					
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	

	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	8. What other interventions besides vitals and wound site checks? What about pain, neurological assessment (sepsis), lab value checks?
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
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	0	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Great job, see comments in side panels.</p>						<p>Total Points: 38/42 Satisfactory</p>	
						<p>Faculty/Teaching Assistant Initials: RH</p>	

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

Comments:

Week 2: 4(g-k): these were marked "U" as they were not filled out. Please address the "U" and what you will do to prevent receiving another in the future. If the "U" is not addressed, you will continue to get a "U" until it is addressed. RH

Week 2 "U" Response: I accidentally did not see this page when filling out the clinical tool for week 2, I know about it now and will be filling it out from now on. RH

Week 3: 4(h, i)- Good description of interventions and WHY you performed them by connecting them to the disease process. 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
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Demonstrate interest and enthusiasm in clinical activities.		U	S	N/A	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
b. Evaluate own participation in clinical activities.		U	S	N/A	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
c. Communicate professionally and collaboratively with members of the healthcare team.		U	S	N/A	S	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		U	N/A	N/A	N/A S	N/A	N/A	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		U	N/A	N/A	N/A S	N/A	N/A	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		U	S	N/A	S	N/A	N/A	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	
g. Consistently and appropriately post comments in clinical discussion groups.		U	S	N/A	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH				

Comments:

Week 2: 5(a-g): these were marked “U” as they were not filled out. Please address the “U” and what you will do to prevent receiving another in the future. If the “U” is not addressed, you will continue to get a “U” until it is addressed. RH

Week 2 “U” Response: I accidentally did not see this page when filling out the clinical tool for week 2, I know about it now and will be filling it out from now on. RH

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

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)-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

Week 10 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical and asked wonderful questions throughout the day. KA

Week 10 – 5e – You did a nice job documenting both the newborn assessment in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessment accurately. KA

Week 10 – 5f – You provided hand off report to the appropriate nurse when leaving clinical at the end of shift. KA

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

Comments:

Week 2: 6(e)- This was marked as U due to your tool being turned in late. Please address the "U" and what you will do to prevent receiving another in the future. If the "U" is not addressed, you will continue to get a "U" until it is addressed. RH

Week 2: 6(a-i): these were marked "U" as they were not filled out. Please address the "U" and what you will do to prevent receiving another in the future. If the "U" is not addressed, you will continue to get a "U" until it is addressed. RH

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

Week 2 “U” Response: I accidentally did not see this page when filling out the clinical tool for week 2, I know about it now and will be filling it out from now on. I also turned it in late because I was thinking it was still due on Saturday, I know it is due Friday at 0800, so it will not happen again. **This does take some adjustment as it is a new semester and has new guidelines. Here’s to a great rest of the semester! RH**

Week 3: An area for improvement would be drawing up medications from an ampule, I know that you use a 2x2 to break it off and then use a filtered needle but I am not confident drawing it up. I will practice drawing it up 3 times before my next clinical. **RH**

Week 3: Feedback from ED RN: Excellent in all areas. Caitlyn was super involved during clinical. She showed interest in learning and participating in patients' plan of care. **RH**

Week 5: An area for improvement would be looking at the APGAR scoring more often to remember it better when assessing a newborn. I will practice by reviewing it twice a week before my next OB clinical. **RH**

Week 7: An area for improvement would be learning more about different types of breast pumps and nipple shields. When the lactation consultant was talking about these I wasn't fully onboard with everything because I've never looked into the different types of pumps. I will look into the 3 most popular breast pumps and learn new information within the next 2 weeks before my next OB clinical where the information may be needed. **RH**

Week 7: Feedback from lactation nurse: Marked excellent in all areas. “Very engaged and interacted well with patients. Asked great questions.” Hannah Alexander, RN

Midterm: Caitlyn, Great job so far this semester, keep up the great work! **RH**

Week 8 - An area for improvement would be learning how to better communicate with the younger kids in a loud environment. I did not want to yell at them, so I wasn't sure how to properly communicate. I will look up ways to communicate with the younger kids twice this week to help my education. **It is difficult to learn how to talk and communicate with younger children so this is a great goal! RH**

Week 8: 6(e)- this was changed to a “U” due to you turning in the wrong tool. Please address how you will prevent getting another “U” in the future. **RH**

Week 8 “U” Response – I will double check before submitting the tool that way I know it is the correct clinical tool that is needed for that week to prevent this from happening in the future.

