

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
9/15/2023	1	Incomplete Empathy Simulation Assignment	9/22/2023
10/13/2023	1	Escape Room Survey not complete	9/17/2023

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	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
b. Provide care using developmentally appropriate communication.		S	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
c. Use systematic and developmentally appropriate assessment techniques.		S	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	N/A	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
Clinical Location Age of patient		23 F FR MC pos tpar tum	No clinical	No clinical	No clinical	HV	BGC -K-5	S	6 day M FTM COB- sim	4 day old F	64 F ER	NO CLI NIC AL	No clinical	No clinical	No clinical	No clinical		
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS					

Comments:

1E. She is in stage 6 of Erikson's stages (which is what?) I had mom she was a 23 year old that recently married dad of baby. She is able to form intimate relationships and commit to those relationships. BS

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

Week 2 – 1a – You did a wonderful job providing holistic care to the postpartum mother you were assigned to this week and addressing her needs while you cared for her. KA

Week 2 – 1c – You did an excellent job completing your postpartum assessment for the first time while on clinical. You were well prepared and was able to gather the necessary assessment information with little assistance. Terrific job! KA

1E. The students were in middle school and in the early stages of Erikson's stage 5 identity vs role confusion. This age group is 12-18 years old and are in the stages of trying to figure out who they are and identify who they are and where they belong. Yes they are. BS

Week 6- 1b- You did a nice job explaining how you used the concepts of growth and development as you communicated with the students at the middle school. 1e- You correctly identified the stage of growth and development of the kids you worked with at the middle school. You also identified behaviors they exhibited that support that supported them being in that stage. BS

Wk 7, The students are school age which is from 5-12. According to Erikson this is industry vs inferiority. They have great feelings of pride and accomplishment. They were proud of the necklaces they made and knowing the right answer to the questions. BS

Week 7- 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

WK8. The patient I had was a 6 day old newborn. He was Erikson's stage of trust vs mistrust. The baby is needing to learn to trust the caregiver to provide basic needs such as feeding, changing, and affection. He is learning when he cries someone will take care of the needs. Good. BS

Week 8- 1a- Great job discussing your patient for the week. You did a nice job providing details of the birth and many of the details surrounding the birthing process, such as the size of the infant, primitive reflexes that were present, important labs and medications given, and the mother's drug use during the pregnancy. 1d- You also did a nice job discussing a safety concern that is troubling given the circumstances. If this new mom wasn't able to not use drugs during the pregnancy, she is likely to continue now that the baby is born, and the level of responsibility she has is now much, much higher. BS

Week 8- 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

WK 9. The patient I had was a 4 day old female. She was in Erikson's stage of trust vs mistrust stage. She was learning to trust mom and dad with proper feeding technique to meet her basic needs of feeding. She was learning to latch properly and to stay awake and feed until full not just until she falls asleep. Good insight, Bri. BS

Week 9- 1a- Bri, you did a great job detailing one of the visits you and the Lactation Nurse had with a patient. It sounds like these new parents are pretty conscientious about what they are doing, and the education you and the nurse provided will benefit them a great deal. Nice work! BS

Wk 10. The patient I had this week was a 64 female. She was in Erikson's stage of generativity vs stagnation. My patient was active in gardening and keeping up around the house when she got stung. She tried to take care of the situation herself before coming into the ER, as I am sure she had done with her children and grandchildren. Yes, I'm sure she probably did. BS

Week 10- 1a- You did a very nice job of discussing the care given to one of the patients you helped to care for in the FTMC ER and explaining the painful sounding problem that brought her into the ER. BS

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	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	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
g. Discuss prenatal influences on the pregnancy. Maternal		S	N/A	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
h. Identify the stage and progression of a woman in labor. Maternal		N/A	N/A	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
i. Discuss family bonding and phases of the puerperium. Maternal		S	N/A	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
j. Identify various resources available for children and the childbearing family.		S	N/A	N/A	N/A	N/A	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A		
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	N/A	N/A	N/A	N/A	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A		
l. Respect the centrality of the patient/family as core members of the health team.		S	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS					

Comments:

Week 6- 1k- Great job discussing the beliefs, behaviors, and values that you witnessed in the school setting (Bellevue Middle School). You also discussed cultural aspects unique to this school. BS

Week 8- 1i- Unfortunately, you only observed one example of family bonding during your clinical day.

