EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Madison Whittaker

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)
10/6/2023	1	Did not turn in simulation survey	10/12/2023
10/20/2023	1	Missing Webelo survey	10/24/2023

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: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	
b. Provide care using developmentally appropriate communication.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	
c. Use systematic and developmentally appropriate assessment techniques.		S	NA	NA	S	S	**S**	**S**	**S**	S	NA	NA	NA	NA	NA	NA	NA	
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	NA	NA	S	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	NA	
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below and explain reason for choice)***		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	
Clinical Location Age of patient		FT OB 24	No clin ical	No clini cal	Lact ation Cons ultan t	Boys and Girls	Hear ing and Visi on	MIDTERM	FTM C ER	FR MC OB	No clinic al	No clini cal	No Clini cal	No clini cal	No clini cal	No clini cal	No clini cal	
	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD					

Comments:

1E- Week 1: Intimacy vs isolation. I chose this because she was able to create a relationship with her babies' father and his family, however he was not a supportive person for her because he was in jail. So she may not have fully grasped yet what beneficial relationships vs what are inappropriate relationships. Great! MD

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

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

1E- Week 5- Both patients I saw during lactation consultant were in the stage of intimacy vs isolation. As both of them were first time moms I felt it was important for them to know I is okay to ask for help from the nurses, the lactation consultant and from their partners when they went home so that they did not isolate themselves and get overwhelmed. MD

1E week 6- The kids were between the ages of 5 and 12 meaning their stage of development would be initiative vs guilt, industry vs identity and identity vs confusion. The younger kids were beginning to show guilt for misbehaving, kids 7-11 were finding themselves and trying to fit in, and the older kids 12 were also trying to figure out who they wanted to be and how to act. Awesome! MD

Week 6- 1b- Great job discussing the ways in which you adjusted your communication style as you educated and interacted with the different age groups at the Boys and Girls Club. 1e- You also did a nice job discussing the differences you noticed among the age groups you interacted with during your time at the Boys and Girls Club. Interests and attention spans will vary quite a bit as the children grow and mature. BS

Week 7 1E- I feel that the Eriksons development stage for the students I saw was identity vs confusion. You could see that the different students had begun to experiment with their hair, outfits, and personalities. Each student was different and trying to figure out their own identity. Great! MD

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

Week 8- I had a 3-year-old patient come into the ER and his Eriksons stage of development was autonomy vs shame/doubt. I think this is appropriate because he was able to understand what I was doing when taking his vitals and he did not have to be told to give me his finger for pulse ox or how to lift his tongue to take his temperature. He felt control and confidence that he knew what to do. MD

Week 9- My patient was a 1-day old male. His Eriksons stage of development would be trust vs mistrust. He has not yet learned who is a safe person and must trust everyone while being a newborn. He has not yet begun to determine who is who as his vision is blurry. Great! MD

Week 9 – 1a – You did a wonderful job providing holistic care to the baby you were assigned to this week. KA
Week 9 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. You monitored your patient's transient tachypnea and provided reassurance to the parents throughout the day. KA
Week 9 – 1d – You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process. KA

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

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

Comments:

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

Week 9 – 1i – You were able to identify the stage of bonding your patient was in appropriately and discuss why you chose that stage. KA

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

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

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

Comments:

My patient's social determinant of health would be an ineffective support system. Her partner was in jail and her father only came to visit her a few times but not for long. She did not really have any support during her delivery other than the nurses. This is a great SDOH for your patient. MD

Week 5- Some social determinants of health I noticed for the patients I saw this week would be social and community context. One of the moms was very unsure about breastfeeding and the lactation consultant was unsure if her partner was going to be a good support to help her with breastfeeding. MD

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

Week 6- Some social determinants of health I noticed at the boys and girls club were low-income families and limited access to resources. There were several students who had multiple siblings and did not have access to resources therefor they go to after school boys and girls club. Awesome! MD

Week 6- 2g- Nice job identifying social determinants of health that may have an impact on children. Limited resources and lack of support are certainly two things that many of the kids at the Boys and Girls Club are forced to deal with on a consistent basis. Some of the kids actually prefer to be at the club because it provides structure, and a lot of the time their home-life does not. BS

Week 7- A social determinant of health I feel is identifiable is limited resources because a lot of these kids live in very rural areas and it may be a far drive to get access to healthcare. It also may be a far drive for them to get to school. This is an awesome point! MD