Week 9: An area for improvement would be being more prepared for questions from the kids, the kids seemed to have a lot more in-depth questions than I was expecting like “What is in the fire extinguisher?”. I will do more in-depth research for my upcoming clinical twice within the next week to prepare for questions. **Kids ask the best questions. RH**

Week 10: An area for improvement would be being more confident with doing newborn assessments. I always felt like I was forgetting something. I will practice newborn assessments 3 times this week to be better prepared for the next assessment I do. **RH**

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

Week 10: 6h- You displayed an ACE attitude this week with all interactions with staff and students. The nurse was extremely grateful and appreciative of your assistance.
Great job! BS

***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	S
Faculty Initials	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

* 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: 11/2	Date: 11/6	Date: 11/7 & 11/8	Date: 11/21	Date: 11/21	Date: 11/28	Date: 10/3/23
Evaluation	S	S	S	S	S	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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Phillips (A), Silas (M), Ward (C)

GROUP #: 6

SCENARIO: Pregnancy and PPH

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

CLINICAL JUDGMENT COMPONENTS						OBSERVATION NOTES
NOTICING: (1, 2, 5) *						
• Focused Observation:	E	A	D	B		<p>Enters and introduces self, (remember to identify patient) inquires about contractions, begins assessment, VS. Applies fetal monitor, notices fetal heart rate and contractions. Noticed UA results were abnormal. Notices contractions still occurring following Procordia administration.</p> <p>Patient identified, inquires about pain. VS. Bleeding noticed. Patient CO feeling dizzy. Notices VS improving, firm fundus.</p>
• Recognizing Deviations from Expected Patterns:	E	A	D	B		
• Information Seeking:	E	A	D	B		

<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Interprets contractions on the fetal monitor, also interprets that it is early in the pregnancy for contractions. Interprets pain to be in control following acetaminophen.</p> <p>Pain rated at 3/10. Interprets an improvement in condition following methergine.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Patient requests cigarette, is informed there is no smoking at the hospital. Patient assisted to the left side. Call to provider to report UA results- + for glucose and THC. Remember to give background information and assessment. Orders received for IV fluid, Procardia, acetaminophen, US to verify dates. Orders read back. Ice chips provided, reason for US explained to patient. Smoking discouraged. IV fluid prepared and initiated (900 mL/hr?). Procardia and acetaminophen prepared and administered. (check FSBS, provide education). Leopold's performed.</p> <p>Inspects fundus, patient feels gush. Call to provider to report hemorrhage (be prepared with information). Orders received and read back. Methergine prepared (need to use an IM needle). Patient assisted to a comfortable position.</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>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</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 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</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>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: 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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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Caitlyn Silas

OBSERVATION DATE/TIME: 10/3/23

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

*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): **Phillips (C), Silas (A), Ward (M)**

GROUP #: **1**

SCENARIO: **Shoulder Dystocia and Newborn Care**

OBSERVATION DATE/TIME(S): **10/4/23 0700-0830**

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Introduce self, obtain vitals Pain assessment: location, description, duration, rating Cervical exam Assessment: edema, pulses, fundal assessment, abdominal assessment, lung sounds Pain reassessment, cervical exam, and vital reassessment post medication administration Newborn assessment complete. Checks all reflexes Apgar 1 minute: 9 Fundal assessment post delivery Assess for signs/symptoms of infection</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>Offers pain medication other than epidural to align with patient birth plan Correlates need for PCN with GBS+ results Interpret fetal monitoring strip changes to early decelerations Dry baby off, apply hat, and swaddle baby to assist with 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>Calling healthcare provider: SBAR organized Medication administration: PCN and nubain. Performs all checks. Hangs PCN correctly. IM administration using proper technique and needle size. Needle safety engaged. Call healthcare provider after second cervical exam: SBAR organized Interventions: call for help, evaluate for episiotomy, McRoberts maneuver, suprapubic pressure, rotational maneuvers, hands and knees, remove posterior arm Did not deliver placenta immediately post birth, did return to do so after newborn assessment. Provide skin to skin Medication administration to baby: does all checks. IM injection done with adult size IM needle. Ouch! Use 5/8 inch needle for IM injection on infants. Education to mother on medications for baby</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). Discussed proper needle size for IM injection for adult and newborn.</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 infants. (1, 2, 4, 5)* • Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)* 	<p>You are Satisfactory for this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses:</p>

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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Pickens, Silas, Taylor, Whitworth**

OBSERVATION DATE/TIME: **10/19/2023**

SCENARIO: **Escape Room**

CLINICAL JUDGMENT	OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Responded to safety issues by correcting each of them to provide a safe environment for the patient’s care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient’s respiratory distress by providing the patient with the ordered breathing treatment.</p> <p>Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.</p>

<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.</p>
<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>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): **Phillips (M), Silas (C), Ward (A)**