Week 8- 1i- Great job discussing examples of family bonding you witnessed among your patient, her new baby, and her partner. Nice job also of discussing what phase of postpartum adjustment your patient was in, and justifying it with the behaviors she was exhibiting. BS

Week 10- 1k- You did a good job discussing a cultural implication to consider with the patient you took care of. People of this generation are more likely to place great sentimental value on their original wedding ring, as opposed to younger generations. 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.		S	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
b. Perform nursing measures safely using Standard precautions.		S	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
d. Practice/observe safe medication administration.		S	N/A	N/A	N/A	N/A	N/A	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A		
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		S	N/A	N/A	N/A	N/A	N/A	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A		
f. Utilize information obtained from patients/families as a basis for decision-making.		S	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*		S	N/A	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS				

Comments:

2G. One SDOH that effects my patient at this clinical is economic stability. She discussed that the job she had was only seasonal and that she no longer has a job and will have difficult time finding one with a new baby and childcare. Another SDOH she faces is social and community context. With her stating she will have difficulty finding childcare for the new baby and the issue of the sibling not having any place to go while dad was also in the hospital with mom confirms the that the social support is an issue and will need to be overcome. I agree Bri. In the best circumstances it is very difficult to raise a child. I couldn't imagine doing it with no income and without help from family/friends. BS

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

Week 2 – 2b – You were able to observe a circumcision and the nursing interventions provided during and after the procedure to the newborn. KA

Week 2 – 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 after conferring the medication with your faculty and was able to maneuvering in the BMV system with practiced ease. KA

2G: The SDOH that could be issues with the kids are healthcare access and quality. This is one of primary reasons why these screenings are done. To seek out these at risk children and help with getting them the resources and support they need to succeed. Other influences are educational access (just being able to come to school), economic stability (ability for parents to afford the medical equipment that may be needed), and neighborhood and built environment (completing the screenings to identify and decrease the at risk kids to help promote improved health and learning ability). Nice job, Bri. These are all important social determinants of health that have great potential to affect the lives of these children. BS

2G. the SDOH that could have influenced this week at the boys and girls club could be the neighborhood and built environment. This was a place that at risk kids could come to promote improved health (after school/dinner) and learning ability. Another could be educational access, some of these kids have nowhere else to go and here they are helped with homework if needed. Great examples, Bri. The services offered at the Boys and Girls Club are a definite help to those who need them. BS

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

Week 8. A SDOH that could affect my patient this week is neighborhood and environment. My pt will most likely be exposed to second hand smoke because the dad smelled of smoke and both baby and mom were positive for THC. With the issues the pt experienced (weight loss, positive tox screen, and preterm with abruptio), another SDOH would be access to healthcare and quality. Would this baby need extra help growing and developing and if so would the parents provide that? While in the hospital, baby was always lying in crib or on bed with mom playing on phone and another time, which makes me wonder if they will be a hands-on family or will baby become a technology babysat kid. Yes, I'm sure those concerns are shared with other healthcare workers who were involved in the care of this family. The baby already has a couple strikes against her, so hopefully the parents will soon realize which is more important. BS

Week 9. A SDOH that my patient may have been influenced by is the social and community contact as well as the access to healthcare and quality. Because of moms inverted nipples, breastfeeding could have been a real challenge if parents were not able to be educated and trained on how to help baby to properly latch. Also mom and baby may benefit by utilizing a support group for breastfeeding moms that is within the hospital. Great points, Bri. BS

Week 9- 2c- You were able to see the baby latch onto the breast and hear her swallow. BS

Week 10: The SDOH that affected my patient was healthcare access and quality. The older generation was raised being self-sufficient and doing things for themselves. This could mean that my patient would try to fix the situation herself before going right to the ER for help. She may have not been able to get to the hospital right away if she were reliant on a spouse, family member, or neighbor. So, she would have done what she has always done (for herself and children) try to treat and fix at home before getting professional help. Yes and it sounds like she was lucky for coming in when she did, as her circulation was being compromised at the time. BS