Week 8- For one of the patients I saw it was a 13-year-old boy and he had some seizure like activity at school. However, they reported history of ADHD and autism spectrum disorder so the doctors and nurse were unsure if he was just looking for attention because all of his tests were normal. I think a social determinant of health for him would be social and community context because he may have some social challenges that people do not understand and use coping mechanisms that do not make sense to others. This is a really good SDOH. MD

Week 9 – my patient's social determinant of health I feel would be environment. As the parents were first time parents, they may not understand certain safety things in the environment for a newborn. Like I had to remove an extra blanket from the basinet while taking care of my patient because it was not safe for the baby. Great! MD

Week 9 – 2b – You were able to observe a circumcision and the nursing interventions provided during and after the procedure to the newborn. KA
Week 9 – 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 report the findings to the nursery nurse. KA
Week 9 – 2f – You worked with the family to gather information on the baby to appropriate care and education throughout the day. KA

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

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

Comments:

An ethical issue my patient faced was being referred to social services because of a positive THC screening at admission to deliver and throughout her pregnancy. I feel this is an ethical issue because the patient really did not have any family or support to take care of her children if they were taken from her. Also, she seemed to be a competent good mom, but I know safety of her children is priority. This is a good point. MD

Week 5- An ethical issue I saw this week was with a mom who was unsure she wanted to breastfeed. I felt that there is a fine line with the lactation consultant and the patient in being to persistent with having the mom breastfeed and being helpful to her and supportive. You never want a patient to feel forced into something. I 100% agree with you! You definitely do not want to force a patient to do something they are not comfortable with. MD

Week 6- Some ethical issues faced at the boys and girls club I saw was there were only 2 teachers for a lot of kids and this could lead to safety issues since it would be hard for the two teachers to pay attention to everyone. Very true! MD

Week 7- I think an ethical issue that may be faced during this clinical was a child needs glasses or hearing aids but the family can not afford it. Telling the student they need glasses may be all you can do if the family can't get them. This is very sad but true. Unfortunately, this happens more often then not. MD

Week 8- A legal/ethical issue I was faced with at this clinical was nurses talking about other nurses and patients in a way that was not entirely professional. This poses some ethical and legal issues because nurses should not be discussing patients in a way that is disrespectful, especially out in the open by the nurses station. This made me uncomfortable. This is a really bad issue. When at work, there should be a level of professionalism. Remember this is your practice. MD

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

Week 9 – An ethical issue I saw was with a patient who was scheduled for a hysterectomy the next day but she came in to receive 4 units of blood and stay the night on the postpartum unit because her hemoglobin was 5.5. The doctor was very unprofessional when he came in to see the patient because he told her that she was half dead and that if she would have waited another day she would have died. This was an ethical issue because he was way to blunt with her and this sent her into a panic. She was trembling and crying and had already been nervous to get the IV before he came in. As the primary nurse, how do you think you would have handled this physician? MD

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

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

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

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

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

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

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

Week 9 – 4e – You did a great job educating the parents throughout the day on newborn care. You also did a nice job reinforcing breastfeeding education and assisting the mother in latching the newborn onto her breast during feeding. KA

Student Name: Madison Whittaker				**Course Objective:** 4			
Date or Clinical Week: 8/30/2023							
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	All criteria met. MD
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Inte	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	All criteria met. MD

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

rpreting	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	No all of the interventions have a frequency noted. MD No rationales noted in the interventions. MD Be more specific with interventions and medications. List the specific medication or intervention. MD
	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**	2	
	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**	0	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	All criteria met. MD
	14. Evaluation includes one of the following statements: • 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:**	**Total Points: 38/42 Satisfactory MD** **Faculty/Teaching Assistant Initials:** MD

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

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

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

Comments:

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

***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.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	
b. Evaluate own participation in clinical activities.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	
c. Communicate professionally and collaboratively with members of the healthcare team.		S	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		S	NA	NA	NA	NA	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		S	NA	NA	NA	NA	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		S	NA	NA	NA	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	NA	
g. Consistently and appropriately post comments in clinical discussion groups.		~~S~~ NA	U	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	
	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD					

Comments:

Week 2 Objective 5G-This week you submitted a care map not a CDG. This competency is an NA. MD
FTMC OB Objective 5, A-You showed great enthusiasm during the FTMC OB clinical experience. MD

Week 3 Objective 5G-You did not fill in this competency. Please address how you will address this competency in the future. MD

Week 3- In the future starting week 4 I will be sure to take my time making sure I go through the tool slower making sure that I fill out each objective. MD

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

Week 5 Objective 5A-This week your preceptor stated that you were "Excellent in all areas. Nice job! Asked great questions." MD
Week 5 Objective 5G-You met all of the requirements for a satisfactory CDG post. However, be careful with your references. Authors should come first. This is how your reference should look:

Medela. (2019, December 16). *Common causes and solutions when experiencing less milk production in one breast*. https://www.medela.us/breastfeeding/articles/uneven-supply-less-milk-production-in-one-breast

Let me know if you have any questions. MD

Week 7 Objective 5G-You satisfactorily met all of the requirements for your CDG. Remember, author comes first in a reference. Like this:
Harvard Health. (2021, February 12).*5 truths about Protecting your eyes*. https://www.health.harvard.edu/staying-healthy/5-truths-about-protecting-your-eyes#:~:text=Fact%3A%20If%20you%20need%20glasses,or%20lead%20to%20eye%20disease.
Let me know if you have questions. MD

Week 8 Objective 5A-This week in the ER your nurse rated you excellent in all areas. Great job! MD

Week 9 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You were able to observe a vaginal delivery while on clinical this week! KA
Week 9 – 5e – You did a nice job documenting the newborn assessments in the EMR. You asked appropriate questions to ensure you were able to document the assessments accurately. KA
Week 9 – 5f – You provided hand off report to the appropriate nurse when leaving clinical at the end of shift. KA

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

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

Comments:

6A- Week 2: I think my area of improvement will be to get more comfortable asking the postpartum mom questions about her bleeding. I felt somewhat awkward asking those things, but I do know it is imperative information to my assessment. I will improve on this by going over the postpartum assessment again and finding ways to word it I am comfortable with. By my next OB clinical in October. Great goal! MD

Week 5- My goals improvement are to better understand breastfeeding and how to help moms. I did learn a lot in the LC clinical, but it was short and there were not many patients. To improve on this I will study those things before my next OB clinical in October. Wonderful! MD

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

Week 3 Objective 6E-This week you did not turn in your tool on time. Please respond with how you will remember to turn in your tool on time in the future. MD- Week 3 in the future I will be sure to set a reminder on my phone and write in the calendar so that I remember clinical tools are due on Fridays at 0800 starting week 4. MD

Week 6- My area for improvement is going to be my facial expressions. I had a child ask me in the middle of my activity if I was okay because I looked sad. I was not sad I just wasn't paying attention to my facial expressions and reverted to a serious look. This could end up offending a patient in clinical making them think I am uninterested. I will make sure to make a conscious effort to look engaged at future clinicals starting next week. This is a great goal! Keep up the good work! MD

Week 7- My area of improvement is to speak more confidently. I had several students tell me they could not hear me. I am a softer-spoken person so improving this will benefit my future patients. I will improve this by my next clinical in a week at Fisher Titus. Great goal! How do you plan on improving this? MD

Week 7 Objective 6E-This week you did not complete the simulation survey by Friday at 0800. Please address how you will remember to complete this by Friday at 0800. MD

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

MIDTERM-Great job this first half of the semester! Please be sure to seek out opportunities to achieve the NA competencies. MD

Week 7 6E U- I will mark on my calendar specifically any surveys that need to be done so that I do not miss them in the future. I will do this immediately. MD

Week 8- My area for improvement is to be more confident in myself. I know I can do the skills but having someone watch me always makes me second guess myself. To do this I will be sure to only ask for help if I do not know what to do instead of seeking reassurance. I will have improved upon this by next clinical at FRMC next week. It is ok to ask for reassurance. It is better to seek reassurance then do something you are not confident in. Just something to consider ☺ MD

Week 9 - An area I can improve is with my newborn bath. I did my first newborn bath and I was unsure on what I was supposed to do first. I will review this and have a better understanding of the steps by 10/24. Great goal! MD

Week 9 Objective 6E-This week you did not turn in your Webelo survey in on time. Please be sure to write how you will prevent this from occurring in the future. MD
Week 9 6E- I feel very disappointed I missed another survey I had reminders set on my phone to do them but somehow the Webelo day one slipped by me. To fix this problem I will look at my schedule every week on Thursday to be sure I have completed everything from that week or anything that goes with the week. I will begin this today on 10/26 since we are nearing the end of clinicals and I will have to continue surveys for Sim. MD

***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	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD
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	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD
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: 9/13	**Date: 9/25**	**Date: 10/4**	**Date: 10/9**	**Date: 10//19**	**Date: 11/2**	**Date: 11/6**	**Date: 11/8**	**Date: 11/21**	**Date: 11/21**	**Date: 11/28**	**Date: 10/24**
Evaluation	S	S	U	S	S	S	S	S				S
Faculty Initials	MD	MD	MD	MD	MD	MD	MD	MD				MD
Remediation: Date/Evaluation/Initials	NA	NA	S	NA	NA	NA	NA	NA				NA

