

**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:		NA	NA	S	S	S	S	S	NA	S	S	NA	NA	NA	NA	NA	NA	
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.							NA											
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	S	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	
c. Use systematic and developmentally appropriate assessment techniques.		NA	NA	NA	S	S	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	NA	S	S	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	
Clinical Location Age of patient		NA	Na	BV-H&V	LC & Em erg.	Firelands OB	SIM	NA	Empathy Sim./ Escap e Rm.	B&G Club	FT OB	NA	NA	NA	NA	NA	NA	
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA					

Comments:

Week 4- Identity v. Role Confusion. The kids that I was working with during the screenings were in high school and between the ages of 14-18. These kids are learning their place in society and truly developing their own personality and identity. It was clear to observe the difference between there personality, style, communication, dress how they all were figuring out themselves. KA

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

Week 4 – 1e – You did a nice job identifying the correct growth and developmental level the students you worked with were in. You recognized the students were in the Erikson's stage of identity versus role confusion. KA

Week 5- Integrity v. Despair – This patient was in their retirement years and was just trying to make the most of the time that they had left by experiencing the world in their RV. They spoke about their adult children and grandchildren and how they missed them on their travels but don't regret going whatsoever. I believe this person was trying to seek out life satisfaction by completing the traveling that never happened in their youth. KA

Week 5 – 1a – You did a nice job describing patients from your lactation and emergency room clinical experiences you had the opportunity to work with this week. KA

Week 6- Trust v. Mistrust- I was tasked with taking care of baby. Due to baby being a day old I don't believe that he had formed a preference to who help him or calmed him down. I could however identify that when he was swaddled and warm that he became more content. This I believe was the start of him developing trust towards caregivers to meet his needs. Nice job! KA

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

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

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

Week 7- Only clinical should be evaluated on this portion of the tool. KA

Week 9- Industry v. Inferiority- I noticed this in one of my kids that I was helping with her homework. She felt like she was doing so well completing it and then she would have me check her work and would get defeated if she made a mistake. I could see so clearly how hard she was trying to do her absolute best. KA

Week 9- 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 – 1e – You did a nice job discussing the different growth and developmental differences of the children you worked with at the Boys and Girls Club. KA

Week 10- Trust v. Mistrust- The baby that I cared for today was born via c-section that I got to actually watch from the OR. The baby came out screaming and once we thoroughly dried at wrapped in a clean and dry blanket. The baby became less agitated and stopped vigorously crying. Also when the baby was put skin to skin with mom in the OR and in the Postpartum room the baby settled down very quickly. These are two examples of trust forming with caregivers. Good job! KA

Week 10 – 1a – You did a nice job describing the mother you cared for while on OB this week and a little about her obstetrical history. KA

Week 10 – 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

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

Comments:

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

Week 5 – 1k – You discussed how your patient's living situation affected her potential ability to manage her health after discharge. KA

Week 7- Only clinical should be evaluated on this portion of the tool. KA

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

Week 10 – 1i – You did a nice job identifying how the mother you worked with was in the taking in phase of postpartum adjustment. You also were able to identify elements of bonding you witnessed with your patient and her newborn. KA

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

Comments:

Week 7- Only clinical should be evaluated on this portion of the tool. KA

Week 4- During the hearing and vision screening I was speaking to a kid about the reason for not wearing glasses and he said that his mom had not taken him to get a new pair of glasses yet because they were broke. Kids face lack of resources to purchase new glasses and they may lack transportation to get to and from doctors appointments. **Financial concerns can definitely be a huge concern that can affect follow-up care in children. KA**

Week 5- The patient was retired and on a fixed income. They meticulously planned out their travels and seem to have a plan for everything they do. They do not have any children near them as they were not from the area. They were well educated and were able to comprehend what was happening and could competently make medical choices. **Great observations for this unique patient. KA**

Week 5 – 2c – You did a nice job sharing what you observed while the newborn was feeding and how you witnessed the baby latch properly during the feeding. KA

Week 6- Mom and dad of baby of baby were both young and live at with the dad's family. As of now there are no plans for them to move out and on their own as of now. They both have jobs and report a steady income and deny needs for any assistance for baby. There were no visitors present during my time at the hospital, so I question familial support requiring further investigation. **Yes this can definitely be a concern that may need to be addressed with education on different resources available to the patient. KA**

