

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

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

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Fall

**Date of Completion:**

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

**Faculty eSignature:**

**DIRECTIONS FOR USE:**

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

**METHODS OF EVALUATION:**

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

**Absence: (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make-up (/Date/Time)

Faculty’s Name	Initials
Kelly Ammanniti	KA
Brian Seitz	BS
Monica Dunbar	MD
Rachel Haynes	RH

6/26/2023 MD

## **PERFORMANCE CODE**

### **SATISFACTORY CLINICAL PERFORMANCE**

**Satisfactory (S):** Safe; accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

### **UNSATISFACTORY CLINICAL PERFORMANCE**

**Needs Improvement (NI):** Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

**Unsatisfactory (U):** Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from instructor or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

### **OTHER**

**Not Available (NA):** The clinical experience which would meet the competency was not available

<b>Objective</b>																		
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		
<b>Competencies:</b>		S	NA	NA	NA	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	NA	
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	NA	NA	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	NA	
b. Provide care using developmentally appropriate communication.		S	NA	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	
c. Use systematic and developmentally appropriate assessment techniques.		S	NA	NA	NA	S	NA	S	S	NA	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	NA	S	NA	S	S	NA	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	NA	NA	NA	NA	NA	NA	NA	NA	
<b>Clinical Location Age of patient</b>		FR MC OB 1 day old	Em pat hy Bel ly Res che dul ed	Preg nanc y and Post partu m Sim Lab	Boys and Girls Club 6-12	FT ER Multiple Ages : 2yo, 10yo, 17yo, 58yo, 72yo	LC Infancy 0-12mo	S	FTM C OB 30y/o newborn Infancy	CV 9 <sup>th</sup> / 11th grades Adolescence	No Clinical							

\*End-of-Program Student Learning Outcomes

	BS																
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**Comments:**

Week 2: Infant- I chose this stage of growth and development from the Erikson’s Stages because this usually lasts from birth until 1 year of age. According to Erik Erikson, “the crisis of infancy is trust versus mistrust” (Linnard-Palmer et al., 2021). This means that the child has to build a sense of trust to help build future psychosocial skills. The infant is learning to trust that one or both of their parents is going to feed them, or clean them or comfort them and this builds the foundation of their psychosocial skills until they learn to do these things for themselves. **Nice job, you correctly identified the Erikson’s stage of Trust vs. Mistrust. BS**

Week 2 – 1a – You did a wonderful job providing holistic care to the baby you were assigned to this week. **KA**

Week 2 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. **KA**

Week 2 – 1d – You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process when returning the baby to the mother after being in the nursery. **KA**

Week 5: School Age- I chose this stage of growth and development from Erikson’s stages because this usually lasts from ages 6-12. According to Erikson, “the school-aged child must have already mastered the developmental stages of trust, initiative, and autonomy to be ready for the next stage of industry. Industry can be defined as the child’s sense of worth” (Linnard-Palmer et al., 2021). **Please know that these are the Erikson’s stages of growth and development: (Trust vs. Mistrust. ...Autonomy vs. Shame and Doubt ...Initiative vs. Guilt. ...Industry vs. Inferiority. ...Identity vs. Confusion. ...Intimacy vs. Isolation. ...Generativity vs. Stagnation. ...Integrity vs. Despair. BS**

Week 5- 1b- You did a nice job discussing the differences you noticed among the age groups you interacted with during your time at the Boys and Girls Club. 1e- Nice job describing the ways in which you adjusted your communication style as you educated and interacted with the different ages of children at the Boys and Girls Club. Although they may seem close in age, there are significant differences in the ways they communicate and respond with others. **BS**

Week 6- 1a- You did a nice job detailing one of the patients you took care of in the FTMC ER and discussing the reason for her visit. 1e- You received a U in this category for not identifying Erikson’s Stage of Growth and Development. Please respond below as to how you will prevent this in the future. **BS**