SHOULDER DYSTOCIA SIMULATION-You are receiving an unsatisfactory due to not turning in your simulation survey on time. You will receive a satisfactory once this is completed. MD

* 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): Schneider (A), Seiger (C), Whittaker (M)
GROUP #: 7
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/13/2023 1335-1505

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1, 2, 5) * • Focused Observation: E **A** D B • Recognizing Deviations from Expected Patterns: **E** A D B • Information Seeking: E **A** D B	Introduces self and identifies patient. VS. Notices fetal heart rate and contractions. Pain with contractions rated 5/10. Noticed UA results abnormal. Pain reassessed following acetaminophen administration. Begins second assessment. VS. Patient CO dizziness. Notices bleeding. Notices boggy uterus.
INTERPRETING: (2, 4)* • Prioritizing Data: **E** A D B • Making Sense of Data: E **A** D B	FSBS- 200, questions patient about what their normal is. Leopold's result- head down. Interprets the need for patient education- smoking, diabetes, prenatal care, primary care. Patient condition interpreted to be improving with interventions. Interprets the need to inspect breasts.
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	Patient asks for a smoke, alternatives offered. FSBS obtained. Leopold's maneuver. Patient education provided related to smoking cessation. Fetal monitor applied. Call to pharmacy about safety of nicotine patches/gum in pregnancy. Call to lab to inform of urine sample. Patient assisted to their left side. Call to provider with good SBAR report. Orders received for US to verify date, IV fluid, Procardia, acetaminophen patient education (remember to read back orders). Procardia, acetaminophen, IV fluid explained to patient, administered. Patient education provided. Medications prepared. Call to pharmacy regarding Procardia. Pain rated at 5/10, acetaminophen and Procardia administered, IV fluid initiated. Congratulates patient and inquires about education topics. Fundal massage began immediately. Call to provider to report hemorrhage. Orders received- remember to read back orders. IM methergine prepared, patient identified medication administered. IV fluid rate increased. Call to provider to report patient response to interventions. BUBBLEE assessment performed. Episiotomy assessed. Good job with patient support/education.
REFLECTING: (6) *	Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed

• Evaluation/Self-Analysis: E **A** D B • Commitment to Improvement: **E** A D B	team member roles and being flexible- giving and offering help when needed. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help when unsure of something. Discussed the importance of lifestyle changes and prenatal care, especially with pregnancy. Team did a great job with education.
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 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)*	**You are satisfactory for this scenario! BS** Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful 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:

*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): Schneider (C), Seiger (M), Whittaker (A)
GROUP #: 2
SCENARIO: Shoulder Dystocia and Newborn Care
OBSERVATION DATE/TIME(S): 10/4/23 0835-1005

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (Link to Course Objectives) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Pain assessment: rating Mother assessment: pulses on upper and lower extremities, listen to heart, lungs, and abdomen, checks edema, cervical exam Pain reassessment and cervical exam after medication administration. Apgar score 1 minute: 9 Apgar score 5 minutes: 9 Newborn assessment complete. Reflexes assess and present
INTERPRETING: (Link to Course Objectives) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Relates PCN order to GBS+ results Finger stick blood sugar: 120. Knows is in normal range and no interventions needed Offers Nubain for pain relief to stick with mother's birth plan of no epidural Interpret fetal monitor strip to read frequency and duration of contractions as well as fetal heart rate having decelerations Dry baby, put on hat, turn on warmer, to assist with thermoregulation of baby

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	PCN administration: does all checks. Hangs secondary tubing correctly Offers education on epidural options Nubain administration: No verification of name/DOB. Use of proper needle size for adult IM injection. Only use of one hand to uncap needle, should use two hands. Needle safety engaged. Good education and coaching to mother during labor Interventions: evaluate for episiotomy, McRoberts maneuvers, suprapubic pressure, call for help, hands and knees, remove posterior arm, rotational maneuvers Erythromycin ointment put on baby's eyes Education provided to mom on vitamin K. Vitamin K injection given to baby. Used correct needle size for newborn. Proper technique used. Needle safety engaged. Promote skin to skin and encouraged breastfeeding. Assist with baby latching
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 intervention. Discussion of various interventions (HELPERR and types of heat loss for baby). Discussed proper needle safety when removing cap from needle.
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)***	**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

• **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)***	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:

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Phillips, Seiger, Sweat, Whittaker OBSERVATION DATE/TIME: 10/19/2023 SCENARIO: Escape Room