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	N/A	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		S	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		S	N/A	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		S	N/A	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS				

Comments:

3D. A ethical issue observed with the patient was with allowing sibling to be visiting outside of visiting hours allotted for siblings. Do we allow this because they have no one else that can watch her, or bend the rules and allow her to stay. This was really a moot point because grandma and dad could have taken turns or came during known visitation times. **Yeah, they don't bend the rules very often, especially in this department! BS**

3D: A legal issue that could possibly happen is the lack of following up and reporting to the state. It is mandated that these screening be completed and reported to the state. An ethical issue that may come up is if a child needs a referral and parents refuse to follow up, what would happen then. Reporting still is needed and in the end the child may not get done what they need to (by parents). **Yes, this happens all the time. I don't pretend to put myself in anybody else's shoes, but I can't imagine ignoring this advice. We are forced to deal with it because it is a part of our job, but I think many people don't realize the potential harm of their children falling behind with these types of milestones. BS**

3d. An ethical issue that was observed was the one adult yelled at a kid when he wasn't sitting correctly in the chair. Was there a better way to handle this situation? Probably but just as a one-time thing for us being there we didn't know their policy or procedure. Other issues could have been some of the staff continued to be active on their phone while the kids were playing and eating. Someone could have gotten hurt or choked and no one saw what happened. **Good observations. Kids can get themselves in troublesome situations very quickly, so close observation is very important. BS**

3d An ethical dilemma I had was knowing that this baby had a positive tox screen and bonding was not seen during my time at the hospital (other than dad on the way out) and seeing this very dependent baby going with parents. With being small and preterm, and dad smelling of cigarette smoke, makes me sad that this baby and sibling will be exposed to this environment and there's not a whole lot that can be done about it. **This was definitely a good example of an ethical dilemma, and unfortunately it's not all that uncommon. Sad. BS**

Wk9. An ethical dilemma that may have been brewing for this couple is mom wanted to breastfeed as long as possible and dad was chomping at the bit to help and questioned when baby could go to formula and he could help. The eagerness was encouraging, but the selfishness of dad could hinder the baby being breastfed. This was troublesome especially since mom had slightly inverted nipples and going from breast to bottle could cause confusion. **Yes, good point. On one hand you have an eager dad who wants to help, which is usually a good problem to have. On the other hand, you don't want to discourage mom from breastfeeding if that is what she wants to do,**

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

because it can help with bonding emotions. My wife tried breastfeeding with our third. It did not go well and we ended up switching to formula. To me it wasn't a big deal, but she got real down on herself about it. But for these two, they have many new experiences to come so either way I think they'll be OK. BS

Week 10: An ethical dilemma I saw in the ER was some of the attentiveness of the staff. Even though there were very few patients in the ER at the time, some of the staff ate at the nurse's station, played on the phone in the nurse's station, and even fixed each other's hair. I understand there is downtime, but instead of walking a patient out of ER because they didn't know how to get out, they just hurried out of the room after giving discharge paperwork and got back to their scrolling. Making sure all is stocked, cleaned, and ready for the next patient should be a priority and then socializing. I agree, Bri. Especially in the ER- you don't want to need something in an emergency and have to go hunting for it. No doubt that these kind of things go on..... but take care of your responsibilities first! 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		
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
b. Develop and implement a plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A S	N/A	N/A	N/A	N/A	N/A		
c. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		S	N/A	N/A	N/A	N/A S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
d. Summarize witnessed examples of patient/family advocacy.		S	N/A	N/A	N/A	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
e. Provide patient centered and developmentally appropriate teaching.		S	N/A	N/A	N/A	S	S	S	S	N/A S	S	N/A	N/A	N/A	N/A	N/A		
f. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		S	N/A	N/A	N/A	N/A	N/A	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A		
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS				

Week 2- 4a- Great work on your care map, Bri! Please see the rubric below for feedback. BS

4D: checks/rechecks, referrals, and follow-up by the nursing staff was discussed.