GROUP #: **1**

SCENARIO: **Pediatric Respiratory**

OBSERVATION DATE/TIME(S): **11/2/23 0700-0830**

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Respiratory assessment: listen to lungs. Visualize chest but does not lift up gown.</p> <p>Pain assessment. Uses FACES scale.</p> <p>Call pharmacy to change pill form to liquid or ask if able to be crushed.</p> <p>Did not identify safe dose for weight based medications.</p> <p>Respiratory assessment: listen to lungs. Lifts gown to visualize chest</p> <p>Pain assessment. Uses FACES scale.</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>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>Able to calculate correct dose according to the healthcare provider's order in the chart (amoxicillin, acetaminophen)</p> <p>Nurse does not remain at bedside while oxygen saturation still low.</p> <p>Identify that croup is causing increased work of breathing</p> <p>Able to calculate correct dose according to healthcare provider's orders in chart (ibuprofen)</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>Remove scissors and needles from crib</p> <p>Leave crib side rail down when walks away.</p> <p>Medication administration: did not check name/DOB for amoxicillin and cetirizine but does for acetaminophen. Educate on what medications are being given and what they are for and brand/generic names.</p> <p>Apply oxygen due to lowered oxygenation saturation. Sat child up from lying flat.</p>

	<p>Educate mother on stridor related to croup</p> <p>Call provider for steroid order. Good SBAR provided.</p> <p>Call respiratory for breathing treatment</p> <p>Medication administration: provide education on steroid. Does not check name/DOB.</p> <p>Medication administration: ibuprofen. Check name/DOB. Educate on ibuprofen use for pain</p> <p>Education provided to mother on croup. Signs/symptoms to watch for at home and how to relive symptoms</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 scenario. Team recognized good teamwork and communication. Identified medication errors. All students looked up correct dosage for patient’s age and weight. All students completed dosage calculations for medications administered. Discussed how reporting would be done if medication error was done in practice Discussion of where to find correct dosage in practice by calling pharmacy or using online reference per hospital policy. Team provided good education to mother and child. Used growth and development knowledge to communicate with patient and mother appropriately.</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 	<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 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: Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily.</p>

<p>individual patient needs. (1, 2)*</p> <ul style="list-style-type: none"> • Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)* • Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* • Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)* 	<p>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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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Phillips(A), Silas(M), Ward(C)

GROUP #: 6

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/8/2023 0700-0830

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Contact precautions verbalized. Patient CO pain-3/10. Patient identified. VS. Temp 102.5. Mucous membranes, skin turgor assessed. Temp reassessed following acetaminophen- 101.5. Jack CO abdominal pain, vomits. VS reassessed. Mucous membranes, eyes inspected.</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>Temp of 102.5 interpreted as being high and in need of medication. Heart and lung sounds assessed to be WNL. When bruises are noticed they are eventually thought to be suggestive of potential abuse.</p> <p>Vomit interpreted to contain applesauce, etc. that Jack recently consumed. BP interpreted to be low. Tacky membranes interpreted to be sign of dehydration.</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>Nice job explaining to patient what you are doing. Call to provider to confirm orders. Requested new route due to vomiting. Med was put on hold for now. Also questions acetaminophen route and dose. New orders received and readback. Call to lab- stool + for Rotavirus. Call to pharmacy about acetaminophen dose. PPE verbalized, Rotavirus explained to patient and mother, including the importance of hand hygiene. Acetaminophen administered (remember to identify patient). Arms being assessed, mom said he fell. Questioned further and mom answers again. Arms exposed. Mom is asked to leave so assessment nurse can talk to Jack alone. Jack encouraged to talk about the origin of bruises. Call to provider to report suspected abuse, CXR requested. Orders received for xray and to contact case management. Call to case management to contact CPS. Jack asks for cheeseburger. Items from the BRATTY diet offered. Mom informed of CPS involvement.</p> <p>Skin assessed due to diarrhea. VS. Call to provider by medication nurse to request IV fluids. Order received for IV bolus, maintenance fluids, Zofran, and ibuprofen. Orders not read back. Fluid bolus initiated, Zofran administered. Maintenance rate began.</p>
<p>REFLECTING: (6) *</p>						<p>Team discussed the scenario. Also discussed the importance of</p>

<ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>checking recommended doses for medications. Discussed rotavirus and the need for contact precautions. Good job with SBAR communication, orders all read back. Team noted suspicious bruising and recognized the need to contact someone to investigate further. Reviewed steps of programming the IV pump for a fluid bolus.</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 A= Accomplished D= Developing B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 6. Select physical assessment priorities based on individual patient needs. (1, 2)* 7. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 8. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 9. Utilize the concepts of growth and development to identify concerns in assessment findings associated with potential child abuse and make appropriate referrals as necessary. (1, 3, 5)* 10. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* 	<p>Nice work! You are satisfactory for this scenario. BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. 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>

*Course Objectives	
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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: _____