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					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.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	

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

/e360/apps/v9/releases/1695733545/public/upload/firelands/media/dropbox/122122-whittaker2023mcnclinicalevaluationtoolweek131.doc

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: OBSERVATION DATE/TIME:

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.**

*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): Schneider (M), Seiger (A), Whittaker (C), Barber (M)
GROUP #: 2
SCENARIO: Pediatric Respiratory
OBSERVATION DATE/TIME(S): 11/2/23 0835-1005

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Respiratory assessment. Does not lift gown to visualize chest. Throat assessment. Identify medication dose is too high and call provider to clarify orders. (amoxicillin, acetaminophen) Does not identify safe dose range for weight for ibuprofen Throat assessment. Respiratory assessment, lifts gown to visualize chest Reassess respiratory status after breathing treatment and medication.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (2, 4) *					Able to calculate correct dose for amoxicillin, acetaminophen, and IVF after calling for new orders from healthcare provider. Checks a fingerstick blood sugar due to potential for fluid overload. Able to calculate correct dose per standing healthcare provider's orders in the chart. (ibuprofen) Identify croup is causing adventitious lung sounds Able to calculate correct dose for acetaminophen prior to administration.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1, 2, 3, 5) *					Remove syringes and scissor from crib. Put crib rail up when not at bedside. Call provider for crackles in lungs. Minimal SBAR. Gets order for dexamethasone. Does not read back order. Call provider for incorrect orders (amoxicillin, acetaminophen, IVF). Does read back orders Medication administration: administer dexamethasone, amoxicillin, and ibuprofen. Check name/DOB and allergies. Educate mother and patient on medication purpose and side effects. Call healthcare provider due to change in respiratory assessment Call respiratory for breathing treatment
• 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	

	Apply oxygen via nasal cannula Medication administration: administer acetaminophen. Check name/DOB.
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of scenario. Team recognized teamwork and communication. Identified how they got ibuprofen dose and all members looked up safe range for patient age/weight. All members performed dosage calculation to find safe dose for patient. Discussed medication errors and how to report in practice. Team discussed more educational topics that could have been provided to mother as well as some respiratory assessment pieces that were missing including triggers and smoking education.
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 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)*	**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. 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

• Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)*	and weaknesses and develops specific plans to eliminate weaknesses.

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Schneider(C), Seiger(M), Whittaker(A)
GROUP #: 7
SCENARIO: Pediatric GI
OBSERVATION DATE/TIME(S): 11/8/2023 0835-1005

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
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	Contact precautions verbalized. VS. Patient CO arm pain. Temp 102.5. Right sided abdominal pain noticed. Banana and yogurt recently eaten. In for reassessment. Patient CO stomach pain and vomits.
INTERPRETING: (2, 4 * • Prioritizing Data: E **A** D B • Making Sense of Data: E **A** D B	Temp of 102.5 interpreted as abnormal. Bruises interpreted to be suspicious for abuse. Interprets the need to recheck VS following medication administration. Vomitus inspected and contains food particles. Skin turgor interpreted to indicate dehydration. Interprets need for IV fluids.

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	Patient is questioned about origin of bruising, mom states he fell. Call to pharmacy to question cetirizine dose. Charge nurse enters, identifies patient, assists with further exposing skin to assess for bruising. Mom is asked to leave the room for a bit so they can question patient alone. Source of bruises identified. Call to pharmacy to question acetaminophen dose. Call to case management to report suspicious bruising and who is to blame. Call to physician to report abuse and also question cetirizine and acetaminophen orders. New orders received- remember to read back orders. Call to lab about stool sample- + for Rotavirus. Cetirizine and acetaminophen prepared and administered. VS rechecked following medications. Mom educated about rotavirus and asks is she feels safe at home. Resources offered and accepted. Smoking cessation discussed. Mom assured this is a safe place. Call to provider to initiate BRATTY diet. Call to update case manager to create a safety plan with mother. Call to provider to report patient not tolerating diet well, requests ibuprofen, signs of dehydration. Orders received (remember to read back orders). Mom is being questioned about abuser, asks for picture. Patient identified, allergies confirmed, IV flushed and bolus initiated, Zofran administered. Bolus complete, IV rate changed to maintenance rate. Call to provider to question ibuprofen order. Ibuprofen prepared and administered.
REFLECTING: (6) * • Evaluation/Self-Analysis: E **A** D B • Commitment to Improvement: **E** A D B	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, remember to read back all orders. 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.

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 patients, families, and members of the health team. (3, 5)* 15. 16. *Course Objectives	**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:

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: _____