Week 7: I chose this stage of development from Erikson’s stages because this age lasts from birth to about one year of age. The infancy stage of Erikson’s stages is trust vs. mistrust. This is when the baby learns to trust that the mother is going to tend to the baby’s needs when he/she cries. Last week I forgot to include which Erikson’s stages were included in the patient’s I took care of. To avoid this happening again, I will be sure to look over the Erikson’s stages section of my clinical tool before submitting it each week. **Nice job Olivia! BS**

Week 7- 1a- You did a nice job describing one of the visits that you and the Lactation Consultant Nurse had with a patient. As you stated, this was her first time breastfeeding and she was in need of a little advice/education, which you and the LC nurse provided. **BS**

Week 8: I chose this stage of development from Erikson’s stages because this stage last from birth to one year of age. Being that my patient’s daughter was just born yesterday morning, she would be placed in the Infancy stage of Erikson’s stages of development. My patient would be middle age adult, as this stage is ages 30-64 years old. **BS**

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

Week 8- 1a- Really nice job describing your OB patient for the week, including details of the pregnancy/labor process. 1d- As you stated, this mother tested positive for THC, as did blood from the umbilical cord. This puts the fetus at risk for several problems, including neurological injuries. Nice job providing education on this topic to the new mother. BS

Week 9: The stage of growth and development that the students are experiencing is adolescence. Adolescence spans from the 13<sup>th</sup> year to the 18<sup>th</sup> year. Erikson describes this stage as identity versus role confusion. These students are focused on reidentifying themselves while experimenting with different roles. BS

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

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		
<b>Competencies:</b> f. Describe psychological changes in response to the expectant mother's pregnancy. <b>Maternal</b>		S	NA	NA	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	
g. Discuss prenatal influences on the pregnancy. <b>Maternal</b>		S	NA	NA	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	
h. Identify the stage and progression of a woman in labor. <b>Maternal</b>		NA	NA	NA	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	
i. Discuss family bonding and phases of the puerperium. <b>Maternal</b>		S	NA	NA	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	
j. Identify various resources available for children and the childbearing family.		S	NA	NA	NA	NA	S	S	S	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	S	S	S	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	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	NA	

\*End-of-Program Student Learning Outcomes

	BS																
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**Comments:**

Week 6- 1k- You did a nice job pointing out several cultural implications that should be considered when providing care for patients. People (nurses) have long known about the importance of food and religious preferences. Gender influences are more of a newer concern (in the mainstream) but still very important. BS

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

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	S	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	NA	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	NA	
b. Perform nursing measures safely using Standard precautions.		S	NA	NA	NA	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	NA	
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	NA	NA	NA	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	NA	
d. Practice/observe safe medication administration.		S	NA	NA	NA	S	NA	S	S	NA	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	S	NA	NA	NA	NA	NA	NA	NA	NA	
f. Utilize information obtained from patients/families as a basis for decision-making.		S	NA	NA	NA	S	S	S	S	NA	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							
		BS																

**Comments:**

Week 2: A social determinant of health that could impact the overall health of my patient is little to no access to healthful foods (Linnard-Palmer et al., 2021). This could impact the health of my patient because the baby receives all of his or hers nutrients in their first months of life from the mother. If the mother cannot access appropriate healthy foods to feed herself, this can effect her health. The baby will be given the proper nutrients they need to survive, however, the mother may experience malnutrition and/or health decline, which in turn, would effect the baby because the mother would need to focus on her health before she can provide for the baby. **Great job, Megan. BS**  
 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 – 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. **KA**  
 Week 2 – 2f – You worked with the family to gather information on the baby to appropriately document the baby’s I&Os in the EMR. **KA**

Week 5: Social determinants of health that could affect the health of these children include coming from a low income home and lack of transportation. If the child comes from a low income home, they may not have access to healthful foods which could lead to malnutrition and/or obesity. Lack of transportation can affect these children’s health because they may now have access to a ride to get them to and from school to receive and education and they may not be able to get to their yearly well child checkup appointments. **Yes, great job! BS**

Week 5- 2g- Good job identifying social determinants of health that may have an impact on the children. Low income and lack of transportation certainly have an effect on a family, especially with little ones who benefit from having the same experiences as their peers. When you get a chance to talk to some of these kids, some of them don’t eat from the time they leave until the next morning at school. **BS**