Week 6- 4c- You did a nice job discussing how the information acquired from the hearing and vision screenings is tracked and reported. You also addressed the implications of tracking and reporting this information to the Ohio Department of Health. 4e- You identified educational needs that are important to address in the middle school age group and provided examples of the teaching you provided to the kids. BS

*End-of-Program Student Learning Outcomes

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 stranger dangerS. Nice work! BS

Week 8- 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- 4e- It sounds like you and the lactation nurse were able to provide some valuable education to the new parents you visited. I think you really enhanced their experience with breastfeeding. BS

Week 10– 4b- Nice job listing the priority interventions performed on your ER patient. If she had waited much longer the intervention list might be quite different. BS

Student Name: Briana Busby		Course 4					
Date or Clinical Week: 2		Objective:					
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Nice job listing abnormal observation and assessment findings based on your patient experience this week. Many abnormal findings were identified and listed. Abnormal lab/diagnostic findings were also provided. Nice job reviewing and including pertinent risk factors related to your priority problem of risk for postpartum 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 postpartum infection was appropriately selected as the top priority problem. All relevant assessment data was highlighted pertinent to the priority problem (although I would suggest the postpartum hemorrhage after delivery would increase risk also). Six potential complications were identified, each supported with signs and symptoms to monitor for. Nice work!
	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	
Res	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Nursing interventions related to the top priority were listed. Interventions

Pondering	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	were appropriately prioritized. Each listed intervention included a frequency and rationale. All listed interventions were individualized and realistic to the patient situation.
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	An evaluation of all abnormal findings was provided along with a determination to maintain (continue) the plan of care.
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Bri, great work with your care map related to risk for postpartum infection. See comments provided throughout the rubric. Let me know if you have any questions. Keep up the hard work! BS</p>						<p>Total Points: 42/42- Satisfactory.</p> <p>Faculty/Teaching Assistant Initials: BS</p>	

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

Comments:

Week 8- 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 10- 4h- As you said, your patient this week was administered dexamethasone, a corticosteroid, to help with the swelling and inflammation associated with the wedding ring that was stuck on her finger after being stung by a bee. 4i- prior to that, ice was used in an attempt to reduce the swelling in the finger. 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.		S	N/A	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
b. Evaluate own participation in clinical activities.		S	N/A	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
c. Communicate professionally and collaboratively with members of the healthcare team.		S	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		S	N/A	N/A	N/A	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		S	N/A	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		S	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
g. Consistently and appropriately post comments in clinical discussion groups.		S	N/A	S NA	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS				

Comments:

Week 2 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You asked tons of questions and sought out more information on different aspects of maternal newborn care while you were on clinical. KA

Week 2 – 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 7- 5g- Great job on your CDG this week. BS

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

Week 8- 5a- You did a nice job discussing something new or interesting you experienced this week while caring for your patient. I'm glad you were able to observe a birth while at FTMC. 5e- Nice job discussing the importance of vaccinations and how they are tracked in the electronic medical record. BS

Week 8- FTMC OB Objective 5, A-You showed great enthusiasm during the FTMC OB clinical experience. MD

Week 10- 5a-Nice job discussing a piece of technology that was new to you. You were able use this on a patient and explained that 10 patches are used to capture 12 different "electrical views" from the patient's heart. BS

Week 10- ER Preceptor- "Satisfactory in all areas. Very involved. Inquisitive."

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

Comments:

6A. Be more confident in my skills. I have knowledge and skills to take care of patients, but sometimes I lack confidence. I will talk myself up before each clinical day and not doubt myself. Great realization Bri. It's much better to lack confidence sometimes (we all face new situations all the time, it's only natural), than to be the person who appears and acts confident, and then freezes up when it's time to act. Seek out the patients and scenarios that make you feel un-confident, and you'll feel confident soon enough. BS

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

6A. An area of improvement would be find and take a computer class. Technology has changed so much over the years that some things I just don't know how to do. The younger generation has grown up with the technology, but those of us that are older learned and have used what we have and don't always have the latest and greatest. Because of this I missed 1 hour of clinical (I didn't know how to attach a picture). Going forward, I will make sure my kids or niece/nephews double check to make sure that the computer work I did was done correctly if I need to attach something or find a class to take to assist with things like attachments, google doc, ect. Picture was sent in via text. **Brings back memories because I needed my kids to get me through school also!! BS**