Week 6 – 2c – You did a wonderful job providing a baby bath to your assigned newborn. You monitored the newborn's temperature before and after bath as well as helped prevent hypothermia by utilizing appropriate warming techniques. You were able to perform the congenital heart screening on you assigned newborn and document the results appropriately in the patient's EMR. KA

Week 6 – 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 injection on the newborn you were assigned. KA

Week 6 – 2f – You worked with the family to gather information on the baby to appropriately document the baby's I&Os. KA

Week 7- Only clinical should be evaluated on this portion of the tool. KA

Week 9- One social determinant that was very apparent was that those students who were apart of the boys and girls club were there because there family came from the working class and they did not have anyone to watch them between the time school was over with and their parents got off work. Also, the boys and girl club is where those kids play, learn, and grow up at so it is very influential to their development in society. **Ka**

Week 9 – 2g – Ashley, great job pointing out the access to food may be a huge concern for this population. Proper nutrition is a major aspect in properly managing your health effectively. KA

Week 10- A social determinant of health that I noted when I was on clinical is that the woman who gave birth was receiving assistance from WIC. This influences patient care because they may need access to other assistance or support with a car seat, crib, or other baby supplies. Another was that the dad was not able to stay in the hospital with the mom and baby overnight because they did not have anyone to watch their other child. This is significant because now the mom does not have any assistance and has to primarily care for the baby when she just had a major surgery. **Good thoughts on SDOH related to your patient. 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.		NA	NA	S	S	S	S NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		NA	NA	S	S	S	S NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		NA	NA	S	S	S	S NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		NA	NA	S	S	S	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA				

Comments:

Week 4- Being in the clinical setting I observed the ethical issue of bullying. I saw a kid walk up to the vision screening and I heard another student mumble something under his breath. I couldn't quite make out what it was, but the comment was most definitely directed toward the child walking by. This comment was then followed by smirks and laughs under their breath. **That is an ethical dilemma. What should you say? How do you deal with it when you have this concern but no true evidence it is occurring? KA**

Week 5- Something that I saw this week on clinical was during my lactation clinical. There was a mom that delivered her baby via scheduled c-section and then signed herself out AMA less than 24 hours after delivery but left the newborn infant at the hospital. She then returned two days to pick up later. **That is a very interesting and unique ethical dilemma you experienced while on clinical. KA**

Week 6- One legal/ethical issue that we experienced while on clinical was that one of our instructors was our patients. This is especially important because we can not mention to anyone in our class that we took care of her newborn because that would be disclosing patient information. Another was that mom and dad of baby that I was caring for were not married so the dad had to sign an affidavit to be on the birth certificate. There was no issue with him signing it, it was just different than if mom and dad were married. **These are great legal concerns that you witnessed while on clinical. KA**

Week 7- Only clinical should be evaluated on this portion of the tool. KA

Week 9 – 3d – Please make sure to fill this out for all clinical sites. What legal concerns could be a potential issue at the Boys and Girls Club? KA

Week 10- A legal issue that I observed in the clinical setting was that there was a patient who CPS got involved in the care with because that cord blood came back with substances in it that are unsafe for pregnancy. The baby did end up going home with mom and dad but CPS was following the case. **Good legal issue. KA**

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

Week 4 – 4c – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You discussed the nurse's process for documenting the screenings in the computer system and discussed what information needs to be reported to ODH. KA

*End-of-Program Student Learning Outcomes

Week 4 – 4e – You did a nice job educating the high schoolers you worked with in the school system during hearing and vision screenings. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. KA

Week 5 – 4b – You were able to discuss the 5 priority nursing interventions for your patient and how the patient responded to the different interventions performed. KA
Week 5 – 4e – You did a great job sharing all the wonderful education that was provided to the mother while you were there on clinical including feeding cues and proper latching technique. KA

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

Week 7- Only clinical should be evaluated on this portion of the tool. KA

Week 9- 4e- Your group did a great job providing the students with ideas on how to stay active in a limited environment. The kids participated very well for all of your activities. You did a nice job of adjusting the type of education provided based on the ages of the groups you worked with. BS