Week 6: Social Determinants of health that could affect the health of the patients I had include lack of transportation and low income. I had a 17 y/o who came into the ER via Norwalk police for suicidal and homicidal ideations. His mother needed to be present for the MRSS call to help create a safety plan/plan of care for her son, however she didn’t have a ride to get there. The Norwalk police willing picked her up and brought her in, but lack of transportation poses issues for future situations like this where the police may not be willing to bring her in. Also, ER visits are pretty costly between all the medications and interventions provided. They may not be able to afford follow-up visits because one trip to the ER put a big hole in their financial leeway. Olivia, great job discussing two of the social determinants of health that certainly play a role in the care of your patient. **BS**

Week 7: A social Determinant of health that could affect the health of my patients is lack of resources. I noticed that most of my patients had a newborn follow-up appointment with Peds on Wheels because they were unsure of who to go to as an established pediatrician. Lack of resources and a lack of knowledge when it comes to not having an established pediatrician can lead to missed vaccinations, and not knowing when your child is missing certain milestones that they should be hitting at a certain age. In situations like this, it is best to provide your patients with as much information as possible on the importance of establishing a pediatrician to ensure the health of their child. **Great job identifying SDOH that can have a direct effect on these patients’ lives. BS**

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

Week 7- 2c- Although you were not able to observe the infant you discussed latch and hear it swallow, you were able to do both with another infant you cared for. BS

Week 8: A social determinant of health that could affect the health of my patients is low income. This does not apply to my patient, but potentially could in the future. If a new mother with a low income gives birth, she may not have all the proper and appropriate supplies she needs to care for her new baby such as the appropriate sized car seat as well as a crib. This causes unsafe circumstances for the child and could eventually effect their health down the line. It is important to inquire about to ensure that we can get the mother the appropriate resources she needs to obtain these supplies to take care of her child. **Good example Olivia, and you are correct. Low income is a problem that affects many families. Many of those are unaware of the available resources, so putting them in touch with them is very important. BS**

Week 9: Social Determinants of health that could effect the health of these students include lack of transportation to school and lack of support system. These go hand in hand because if a child has parents that can't take them to school or do not care if their child attends school, they may not go to school on the days of the hearing and vision screening and abnormalities may not b detected. **Yes, both of these could definitely affect the health and future of these students. 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	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	NA	S	S	S	S	NA	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	
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS					

**Comments:**

An example of an ethical issue I observed in the clinical setting is there was a family that was asking to bring up their other child to the unit because they did not have anyone that could babysit while they were still in the hospital. Unfortunately, the only time that siblings are allowed in the post-partum unit is for 1 hour in the evening. I understand that both parents want to be in the hospital to bond with their new baby, however, if they couldn't find someone to babysit, the dad medically does not have an obligation to be in the hospital so he should be staying home with their daughter and someone else could come babysit and he could go back into the hospital. It seems harsh, but it is a hospital protocol and needs to be followed for a reason. **Yes, they are normally pretty strict with visitors in this department. BS**

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

Week 5: I did not observe this specifically, but an example of a legal or ethical issue that could occur in this sort of setting may include a parent that does not have legal custody of the child comes to pick up the child from the Boys and Girls Club without the legal custodian telling the club that this would be happening. DO you let the parent take the child or do you get the other parent and administration involved? **In that situation, definitely get someone involved. I believe they have rules in place for this sort of thing. BS**

Week 6: An example of an ethical issue I observed was we had an elderly male patient come in for a personal issue. He was uncomfortable being assessed by female nurses, however, we did not have any male nurses that could do his assessment. I stepped out of the room to provide more privacy and the patient felt more comfortable just having the one female nurse in there to assess him before the PA came in. **Every patient is a little different. It's good you could solve this so easily since a male was not available. BS**