6A: An area of improvement would be taking a minute to collect my thoughts and be prepared for anything. Today a kid read the chart backwards from right to left. I was not prepared for that and was so confused. I needed to take a minute to figure out what was going on and jump back into the game. I readjusted how I explained the directions for the remainder of the students and no other student read the letters from right to left. For future use I will take an extra minute to think about all possibly outcomes and be more specific with my directions. **Great realization, Bri. However, sometimes what we say and what they hear are two different things! BS**

6a. An area of improvement I could have done was be a little more prepared. I struggled finding the place and forgot scissors for the cord. Next time I will always double check and think ahead of things that I may need and plan out different routes on different apps for the location. **BS**

Bri, Nice work this first half of the semester. Keep it up! BS

6A. an area of improvement could be always bringing my computer to all activities just in case. I was prepared for clinical but didn't have my computer, which would have been nice to have just in case. I will now always bring my laptop for all activities for the duration of the semester. **Yeah you never know, you could either get in some studying or work ahead on assignments. BS**

Wk 9. An area of improvement I can do is to quadruple check to make sure the assignments are completed on time, correctly, and are the correct ones. I submitted everything, I will just need to set a timer to make sure I complete everything and check everything that needs done by at least 1 hour prior to things being due. **As conscientious as you are, I don't see this being a problem. BS**

Wk 10. An area of growth or improvement I can improve upon is having an open mind and encouraging others to do the same. I saw a patient soaking their hand in a fracture pan, I have always used a hat to soak a patient's hand. The nurse and I discussed the differences with the devices and both learned from each other. She wanted the patients hand a little flatter to open up the cuts the patient had a little more, and then flip the hand. Whereas I would have soaked the entire hand and encouraged the patient to open and close her hand several times while soaking. Either way the job was getting done. **As with many (most) things, there is more than one way to get the (mostly) same result. BS**

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

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

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills														
	Adult Head to Toe Assessment (*1, 2, 5, 6)	Breastfeeding and Bottle Feeding	Breast Assessment (*1, 2, 3, 4, 5, 6)	Circumcision Care (*1, 2, 6)	Broselow Tape (*1, 2, 3, 5)	Leopold's (*1, 2, 3, 5, 6)	APGAR (*2, 3, 4, 5, 6)	Breast Self-Exam (*1, 4, 5, 6)	Pediatric Vital Signs (*1, 4, 5)	Pediatric Lab Values (*1, 4, 5)	C-Section Care (*1, 2, 5, 6)	Health Literacy (*2, 5, 6)	Safety (*1, 2, 3, 5, 6)	Postpartum Assessment (*1, 2, 6)	Newborn Bath and Cord Care (*2, 4)
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	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:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
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	Date: 11/21	Date: 11/21	Date: 11/28	Date: 9/15
Evaluation	S	S	S	S	U	S	S	S				U/S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS				BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	S	NA	NA	NA				S

* Course Objectives

9/15- You received a U on this assignment for not including a photo wearing the empathy belly with your reflection. Please respond below how you will prevent this from happening in the future. BS I will ask for assistance from a younger person to assist with the technology issues I may have. I did send a picture via text to remediate this.
Week 8- You received a “U” here for not completing the Escape Room Survey by Friday, October 13 at 0800. BS

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Busby (C), Hamman (M), Martin (A)

GROUP #: 4

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2023 1200-1330

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
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<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Team introduces members and begins assessment. VS. Patient identified. Notices contractions and fetal heart rate on monitor. Pain reassessed following acetaminophen.</p> <p>Team enters and begins assessment, patient identified. Notices blood on bed. Notice BP rising, HR lowering .</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Interprets the need to apply fetal monitor, send urine to lab for analysis. Contractions interpreted to be irregular. UA results- +glucose, +THC. Ultrasound results determined gestational age.</p> <p>Interprets the need for fundal massage.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Leopold's, fetal monitor applied. Inquires about prenatal care. Asking questions to try to identify gestational age. Patient laid on left side. No eating or drinking explained to patient. Call to provider to give report, good background and assessment. Orders received for LR, Procardia, acetaminophen, US to verify due date, and education about follow-up care. Education provided about follow-up care, smoking cessation. Patient identified, allergies checked, IV fluid initiated, medications given.</p> <p>Fundal massage initiated and maintained. Call to provider. Orders received for methergine and increased IV fluid rate (remember to read back orders). IM injection prepared and administered, fundal massage continues</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did 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 education to</p>

