

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Taylor Fox

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
9/19/2023	12	Missed OB Clinical REG	9/26/2023

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	NA	NA	S	S	S	NA	S	NA	S	NA	S				
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	NA	NA	S	S	S	NA	S	NA	S	NA	S				
b. Provide care using developmentally appropriate communication.		NA	NA	NA	NA	S	S	S	NA	S	NA	S	NA	S				
c. Use systematic and developmentally appropriate assessment techniques.		NA	NA	NA	NA	S	NA	S	NA	S	NA	S	NA	NA				
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	NA	NA	S	S	S	NA	S	NA	S	NA	S				
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	NA	NA	NA	S	S	S	NA	S	NA	S	NA	S				
Clinical Location Age of patient		NA	NA	NA	NA	FRMC OB Age: 22	Boys & Girls Club (5-10)	S	NA	Webelo Clyde Highsc hool FTMC	NA	FTMC ER R	NA	Lact ation				
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS					

Comments:

Week 6

1e: Intimacy vs Isolation; I chose this stage because of my patients age and she is establishing relationships with others while establishing intimacy throughout the birth of her child. **BS**

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

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

Week 7

1e: Industry vs. Inferiority; I chose this stage because of the age the children were in during clinical. Many children showed inferiority and would ask for help completing tasks during the clinical. **BS**

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 when needed. **KA**

Week 7- 1b- You did a nice job discussing the differences you noticed among the age groups you interacted with during your time at the Boys and Girls Club. 1e- Nice job describing the ways in which you adjusted your communication style as you educated and interacted with the different ages of children at the Boys and Girls Club. **BS**

Week 9:

1e: My patient is in the Trust vs. Mistrust stage. I chose this stage because she is within the first year of life and she is dependent on mother and family for all of her needs. **BS**

Week 9- FTMC OB Objective 1, C and D-This week you did a nice job with using systematic and developmentally appropriate assessment techniques by individualizing your assessment to the patient. You were also able to identify safety measures for your patient. **MD**

Week 9- 1a- You did a nice job discussing your OB patient for the week. 1-d- Nice job discussing the concept of safe sleeping, as it relates to newborns. Nice job also of pointing out examples of unsafe sleeping you noticed while on clinical. **BS**

Week 9- Hearing and Vision 1b- you did a great job communicating with the Clyde students while at clinical. You used your knowledge of growth and development to guide your interactions and communication while completing the screenings. **MD**

Week 11:

1e: Industry vs. Inferiority

I chose this stage because my patient was 11 years old and he was developing self-confidence in his ability to express how he was feeling to the nurses/doctors caring for him throughout his time in the ER. **BS**

Week 11-1a- You did a nice job describing your ER patient this week and discussing what brought him into the ER. **BS**

Week 13:

1e: Intimacy vs. Isolation

I chose this stage because the patient was a 36 year old. I also chose this because she is in the intimacy stage as she is forming a close relationship to her newborn.

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

Comments:

Week 9- 1i- Good job discussing examples of family bonding you witnessed while at the FTMC OB department. You also identified the phase of postpartum adjustment to motherhood, and provided behavioral examples to justify the phase. BS

Week 9- Hearing and Vision 1k – You did a good job discussing the culture of Clyde schools and inquired about how the teachers promote this to the students. You were observant and able to identify signs throughout the office space that were positive as well as staff attitudes in the building. MD

Week 11- 1k- You were able to discuss a cultural consideration that should be considered when planning care for your patient. Being only 11, he would have had a limited understanding of the medical terms used to describe his condition. In this situation it is important to not only explain the condition to the patient in terms he could understand, but also to the parents in a way that they can understand. BS

*End-of-Program Student Learning Outcomes

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

Comments:

Week 6

2g: Patient has a high school education, she was supported by her boyfriend and parents throughout her pregnancy. She has accessibility to quality care because she has health insurance coverage BS