Week 7: This week, I was helping the lactation consult with an Indian mother and her baby. This isn't really an ethical issue, but could be if it escalated. Often times, Indian women are seen dressing very modestly and not exposing much skin. In order to ensure a baby has a proper latch, the lactation nurse has to visualize the baby latching on to the nipple. I noticed that my patient was visibly uncomfortable pulling her gown down and exposing her breast, especially once her husband arrived. A cultural characteristic of India is that nudity "is considered crude and shameful" (Gupta, 2010). The patient's uncomfotability could be due to her cultural views and background. If the situation had escalated, we may not have been able to evaluate the baby's latch if the mother and family were uncomfortable with us viewing her exposed breast. **Great example, Olivia. Many problems with breastfeeding are easily corrected with simple observation. However if the patient feels they way you describe because of her cultural views, easily corrected problems may go unresolved, leading to a negative experience. BS**

Week 8: Honestly I don't know if this is considered a legal or ethical issue, but it's definitely a controversial topic that could potentially be a legal or ethical issue. My patient and the umbilical cord blood draw both tested positive for THC, which means that the mother used marijuana of some sort while she was pregnant. As we have learned in class, this can cause issues with the placenta as well as neurological issues in the baby. As of right now, the use of marijuana without a medical card in the state of Ohio is illegal, however, recreational use is legal in some states. It would definitely become a legal issue of traces of other illegal drugs were found in the mother and the umbilical cord blood as well. To address this issue, we educated the mother on the potential effects and the mother is strictly bottle feeding with formula. Gupta, D. (2010, July 31). *Nudity in the Indian context*. Youth Ki Awaaz. <https://www.youthkiawaaz.com/2010/07/nudity-in-the-indian-context/amp/> **I am impressed with the way you handled this situation. Rather than being judgmental, you provided some unbiased education, which it sounds like the mother took to heart. Nice work! BS**

Week 9: An example of a legal issue that may arise in this setting is parents allowing their children to stay home from school too many days out of the year. In the state of Ohio, it is required by law that children from the ages of 6-18 attend school. If the school and state recognizes that a child is not attending school, this becomes a legal issue. **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	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	S	S	S	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	S	NA	S		NA	NA	NA	NA	NA	NA	NA	NA	
e. Provide patient centered and developmentally appropriate teaching.		S	NA	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	NA	
f. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		S	NA	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS					

Week 2 – 4e – You witnessed discharge teaching for the mother and newborn in your assigned patient this week. KA

Week 5- 4e- Your group did a nice job of providing developmentally appropriate education to children of various ages on the topics you chose related to nursing. Nice work! BS

Week 6- 4b- Nice job discussing the nursing interventions completed for your patient in the FTMC ER, along with explaining the patient responses to the interventions. BS

Week 7- 4e- You did a nice job explaining some of the education provided to a new breastfeeding mom. It sounds like the education helped this mother/baby have a better experience with breastfeeding. BS

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

Week 9- Hearing and Vision 4c – You assisted the nurse to gather information on the hearing and vision screenings by using the proper papers for documentation. You discussed the process in which the nurse is to document all screenings to the Ohio Department of Health. MD

Week 9- Hearing and Vision 4e- you did a nice job educating the Clyde students you worked with during hearing and vision screenings. You were very patient and able to explain things as needed to make the education individualized to each student. You were caring and professional with all interactions. MD

Student Name: <b>Olivia Arthur</b>		Course <b>4</b>					
Date or Clinical Week: <b>2</b>		Objective:					
Criteria		3	2	1	0	Points Earned	Comments
<b>Noticing</b>	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 ineffective thermoregulation.
	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	
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Four high priority nursing problems were identified. Risk for ineffective thermoregulation was appropriately selected as the top priority problem. All relevant assessment data was highlighted pertinent to the priority problem. Three potential complications were identified, each supported with signs and symptoms to monitor for.
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
<b>Res</b>	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