Week 10 – 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

Student Name: Ashley Huntley		Course 4					
Date or Clinical Week: 6		Objective:					
Criteria	3	2	1	0	Points Earned	Comments	
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Ashley, you did a nice job including the pertinent assessment findings, lab/diagnostics, and risk factors for the patient. Didn't they say the baby had an altered/weak suck related to the tongue-tie? If so that should be added to the assessment. Also another risk factor to consider would be the baby's age. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Ashley you did a great job listing all of the baby's nursing priorities and highlighting the one you were focusing on. You included important complications related to your nursing priority and the signs and symptoms to assess for related to each. KA
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job including all relevant nursing interventions and making sure they were prioritized, timed, realistic, and individualized. KA
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

*End-of-Program Student Learning Outcomes

Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Nice job including all highlighted information in your reevaluation and reporting the patient's current findings. KA
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Ashley, you did a great job satisfactorily completing your care map this week. See comments above for areas of improvement. KA</p>							<p>Total Points: 42/42</p> <hr/> <p>Faculty/Teaching Assistant Initials: KA</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)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
g. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S	S	S NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S	S	S NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	
i. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S	S	S NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	
j. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S	S	S NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	
k. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S	S	S NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA				

Comments:

Week 5 – 4h – You were able to discuss different medications you saw ordered and administered to the patient you worked with this week and how it related to her disease process. KA

Week 5 – 4i – You were able to discuss some of the treatments you saw while in the emergency room and how they related to the patient's disease process. KA

Week 7- Only clinical should be evaluated on this portion of the tool. KA

Week 10 – 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

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

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

Comments:

Week 4 – 5g – Ashley, you did a nice job responding to CDG questions related to your hearing and vision experience. Your responses were thoughtful and included a reference and in-text citation that added to your discussion. Good job! KA

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

Week 5 – 5a – You had the opportunity to see the Ranger machine while in the emergency room to help during a major trauma when needing to warm fluids and blood and blood products. Even though you didn't get to see it utilized, I am glad you were able to learn more about it. KA

The preceptor you worked with R. Smith during your lactation clinical reported you were Excellent in all areas. KA

Week 5 – 5g – Ashley, you did a wonderful job responding to all the CDG questions on your emergency room and lactation consultant clinical experiences. You included an appropriate in-text citation and reference to help support each of your responses. Thank you for sharing all of the interesting things you learned on clinical. Keep up the wonderful work! KA

Week 6 – 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 two vaginal deliveries while on clinical this week! KA

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

Week 7- Only clinical should be evaluated on this portion of the tool. KA

Week 9 – 5g – Ashley, you responded to all the CDG questions on your Boys and Girls clinical experience with thoughtful responses. You included a relevant in-text citation and reference on SDOH to support your response. Keep up the excellent work! KA

Week 10 – Objective 5, A-You showed great enthusiasm during the FTMC OB clinical experience. MD

Week 10 – 5e – You did a great job describing how vaccinations are tracked by the hospital and the purpose for tracking these vaccinations. KA

Week 10 – 5g – Ashley, you did a nice job responding to all the CDG questions on your OB clinical experience this week. You included an appropriate reference and in-text citation. Keep up the excellent work! KA

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

Comments:

Week 4: I believe that I need to ask for clarification more when it comes to tasks. When doing the screening I got a little confused as to what needed to be filled out for each station. I was quite nervous and forgot what needed to be filled out. I eventually asked for assistance after doing a few and was luckily doing it correctly. **Never be afraid to ask questions or for clarification to ensure you are doing something right. Great goal! KA**

Week 4 – 6e – Your clinical evaluation tool was submitted after the due date in time. Please make sure to make a comment on how you will prevent receiving a U in this competency in the future. KA