*End-of-Program Student Learning Outcomes

Week 7

2g: Transportation has the potential to influence care. If the child didn't have transportation from the school to the afterschool program they wouldn't be able to attend. It also has an impact on them being able to receive medical care. Support also has the potential to influence care. If they don't receive much support they may not be as willing to seek care

Week 6 – 2c – You did a wonderful job assisting your classmate with a baby bath for their assigned newborn. You monitored the newborn's temperature before and after bath as well as helped prevent hypothermia by utilizing appropriate warming techniques. 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 pass PO medications independently on your assigned patient after conferring with your instructor. KA

Week 6 – 2f – You worked with the family to gather information on the baby to be able to appropriately assist with any educational needs. KA

Week 7- 2g- Good job identifying social determinants of health that may have an impact on the children. Lack of social support and lack of transportation certainly have an effect on a family, especially with little ones who benefit from having the same experiences, more or less, as their peers. While many of these children share similar circumstances, the particulars of each child's life can vary greatly. When you get a chance to talk to some of these kids, some of them don't eat from the time they leave until the next morning at school. BS

Week 9:

2g: Mother is unemployed and is not married to dad. She has a lack of education on precautions to take for her children. Her other child has hand, foot, and mouth and has still brought child around newborn day of birth. **Wow! She's taking quite an unnecessary risk. BS**

Week 11:

2g: A social determinant of health that could influence his care was his language/ education. Since he was young he may have had a harder time explaining things to nurses and he may not understand diagnosis' as well as someone of an older age. **Good one to pick up on, Taylor. Talking to patients in a way they can understand and make sense of is an important skill for us to continually work on. BS**

Week 13:

2g: A social determinant of health that could influence care is economic status, as providing babies with formula can be very expensive some mothers cannot provide it. Another social determinant of health could be education, how educated mothers are on breastfeeding vs. formula feeding can ultimately determine how they will feed their child.

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

Comments:

Week 6:

3d: My patient requested to have her placenta to take home to encapsulate it and use it for vitamins. She was tested for Group B Strep at her 37 week prenatal appointment where she tested positive and was given antibiotics, because of the positive result according to Firelands Hospital policy she is not able to receive her placenta. **I've heard some placenta stories before, but not this one! BS**

Week 7:

3d: An ethical issue I saw during clinical was bullying/ social inequality throughout the grade levels. **Yes, and unfortunately this tends to get worse, and more serious the older they get. BS**

Week 9:

3d: An ethical issue I experienced this week was when mom of newborn allowed older brother around baby when he has hand, foot, and mouth when mom was instructed not to do so. **Still shaking my head on this one. I'm not sure why you would risk something like that. BS**

Week 11:

3d: An ethical issue I experienced this week was when a patient was Spanish speaking and we were unable to communicate properly with her. Thankfully, FTMC has ipads with translators on them that are used frequently in the ER so we were able to obtain one and help the patient understand what was going on, what her diagnosis was, what

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her next steps were, and how to take care of herself after leaving the Emergency Room. I haven't had to use one of these but I can see how important this type of tool is in certain situations. BS

Week 13:

3d: A legal/ethical issue I saw was how good of breast pumps were available to the mothers depending on what insurance provider they had.

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

Week 6- 4a- You did a great job on your care map. Taylor. Please see your rubric below for feedback. BS

Week 7- 4e- Your group did a nice job of providing developmentally appropriate education to children of various ages on the topics you chose related to nursing. Nice work! BS

Week 9- FTMC OB Objective 4, E and F-You were able to individualize and discuss education that you would or did have with your patient/patient's provider. You were also able to describe the pathophysiology of your patient. MD

Week 9- Hearing and Vision 4c – You assisted the nurse to gather information on the hearing and vision screenings by using the proper papers for documentation. You discussed the process in which the nurse is to document all screenings to the Ohio Department of Health. 4e- you did a nice job educating the Clyde students you worked

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

with during hearing and vision screenings. You were very patient and able to explain things as needed to make the education individualized to each student. You were caring and professional with all interactions. MD