\*End-of-Program Student Learning Outcomes

<b>pondering</b>	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	
<b>Reflecting</b>	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 were provided along with a determination to discontinue the plan of care.
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	Complete			Not complete	3	
<p>Total Possible Points= 42 points  42-33 points = Satisfactory  32-21 points = Needs Improvement*  &lt; 21 points = Unsatisfactory*</p> <p><b>*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.</b></p> <p><b>Faculty/Teaching Assistant Comments: Olivia, nice work with your care map related to risk for ineffective thermoregulation. See comments provided throughout the rubric. Let me know if you have any questions. Keep up the hard work! BS</b></p>						<p><b>Total Points: 42/42- Satisfactory.</b></p> <p><b>Faculty/Teaching Assistant Initials: BS</b></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)		U	NA	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		U	NA	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	
i. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		U	NA	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	
j. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		U	NA	NA	NA	S	NA	S	S	NA	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)		U	NA	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS						

**Comments:**

Week 3: I was unaware that the clinical tool objectives continued after the care map rubric. In the future, I will be sure to scroll through the entire clinical tool before submitting to ensure that I have not missed any objectives that I was supposed to address. BS

Week 6- 4h- Nice job discussing the use of Ativan. Ativan is often successful in combating the symptoms your patient was exhibiting. 4i- Great job discussing the nursing interventions that were performed for your patient during the ER visit. BS

<b>Objective</b>																		
5. Collaborating professionally with members of the health care team, childbearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Demonstrate interest and enthusiasm in clinical activities.		U	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	
b. Evaluate own participation in clinical activities.		U	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.		U	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.		U	NA	NA	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		U	NA	NA	NA	S	NA	S	S	NA	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)		U	NA	NA	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	
g. Consistently and appropriately post comments in clinical discussion groups.		U	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	
		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 were able to participate in multiple areas of newborn care and complete 24 hour newborn screenings. KA

Week 2 – 5e – You did a nice job documenting the newborn assessments in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessment accurately. KA

Week 3: I was unaware that the clinical tool objectives continued after the care map rubric. In the future, I will be sure to scroll through the entire clinical tool before submitting to ensure that I have not missed any objectives that I was supposed to address. BS

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

Olivia Arthur-Satisfactory ratings-"Olivia was comfortable with engaging in patient care" (ER nurse)

Week 6- 5a- You did a nice job explaining something you witnessed in the FTMC ER that was new to you. While most babies are born in an appropriate unit, there are times when they arrive unexpected, and I'm sure the ER has seen its share. BS

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 how vaccinations are tracked in the electronic medical record. BS

Week 8- 5a- Olivia Arthur: excellent in all areas. "Great job and nice questions!" Jacquelyn Lerch

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

Comments:

\*End-of-Program Student Learning Outcomes

Week 2- You received these 'Us' for not filling out the remainder of your tool. Please explain below how you will prevent this from happening in the future. BS

Week 3: I was unaware that the clinical tool objectives continued after the care map rubric. In the future, I will be sure to scroll through the entire clinical tool before submitting to ensure that I have not missed any objectives that I was supposed to address. BS

Week 5: An area of growth I could work on is learning to better communicate with the different age groups. It was easy to talk to the younger grades because they are very chatty and seek the approval of other adults whereas the older grades are more interested in entertaining their friends and peers. To get better at this skill, I will find topics that may interest the older grades more than something that may interest the younger grades. I would like to achieve this by my hearing and vision clinical date. Great idea. There will be plenty of kids to practice on while doing hearing and vision checks. BS

Week 6: An area of growth I think I could improve on is taking initiative. In the ER everything is kind of chaotic and very busy. I understand that nurses don't particularly like having nursing students with them because they have to explain things, but I can help out with things that I know I'm permitted to do, such as administer meds. I could have administered the Ativan to my patient, but they move so quickly that they already had the med pulled and drawn up. When I go to my OB clinical at FT, I will let the nurse know at the beginning of my clinical, these are the meds I can give and if any of these patients need meds, I would like to administer them for you. This way I am taking the initiative right off the bat. Great idea Olivia. Let them know you're eager right off the bat and most times they will try and accommodate. BS

Week 7: An area of growth I could improve on is getting comfortable talking to the moms. I always feel like I'm bothering them when they are trying to rest and heal. But it is an essential part of nursing and definitely something I need to get more comfortable with. I would like to achieve this by either taking a postpartum patient or a laboring patient at my OB clinical at FTMC so I have to find a way to communicate with them effectively. Great reflection, Olivia. You will get comfortable talking to patients, it just takes a little time and practice. BS