Week 5- I think that one thing that I need to work on is looking over a pediatric assessment. I felt that I did a sufficient enough job and made sure to hit all of the important assessment pieces. It felt very choppy and awkward. I also didn't understand my expectations in the "quick-care" and didn't get to perform a head to toe. In order to meet this and improve I want to find pediatric assessment videos on YouTube and watch them. I will make sure to not be late on submitting my clinical tool by setting an alarm on my phone not only for the day that it is due but also for the day prior. I will make sure to check at 7:30am on Fridays to make sure all of my work is completed. **That sounds like a great idea. The more you practice the more smooth and concise it will be and your pediatric assessment skills will be second nature just like your adult assessment skills are.** KA

Week 6- I was quite nervous to be assigned to a postpartum mom after learning about all of the possible complications that mom can experience afterwards and how critical it is to identify them early because they are truly life threatening. Though we have had clinical before this truly felt like a different world and something to adjust care differently to. It was quite different taking care of people younger than me/ the same age as me. I want to really review postpartum assessment prior to my OB clinical and ask to take care of mom next time. I also need to reassure myself that I am competent, capable, and smart enough to be assessing the patients alongside our instructors. **You did a great job! You were so enthusiastic and willing to learn! It was wonderful being able to share my knowledge with you. You got this!** KA

Week 7- I feel like I need more practice being the assessment nurse during simulation. I want to become more confident in my assessment skill. I do understand that it will come with time and practice but I feel it is my weakest area. I will improve upon this by volunteering to be the assessment nurse during upcoming scenarios to get further practice and confidence in my knowledge. KA

Week 7- Only clinical should be evaluated on this portion of the tool. KA

Midterm – Ashley, you are satisfactorily completing all competencies at midterm. You have also satisfactorily completed your care map. You have had a multitude of clinical experiences during the first half of the semester and have had the opportunity to work with many patients including watching a vaginal delivery! You always show great enthusiasm and positivity in everything you do. This attitude will take you far. Keep up the terrific work! KA

Week 9- I think that if I were going to work on something for going back and completing another activity for that group of children, I would be more active in talking to different groups of kids when we were in the cafeteria. I just sat at one table and did not bounce around getting to talk to more kids. I really enjoyed my time there and I think it is a good experience for student to get to interact with younger kids. **Good idea! Glad you had fun!** KA

Week 10- An area that I can improve on is being more confident in my education with patients and having humility to referring the question to the instructor or RN assigned to the patient without being embarrassed to not know the answer. I understand that it will come but when mom is so concerned about her current situation and having questions I just wish I had all of the answer for her. **We never have all the answers and that is okay. What is important is to know and utilize your resources. Nothing is wrong in saying "I do not know, but I will get the answer for you."** It took me a long time to learn that lesson when I became a nurse. KA

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

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

* Course Objectives

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

* Course Objectives

Comments:

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

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

GROUP #: 1

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2023 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>Assessment nurse identifies herself and begins assessment with VS. (Remember to identify patient). Mona CO pain. Back in to check blood sugar. Based on conversation, notices Mona is in need of lifestyle changes.</p> <p>Patient identified. VS obtained. BP noted to be low. Notices patient is bleeding. Establishes orientation. Laceration assessed.</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>BP interpreted as normal. Pain rating interpreted as needing medication. UA interpreted as + glucose, THC, nitrates and leukocytes.</p> <p>BP interpreted to be low and causing symptoms. PPH determined. Uterus firming up in response to uterine massage.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/Flexibility: E A D B • Being Skillful: E A D B 						<p>Inquires about pain characteristics and intensity. FHR monitor applied. Mona asks for smoke and mountain dew, alternatives suggested. Call to provider, US ordered, IV fluids, Procardia, acetaminophen, FSBS all ordered. UA collected. Call to radiology to request US to determine gestational age. Mona again asks for something to smoke and drink (prime opportunity to provide education). Medications prepared, patient identified, medications administered, IV fluids initiated. Call to lab for results. Call to doctor to update on UA results. Provider suggests education related to tobacco/THC use and dietary changes. Education provided.</p> <p>Call to lab to request CBC draw. When bleeding is noticed, fundal massage initiated. Call to provider to report bleeding and boggy uterus. Orders received for fluid increase and methergine. Questions</p>

	<p>asked to determine orientation and explanation is provided to patient. Medication prepared, patient identified, medication administered. Pad weighed- 600 grams. Call to provider to report patient response to interventions.</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. Also discussed that it is ok to ask for help when unsure of something. Discussed the importance of lifestyle changes, especially with pregnancy.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 	<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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