Week11- 4b- You did a nice job discussing the priority nursing interventions performed for your ER patient, and the patient responses to the interventions. BS

Student Name: T. Fox				Course Objective: 4			
Date or Clinical Week: 6							
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	Nice job listing abnormal observation and assessment findings based on your patient experience this week. Abnormal findings were identified and listed. Lab/diagnostic findings were also provided. Nice job reviewing and including pertinent risk factors related to your priority problem of risk for infection.
	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	Five high priority nursing problems were identified. Risk for infection was appropriately selected as the top priority problem. All relevant assessment data was highlighted pertinent to the priority problem. Three potential complications were identified, each supported with signs and symptoms to monitor for.
	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	
Respon	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	Nursing interventions related to the top priority were listed. Interventions were mostly appropriately prioritized. I would suggest vital signs should be
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Planning	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	in the top 2. Each listed intervention included a frequency and rationale. All listed interventions were individualized and realistic to the patient situation. I would suggest interventions for performing hygiene to the perineal area and promoting a high-protein diet to help with wound healing.
	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	An evaluation of all abnormal findings was provided along with a determination to continue the plan of care.
	14. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. Faculty/Teaching Assistant Comments: Taylor, nice work with your care map related to risk for infection. See comments provided throughout the rubric. Let me know if you have any questions. Keep up the hard work! BS							Total Points: 41/42 Satisfactory. BS Faculty/Teaching Assistant Initials: BS

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	NA	S	NA	S	NA	S	NA	S	NA	NA				
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	S	NA	S	NA	S	NA	S	NA	NA				
i. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	S	NA	S	NA	S	NA	S	NA	NA				
j. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	S	NA	S	NA	S	NA	S	NA	S				
k. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	S	NA	S	NA	S	NA	S	NA	S				
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS					

Comments:

Week 9- FTMC OB Objective 4, G-K-This week you were able to correlate diagnostic tests, pharmacotherapy, medical treatment, nutrition, and growth and developmental level in relation to your patient. MD

Week 11- 4h- Nice job correlating the medications administered to your patient with the disease process he was experiencing. 4i- You did a nice job discussing some of the interventions you saw in the ER that were related to your patient's disease process. BS

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	NA	NA	S	S	S	NA	S	NA	S	NA	S				
b. Evaluate own participation in clinical activities.		NA	NA	NA	NA	S	S	S	NA	S	NA	S	NA	S				
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	NA	NA	NA	S	NA	S	NA	S	NA	S	NA	S				
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	NA	S	NA	S	NA	S	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	S	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	S	NA	S	NA	NA				
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	NA	NA	S	S	S	NA	S	NA	S	NA	S				
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS				

Comments:

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 a vaginal delivery while on clinical this week! KA

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

Week 6 – 5f – You provided updates about your patient regularly to the appropriate nurse and provided hand-off report before leaving clinical at the end of shift. KA

Week 7- 5a- Your group did a great job providing developmentally appropriate education to the kids on some very important topics. BS

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

Week 9- FTMC OB Objective 5, A-You showed great enthusiasm during the FTMC OB clinical experience. MD

Week 9- 5a- You were able to have a few new experiences this week, two circumcisions and an inversion, and discussed them in your CDG. 5e- Nice job discussing how vaccine administrations are tracked in the electronic medical record. BS

Week 11- 5a- Great job discussing a piece of technology you encountered in the FTMC ER that was new to you and explaining the benefits this technology offers those with a language barrier. BS

11/01/23_- Taylor Fox All Satisfactory Comments: Was engaged during clinical.