Olivia, nice work this first half of the semester. Keep up the hard work!! BS

Week 8: An area of growth I could improve on is creating a list of questions to ask the nurses and doctors before coming into to clinical so that I can get the absolute most out of each clinical experience. During the OB clinicals, we had quite a bit of downtime as there were not very many patients. During that time, I could've been asking questions about stuff I was interested in or wanted to know. While I only have one clinical left at Clyde schools, I can achieve this by coming up with questions on things I want to know for next semester. I definitely think it aids in my learning process throughout the semester. Yes, asking questions is a great way to learn. BS

Week 9: An area of growth I could improve on based on this past week is giving myself enough rest. This is not directly correlated with my clinical, however, it does have an effect. I have been working a lot of night shifts recently and I have been so exhausted physically and mentally. I worked the night before my hearing and vision clinical and I got off work at 3:30am. This only gave me about an hour to sleep before I had to go in to clinical. I was groggy, I didn't eat breakfast, and I forgot to switch out my nose ring, which I usually never forget to do. I quickly realized and took it out. It is so important to take care of yourself and your body to get the most out of your education and clinical experiences and I've kind of been neglecting that lately. Important realization, Olivia. It can be very easy to neglect ourselves, thinking we are invincible, but too much of that can actually make things worse. BS

Week 9- Hearing and Vision 6h- You had an ACE attitude this week with all interactions with staff and students. The nurses were extremely grateful and appreciative of your assistance, especially because you stayed after to assist with completion of the 3<sup>rd</sup> graders. Terrific job! MD

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



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

<b>Skills Lab Competency Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>														
	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
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

\* Course Objectives

<b>Skills Lab Competency Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>									
	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
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

\* Course Objectives

Comments:

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

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

\* Course Objectives

### Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Arthur (A), Doughty (C), Miller (M)

GROUP #: 2

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2023 0835-1005

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES				
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> <li>Focused Observation: E A D B</li> <li>Recognizing Deviations from Expected Patterns: E A D B</li> </ul>	<p>Nurses introduce themselves, begin assessment (remember to identify patient). VS obtained. Contractions noted on monitor. Patient identified, orientation established.</p>				

<ul style="list-style-type: none"> <li>Information Seeking: <b>E</b>    A    D    B</li> </ul>	<p>Enters room and begins assessment, VS. Patient identified, CO feeling dizzy. Bleeding noticed. Notices boggy uterus.</p>
<p><b>INTERPRETING: (2, 4) *</b></p> <ul style="list-style-type: none"> <li>Prioritizing Data:            E        <b>A</b>        D        B</li> <li>Making Sense of Data:    <b>E</b>        A        D        B</li> </ul>	<p>Contractions interpreted on monitor. Pain level at 5. UA results interpreted, + for glucose. FSBS- 200. From interactions, team interpreted the need for education related to blood sugar control and lifestyle changes.</p> <p>Bleeding interpreted as abnormal. Pad- 600 g. Uterus interpreted to be firm in response to fundal massage.</p>
<p><b>RESPONDING: (1, 2, 3, 5) *</b></p> <ul style="list-style-type: none"> <li>Calm, Confident Manner:    <b>E</b>        A        D        B</li> <li>Clear Communication:        E        <b>A</b>        D        B</li> <li>Well-Planned Intervention/ Flexibility:                    E        <b>A</b>        D        B</li> <li>Being Skillful:                <b>E</b>        A        D        B</li> </ul>	<p>Urine sent to lab. Fetal monitor applied. Mona requests something to smoke. Charge nurse asks questions about smoking. Call to lab for UA results. Education provided to patient RT smoking, prenatal care. Great teamwork. Cultural preferences discussed. Patient assisted to left side. Call to provider. Orders received for fluids, Procardia, and acetaminophen, orders read back. Ice chips provided. Education provided on the importance of prenatal care, gestational diabetes. Medications and IV fluid prepared, patient identified, allergies checked. Medications administered and IV fluid initiated. Call to OBGYN to set up appointment.</p> <p>BP measured in response to feeling dizzy. Uterine massage initiated in response to noticing bleeding. Call to provider to report symptoms. Orders received and read back to provider. Medication prepared and administered. O2 applied. BUBBLEE assessment completed.</p>
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>Evaluation/Self-Analysis:    E        <b>A</b>        D        B</li> <li>Commitment to Improvement: <b>E</b>        A        D        B</li> </ul>	<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 lifestyle changes and</p>