<p>5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</p> <p>*Course Objectives</p>	
---	--

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Barber (C), Huntley (A), Noftz (M)

GROUP #: 1

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/23 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; take vitals Listen to heart/lungs. Assess edema Pain assessment: rating, timeframe Notice pain increased and mom is ready to push; call provider Notice baby is stuck, uses HELPERR maneuvers to birth baby Offer skin to skin to mom Apgar score 1 minute: 9 Fundal check post birth Assess for tear: 2nd degree tear present Apgar score 5 minute: 9 Assess all reflexes and complete newborn assessment complete</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>Interpret electronic fetal monitor/mom's contractions Offers nubain for pain due to no epidural in birth plan Interpret when contraction is present and encourage mom to push with clear direction Put hat on baby, dry baby and swaddle after clean for heat regulation PCN administered post-delivery due to GBS+</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>IM administration: verify name/DOB. Correct needle and technique. Use of needle safety.</p> <p>Very encouraging to mom with clear directions. Encourage proper breathing and assisting with pain relief when pushing.</p> <p>Performed McRoberts maneuver, call for help, suprapubic pressure, put patient on hands and knees, evaluate for episiotomy, remove posterior arm, enter rotational maneuvers</p> <p>Gets consent forms for baby meds</p> <p>Educate mother on newborn bath, frequent handwashing, medications, and thermoregulation</p> <p>Vitamin K injection for baby with proper technique and needle safety</p> <p>Erythromycin ointment to baby's eyes</p> <p>Assist/educate on breastfeeding positions and feeding schedule</p> <p>Hang PCN properly. Educate on why administered</p>
<p>REFLECTING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario. Team recognized teamwork, communication, and proper interventions. Discussion of various interventions (HELPERR and types of heat loss for baby). Team did a great job with education for medications and breastfeeding. Team was encouraging for mother during birth.</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)* 	<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</p> <p>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;</p>

<ul style="list-style-type: none"> • 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>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>
---	--

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Barber, Doughty, Huntley, Miller

OBSERVATION DATE/TIME:

10/12/2023

SCENARIO: Escape Room

CLINICAL JUDGMENT						OBSERVATION NOTES
<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>

/e360/apps/v9/releases/1695733545/public/upload/firelands/media/dropbox/122098-2023mcnweek13clinicalevaluationtoolashleyhuntley1.doc

Lasater Clinical Judgment Rubric Scoring Sheet: **SCENARIO: Empathy Simulation**

STUDENT NAME: **Ashley Huntley**

OBSERVATION DATE/TIME: **10/10/23**

<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>
--	--

	I enjoyed seeing your pregnancy photo!
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric Developing to accomplished is required for satisfactory completion of this simulation.	Comments You are satisfactory for this simulation.

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): **Huntley (M), Noftz (A)**

GROUP #: **1**

SCENARIO: **Pediatric Respiratory**

OBSERVATION DATE/TIME(S): **10/26/23 0700-0830**

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *					Detailed pain assessment (rating, location, description)
h. Focused Observation:	E	A	D	B	Obtain detailed respiratory assessment and history on patient and family (environmental exposure, toxins, smoking). Looks at chest with gown off and listens to lungs
i. Recognizing Deviations from Expected Patterns:	E	A	D	B	
Information Seeking:	E	A	D	B	
					Identify medication dose incorrect for amoxicillin and ibuprofen
					Detailed pain assessment (rating, location, description)
					Obtains detailed respiratory reassessment. Visualize chest and listen to lung sounds. Sets up head of bed
					Identify medication dose incorrect for acetaminophen