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

Comments:

Week 6:

6a: I want to improve on postpartum assessments and to be able to do them more systematically. I plan on going over Bubble-le multiple times prior to my next simulation and OB clinical experience. Yes, practice makes perfect. BS

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

Week 7:

6a: I want to improve my communication with children as a whole. I feel as though it was easy to communicate with the younger students as they paid more attention to the activity, but the higher level students I felt was harder to communicate with as they didn't seem as interested in the activities. I will look in the book and review therapeutic communication techniques before clinicals to help improve this. **Good plan. It can be difficult to engage with children of different ages, with different wants and needs. BS**

Taylor- Nice work so far this semester. Keep it up!! BS

Week 9:

6a: I want to improve on my newborn assessment skills to be able to do them more quickly. I remembered what all to include but I feel like it took me some time. To improve I plan on going through the newborn assessment 3 times prior to simulation. **Good idea Taylor. Repetition really helps. BS**

Week 9- Hearing and Vision 6h- You had an ACE attitude this week with all interactions with staff and students. The nurses were extremely grateful and appreciative of your assistance. Terrific job! MD

Week 11:

6a: An area to improve on this week is being more comfortable communicating with the patient's. With the Emergency Department being so fast paced I sometimes found myself just doing a quick task and leaving the room instead of communicating more with them. To improve on this I plan on going over therapeutic communication in my nursing textbook to find more ways to be engaged with my patients, I plan on doing this by next semester's clinicals. **Great realization, Taylor. The more patients you interact with the more comfortable you will feel with it. BS**

Week 13:

6a: An area to improve on this week is to feel more comfortable communicating with the mothers. I will improve on this by next semester by educating myself more on breastfeeding.

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

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

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

* Course Objectives

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (*1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditech (*1, 2, 3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/23	Date: 8/24	Date: 10/16
Evaluation	S	S	S	S	S	S	S	S	S	S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
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	Date: 9/25	Date: 10/3	Date: 10/9	Date: 10/12	Date: 10/26	Date: 11/6	Date: 11/7 & 11/8	Date: 11/21	Date: 11/21	Date: 11/28	Date: 11/10
Evaluation	S	S	S	S	S	S	S	S				S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS				BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA				NA

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Cromwell (M), Fox (C), McCloy (A)

GROUP #: 3

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2023 1010-1140

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *					Assessment nurse introduces self and identifies patient. VS assessed, heart and lung sounds. Lab results received. Patient requests mountain dew.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	Patient identified, VS obtained. Mona CO pain- rated at 3/10, and feeling dizzy. Notices boggy uterus.
INTERPRETING: (2, 4) *					Lab results interpreted- + for glucose. FSBS- 200, interpreted as being high.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	Inspection reveals blood on the bed. Uterus interpreted to be boggy. Uterus interpreted to be firm following massage.
RESPONDING: (1, 2, 3, 5) *					Inquires about smoking during pregnancy, applies fetal heart monitor. Leopold's performed to determine baby's position. Mona assister to left side. UA sent to lab. Call to lab for results. Call to provider to report glucose in urine, report of no prenatal care. Orders received- US to confirm dates, FSBS, IV fluid, Procardia, acetaminophen, education. Orders read back. Medications prepared and patient identified. Talked about ways to reduce stress. Nurse and charge nurse in to provide patient education related to dietary changes and prenatal care. Ultrasound phoned with gestational age. IV fluid initiated and acetaminophen administered. Call to provider with concern about Procardia related to blood pressure. Procardia administered.
• 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	Fundus palpated, Mona CO pain and a gush. Feeling dizzy. Fundus immediately massaged. Call to provider, orders for methergine and to increase fluid rate. Methergine prepared and administered- remember to use an IM needle. Peri-pad weighed and replaced.

REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did very well with each. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help when unsure of something. Discussed the importance of lifestyle changes and prenatal care, especially with pregnancy.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal	You are Satisfactory for this scenario! BS Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: 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. 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:

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)* *Course Objectives	
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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): Cromwell (A), Fox (M), McCloy (C)

GROUP #: 3

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/23 1010-1140

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>				
NOTICING: (Link to Course Objectives) *					
• Focused Observation:	E	A	D	B	Introduce self
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Pain assessment: rating, duration
• Information Seeking:	E	A	D	B	Obtain vital signs
					Assessment of lung sounds, heart sounds, grasp strength, leg strength
					Pain reassessment after medication administration
					Fundus assessment post delivery
					Baby heart rate and respirations obtained
					Apgar score at 1 minute: 9
					Newborn reflexes assessed, newborn assessment complete