	<p>influence lifestyle changes and encourage prenatal care, especially with pregnancy.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses</p>

<p>5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</p> <p>*Course Objectives</p>	
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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Busby (M), Hamman (A)

GROUP #: 4

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/23 1200-1330

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Introduce self</p> <p>Obtain mother vital signs</p> <p>IV site assessment</p> <p>Pain assessment: rating, offer relief</p> <p>Cervical assessment prior to medication administration</p> <p>Mother head to toe: heart, lungs, abdomen, leopold's, lower extremities.</p> <p>Reassess vitals and pain after medication administration</p> <p>Apgar 1 minute: 9</p> <p>Apgar 5 minutes: 9</p> <p>Newborn assessment: lung sounds, bowel sounds</p> <p>Post-partum assessment</p>

<p>INTERPRETING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Offer Nubain for pain relief to align with birth plan of no epidural Identify patient has gestational diabetes, check finger stick blood sugar Relate need for PCN to GBS+ result Relate Nubain with decelerations on fetal monitor. Interpret fetal monitor strip correctly as decelerations related to head compression</p>
<p>RESPONDING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Medication administration: Nubain. Performs all checks. Appropriate needle used. Needle safety engaged. Educate patient on side effects. Medication administration: PCN. Performs all checks. Secondary IV fluids hung below primary bag. Call healthcare provider in relation to decelerations. SBAR organized Interventions for birth: McRoberts maneuver, suprapubic pressure, position hands and knees, internal rotation, removal posterior arm, call for help, evaluate for episiotomy Dry baby and provide skin to skin with mother for thermoregulation Hot on for thermoregulation Educate mother on medications for baby. Erythromycin ointment and vitamin K injection Medication administration: perform all checks. IM administration done properly with correct needle and needle safety engaged. Educate mother on baby plan for next 24 hours (glucose check, bath, blood work) Assist mother with breastfeeding</p>
<p>REFLECTING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B 	<p>Team discussion of scenario. Team recognized teamwork, communication, and proper interventions. Discussion of</p>

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

in the newborn. (1, 2, 5)*

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Busby, Fox, Martin**

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

SCENARIO: **Escape Room**

CLINICAL JUDGMENT						OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* <ul style="list-style-type: none">• Focused Observation: E A D B• Recognizing Deviations from Expected Patterns: E A D B• Information Seeking: E A D B						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)* <ul style="list-style-type: none">• 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)* <ul style="list-style-type: none">• Calm, Confident Manner: E A D B• Clear Communication: E A D B• Well-Planned Intervention/ Flexibility: E A D B• Being Skillful: E A D B						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.

<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! BS</p>

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

STUDENT NAME:

OBSERVATION DATE/TIME:

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

*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): **Busby (A), Hamman (C), Martin (M)**

GROUP #: **4**

SCENARIO: **Pediatric Respiratory**

OBSERVATION DATE/TIME(S): **10/26/23 1200-1330**

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Respiratory assessment: listen to lungs. Visualize chest with gown off. Check circulation and capillary refill</p> <p>Identify unsafe dose for ibuprofen, amoxicillin, and IVF. Call provider for correction.</p> <p>Respiratory reassessment.</p> <p>Respiratory reassessment: listen to lungs and visualize chest with gown off.</p> <p>Reassess respiratory status and vitals after breathing treatment.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Remove blanket since patient has fever.</p> <p>Able to calculate correct dose for ibuprofen, amoxicillin, IVF. Calls healthcare provider to get correct orders.</p> <p>Identify croup is causing of increased work of breathing</p> <p>Able to calculate correct dose for acetaminophen. Calls healthcare provider to get correct order.</p>