INTERPRETING: (2, 4) *					
j. Prioritizing Data:	E	A	D	B	Able to calculate correct dose for amoxicillin and ibuprofen. Gets correct order from healthcare provider
Making Sense of Data:	E	A	D	B	Identify that croup is causing increased work of breathing Nurse stayed at bedside until respiratory therapist arrives Able to calculate correct dose for acetaminophen. Gets correct order from healthcare provider
RESPONDING: (1, 2, 3, 5) *					
k. Calm, Confident Manner:	E	A	D	B	Remove IV tubing from around neck, remove needles and scissors from crib
l. Clear Communication:		E	A	D	Puts crib rail up when not at bedside
B Well-Planned Intervention/ Flexibility:	E	A	D	B	Educate mother on viral infections/bacterial infections. Educate on how to alleviate symptoms at home. Educate on when to call doctor or return to ED.
Being Skillful:	E	A	D	B	Medication administration: educate on medications to mother and child (reason for medication, names, side effects), did not check name/DOB prior to administration. Recheck pulse ox throughout first part Head of bed elevated due to increased work of breathing Call respiratory for breathing treatment Call healthcare provider for new orders. No read back of orders Apply oxygen due to lowered oxygen saturation Medication administration: did not check name/DOB. Educate mother and child on medication
REFLECTING: (6) *					
m. Evaluation/Self-Analysis:	E	A	D	B	Team discussion of scenario. Team recognized teamwork and communication. Identified missing verify name/DOB for medication administration. Calculated correct IV rate and discussed how to prevent missing this medication error in the future. Discussed medication errors and how they identified and addressed with the
Commitment to Improvement:	E	A	D	B	

	healthcare provider. Team provided great education to mother and child on illness as well as medications.
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 6. Select physical assessment priorities based on individual patient needs. (1, 2)* 7. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)* 8. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 9. Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 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 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. 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>

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Barber(A), Huntley(C), Noftz(M)

GROUP #: 1

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/7/2023 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>Introduces self and identifies patient. VS. T-102.5. Patient CO pain in abdomen and is questioned about source of pain. Notices bruising on arms. Notices mother is answering questions intended for patient. Assesses skin further and notices additional bruises. Mom is answering questions for patient. Notices the explanation about the bruises has changed.</p> <p>Team reenters room, inquires about pain. Patient vomits and CO stomach pain 6/10. Temp 102.1. Examines stomach, skin hot and dry.</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 need for contact precautions. Temp of 102.5 interpreted as abnormal. Mucous membranes interpreted as tacky. Team discussing bruises and possible origin. Interprets bruising to be signs of potential abuse.</p> <p>Bilateral arm x-rays negative. Interprets pain rating as needing medicated. Skin tenting noted- suggesting 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>Call to provider to report signs of dehydration, recommends IV fluids. Provider recommends pushing PO fluids. Acetaminophen suppository prepared (130 mg) (should be 300-450 mg), patient identified, allergies confirmed, explained to patient, administered. Call to lab to confirm stool sample- + for rotavirus. Mother is educated regarding rotavirus. Cetirizine prepared and patient identified, patient CO pain in arm, cetirizine administered. Call to case management to report suspicious bruising, in multiple areas, suggestive of potential abuse. Mom is asked to leave room so nurses can question further about the bruises. Inquires to patient about the origin of the bruises. Patient admits the bruises came from mom's boyfriend. Return call to case management to report new information obtained from patient. (Nice!). Assessment nurse discusses safety issues with mom (Good job!) Call to provider to report multiple areas of bruising on patient, appropriate people contacted. X-rays ordered for bilateral arms. Call to radiology</p>

	<p>regarding x-rays.</p> <p>Teeth brushed following vomiting episode. Call to provider to report reassessment, vomiting, signs of dehydration, low urine output. Orders received for fluid bolus and maintenance fluid, Zofran. Requests ibuprofen. Order received for appropriate dose of acetaminophen and for ibuprofen (don't forget to read back orders). Maintenance fluid initiated, bolus initiated.</p> <p>Call to provider to request CMP/CBC. Order received (read back). Patient identified, allergies confirmed, ibuprofen and Zofran administered.</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 discussed the scenario. Discussed rotavirus and the need for contact precautions. Good job with SBAR communication, just remember to read back orders. Team noted suspicious bruising and 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</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. 3. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 4. 5. Implement appropriate nursing interventions upon 	<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. 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,</p>

<p>6. completion of nursing assessment. (1, 2, 5)*</p> <p>7. 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)*</p> <p>8.</p> <p>9. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)*</p> <p>10.</p> <p>11. *Course Objectives</p>	<p>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>
--	--

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: _____