INTERPRETING: (Link to Course Objectives) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Offer Nubain for pain since no epidural in birth plan Relate PCN administration to GBS+ (pre-delivery) Reads fetal monitoring strip and connects trends with fetal distress (decelerations) Interpret baby being stuck as shoulder dystocia. Dry baby, swaddle, put hat on for thermal regulation
RESPONDING: (Link to Course Objectives) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Nubain administration: check name/DOB, appropriate dose and needle. Needle safety engaged. Injected 8 mL of air after injection of medication. 45 degree angle, should be 90 degrees. PCN administration: secondary IV medication. Contamination of spike of IV tubing prior to spiking the bag. Hung secondary bag above primary bag. Interventions: call for help, McRoberts maneuvers, suprapubic pressure, attempt to remove posterior arm, mom to hands and knees, episiotomy evaluation, rotational maneuvers. Offer skin to skin with baby and educate that it is a temperature regulation Education on erythromycin and vitamin K for baby. Vitamin K administration: check name/DOB. Inject medication and 4 mL of air. Educate mother on thermoregulation for baby and keeping hat on
REFLECTING: (Link to Course Objectives) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of scenario. Team recognized teamwork, communication, and proper interventions. Discussion of various interventions (HELPERR and types of heat loss for baby). Discussion of proper IM injection technique and identification of areas for improvement done by team members. Team educated mother on some topics, but

SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: Select physical assessment priorities based on individual patient needs. (1, 2)* Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)* Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)* Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)*	additional topics discussed in debriefing. You are Satisfactory for this scenario! RH Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses:
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **T. Fox**

OBSERVATION DATE/TIME: **10/12/2023**

SCENARIO: **Escape Room**

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	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.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	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.
RESPONDING: (1, 2, 3, 5)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/Flexibility: E A D B • Being Skillful: E A D B	Responded to safety issues by correcting each of them to provide a safe environment for the patient's care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient's respiratory distress by providing the patient with the ordered breathing treatment. Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.

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

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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Cromwell (C), Fox (A), McCloy (M)

GROUP #: 3

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/26/23 1010-1140

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>				
NOTICING: (1, 2, 5) * - Focused Observation: E A D B - Recognizing Deviations from Expected Patterns: E A D B - Information Seeking: E A D B	Detailed respiratory assessment. Listen to lungs. Visually assess chest wall with gown down. Gather respiratory history from mother and child. Asks about medication use and triggers for asthma. Pain assessment (rating, location, description, duration). Pain reassessment after medication administration Identified incorrect dose for acetaminophen, ibuprofen, and				

					amoxicillin Respiratory reassessment: listens to lungs, visualize chest with gown off. Asks about cough duration
INTERPRETING: (2, 4) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B					Able to calculate correct medication math according to appropriate range per skyscape. (acetaminophen, ibuprofen, and amoxicillin) Stays at bedside while waiting for respiratory therapy to arrive. Did leave for short time to find oxygen order and oxygen tubing.
RESPONDING: (1, 2, 3, 5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B					Remove needles and scissors from crib Put crib rail up when not at bedside Offers education to mother on croup. Education provided on respiratory distress and how to prevent spread to others in the household. Provides signs and symptoms of respiratory distress for mother to watch out for. Medication administration: checks name/DOB, does 6 checks. Does not call healthcare provider to verify order for acetaminophen and ibuprofen. Administers dose that does not align with order. Calls respiratory therapy to administer breathing treatment Call healthcare provider about inappropriate medication dose for amoxicillin. Gets new order for amoxicillin and reads back order. Elevates head of bed due to increased work of breathing and cough Applies oxygen when realizing oxygen saturation declined