<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Remove needles and scissors from crib.</p> <p>Educate mother on why patient does not need to be bundled up with a fever and seizure precautions.</p> <p>Put up crib rail when not at bedside.</p> <p>Medication administration: educate mother on medications and reasons for giving them. Does not check name/DOB.</p> <p>Educate mother on how to alleviate symptoms of barky cough by going outside or cool mist humidifier. Signs and symptoms of respiratory distress and when to return to ED. Education on antibiotic use and medication compliance.</p> <p>Apply oxygen when realize oxygen saturation declining</p> <p>Call respiratory therapy for breathing treatment</p> <p>Call healthcare provider for update and new orders. Read back orders.</p> <p>Medication administration: educate patient and mother on medications and why administering them. Check name/DOB and allergies prior to administration.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario. Team recognized teamwork. Identified lack of checking name/DOB for first medication administration. Review of medication administration checks. Team identified communication with healthcare provider could be improved and how organization of what to ask would condense number of phone calls. Team provided great education to mother and child.</p>

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)*
- Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 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 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): **Busby(M)**, Hamman(A), Martin(C)

GROUP #: 4

SCENARIO: **Pediatric GI**

OBSERVATION DATE/TIME(S): **11/7/2023 1200-1330**

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *						<p>Patient identified, allergies confirmed, VS. Patient winces when BP cuff applied. Temp- 102.5. Patient is asked to rate pain (FACES- middle face). Investigating pain in arms- bruising noted.</p> <p>Begins to assess VS. BP cuff applied, patient identifies. Temp 101.2 Patient vomits 450 mL.</p>
• Focused Observation:	E	A	D	B		
• Recognizing Deviations from Expected Patterns:	E	A	D	B		
• Information Seeking:	E	A	D	B		
INTERPRETING: (2, 4) *						<p>Temp of 102.5 interpreted as being high. Bruising on arms interpreted to be suspicious. Temp reassessed- 102.1, then 100.2</p> <p>Temp of 102.1 interpreted as being high. Signs of dehydration interpreted.</p>
• Prioritizing Data:	E	A	D	B		
• Making Sense of Data:	E	A	D	B		
RESPONDING: (1, 2, 3, 5) *						<p>Contact precautions-initiated d/t pending stool sample. Listens to abdomen above gown. Palpate also. Mucous membranes tacky. Skin warm. Call to provider to question acetaminophen suppository dose. New order received for appropriate dose and route, push PO fluids and progress to BRATTY diet if tolerated. Call to pharmacy to question cetirizine frequency. Call to lab for stool results- + Rotavirus. Med nurse- identifies patient, allergies confirmed. Acetaminophen and cetirizine</p>
• Calm, Confident Manner:	E	A	D	B		
• Clear Communication:	E	A	D	B		
• Well-Planned Intervention/ Flexibility:	E	A	D	B		
• Being Skillful:	E	A	D	B		

	<p>prepared and administered. Call to provider to report suspicious bruising on arms, mom answering questions for patient, abuse suspected. Bruising reported to case management. Mom is asked to step outside the room to discuss Rotavirus/smoking while med nurse discusses the origin of the arm bruises. Patient explains that mom's boyfriend caused the bruising. Call to case management to report new information about mom's ex-boyfriend, suggest police involvement. Call to security to make aware of the situation. Call to dietary for bananas, yogurt, applesauce, and toast.</p> <p>Call to provider with update, requests ibuprofen to assist with temp and pain. Also requests IV fluids. Orders receive for ibuprofen, an IV bolus, and maintenance fluids. Call to provider to report vomit (do not apologize.) Zofran ordered and read back. Med nurse identifies patient. Confirms allergies. IV bolus initiated (listens to lungs before bolus-nice). Bolus complete, maintenance fluid initiated. Ibuprofen prepared and administered.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussed the scenario. 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.</p>

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. Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.

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:

<p>patients, families, and members of the health team. (3, 5)*</p> <p>15.</p> <p>16. *Course Objectives</p>	
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EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2023
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date: _____