	Call respiratory therapy for breathing treatment. Minimal education to mother about situation and what the breathing treatment is for. Call healthcare provider for update on patient and new order for steroid. Confirms medication math with healthcare provider. Does not read back order.
REFLECTING: (6) * - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	Team discussion of scenario. Team recognized good teamwork and communication. Identified student nurses should have called the healthcare provider prior to administering the safe dose of medication due to that dose not matching the order. IV fluid math done with all students and identified they did not see that medication error. Team provided some education to mother about ill child. All stated goal would be to improve communication with support person during next simulation.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: - Select physical assessment priorities based on individual patient needs. (1, 2)* - Administer medications utilizing the concepts	You are Satisfactory for this scenario! RH Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse Responding: Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily.

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

STUDENT NAME: T. Fox

OBSERVATION DATE/TIME: 11/10/2023

REFLECTING: (6)*

- Evaluation/Self-Analysis: E A D B
- Commitment to Improvement: E A D B

You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.

Great job.

I enjoyed seeing your pregnancy photo!

SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric Developing to accomplished is required for satisfactory completion of this simulation.	Comments You are satisfactory for this simulation.
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*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Cromwell(M), **Fox(C)**, McCloy(A)

GROUP #: **3**

SCENARIO: **Pediatric GI**

OBSERVATION DATE/TIME(S): **11/7/2023 1010-1140**

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>				
NOTICING: (1, 2, 5) * - Focused Observation: E A D B - Recognizing Deviations from Expected Patterns: E A D B - Information Seeking: E A D B	Patient identified. VS. Patient CO stomach hurting. Temp- 102.5. Bruise on arm noticed. Skin turgor elastic. Patient is hot and dry to touch. Temp reassessed- 101. Reassessment. Temp 102.1. Patient CO stomach hurting. Patient vomits. Skin turgor- tenting. Skin hot and dry. Oral mucosa assessed.				
INTERPRETING: (2, 4) * - Prioritizing Data: E A D B - Making Sense of Data: E A D B	Temp interpreted as fever. Temp reassessed, has come down to 101. Temp 102.1. Skin assessment, oral mucosa suggestive of dehydration. Temp 101.8. – interpreted need for ibuprofen.				

RESPONDING: (1, 2, 3, 5) *					Abdomen exposed to investigate pain. Bruising not mentioned. BRAT diet discussed. Mom is questioned about bruise, says he fell. Call to provider to question acetaminophen dose, new dose and route ordered and read back. IV fluids recommended also, order is just to push PO fluid. Contact precautions initiated. Call to lab to check on stool sample- + Rotavirus. Med nurse identifies patient, confirms allergies, administers cetirizine and acetaminophen. Assessment nurse escorts mom to get a drink. Charge nurse questions patient about the bruising and investigates further. Call to case management to report suspicious bruising suggestive of abuse. CPS will follow-up. Patient offered applesauce. Call to provider to suggest alternative medication for fever. Order received and read back. Informed provider of having notified case management of suspicious bruising. Call to provider to suggest alternate route for acetaminophen. Order received for Zofran and continue PO meds. Orders received for IV fluid bolus and maintenance fluid. Orders read back. Zofran prepared. IV bolus initiated, Zofran (4.5 mL- should be 2.3 mL) administered. Maintenance fluid initiated. Ibuprofen prepared and administered.
• Calm, Confident Manner:	E	A	D	B	
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/ Flexibility:	E	A	D	B	
• Being Skillful:	E	A	D	B	
REFLECTING: (6) *					Team discussed the scenario. Also discussed the importance of 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.
• Evaluation/Self-Analysis:	E	A	D	B	
• Commitment to Improvement:	E	A	D	B	

SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: 6. Select physical assessment priorities based on individual patient needs. (1, 2)* 7. 8. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 9. 10. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 11. 12. 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)* 13. 14. Utilize interpersonal skills in the interactions with	Nice work! You are satisfactory for this scenario. BS Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: 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:
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patients, families, and members of the health team. (3, 5)* 15. 16. *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: _____