	prenatal care, especially with pregnancy.
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)*</li> <li>2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)*</li> <li>3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)*</li> <li>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)*</li> <li>5. Implement appropriate nursing interventions upon</li> </ol>	<p><b>You are Satisfactory for this scenario! BS</b></p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. 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. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families 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 Shows mastery of necessary nursing skills</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 style="color: red;">completion of nursing assessment. (1, 2, 5)*</p> <p style="color: red;">*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): Arthur (C), Doughty (M), Miller (A)

GROUP #: 2

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/23 0835-1005

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p style="color: red;"><b>NOTICING: (Link to Course Objectives) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:            E        A        D        B</li> <li>• Recognizing Deviations from   Expected Patterns:            E        A        D        B</li> <li>• Information Seeking:            E        A        D        B</li> </ul>	<p style="color: red;">Introductions; ask preference of name and relation to support person</p> <p style="color: red;">Take vitals and assess patient (heart, lungs, abdomen, cervical exam)</p> <p style="color: red;">Ask about all prenatal appointments and diabetes management</p> <p style="color: red;">Pain assessment (rating and timing)</p> <p style="color: red;">Fundal assessment immediately post birth</p> <p style="color: red;">Apgar 1 minute: 9</p> <p style="color: red;">Apgar 5 minutes: 9</p> <p style="color: red;">Newborn assessment: looks at shoulder</p>
<p style="color: red;"><b>INTERPRETING: (Link to Course Objectives) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:                E        A        D        B</li> <li>• Making Sense of Data:            E        A        D        B</li> </ul>	<p style="color: red;">Correlates need for PCN due to GBS+</p> <p style="color: red;">Offer Nubain for pain relief due to no epidural in birth plan</p> <p style="color: red;">Pain reassessment after medication administration</p> <p style="color: red;">See patient is ready to deliver and tell healthcare provider</p> <p style="color: red;">Dry baby off, put on hat, and swaddle to prevent heat loss</p>

<p><b>RESPONDING: (Link to Course Objectives) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:      E      A      D      B</li> <li>• Clear Communication:          E      A      D      B</li> <li>• Well-Planned Intervention/ Flexibility:                      E      A      D      B</li> <li>• Being Skillful:                    E      A      D      B</li> </ul>	<p>Hangs PCN prior to delivery. Secondary bag needs to be above the primary bag for gravity to pull it in first. IM injection for Nubain; proper technique and needle size. Needle safety engaged. Education on baby medications prior to birth with consents Communication with provider: good sbar Interventions for birth: McRoberts maneuver, call provider, suprapubic pressure, roll patient, call OR, call nursery, internal rotation, remove posterior arm, evaluate for episiotomy Educate on breathing while pushing Medication administration for baby: eye ointment and IM injection. Correct needle size and needle safety engaged Educate and encourage skin to skin with mom</p>
<p><b>REFLECTING: (Link to Course Objectives) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:      E      A      D      B</li> <li>• Commitment to Improvement: E      A      D      B</li> </ul>	<p>Team discussion of scenario. Team recognized teamwork, communication, and proper interventions. Discussion of various interventions (HELPERR and types of heat loss for baby). Discussed not all interventions can be done by nursing staff, but can suggest to provider to assist delivery. Team was able to recognize correction of hanging antibiotics as secondary and were able to understand need for secondary bag to be hung above primary bag. Team did great with education to mother on medications and sticking to her birth plan.</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)\***
- **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)\***

**You are Satisfactory for this scenario! RH**

**Lasater Clinical Judgement Rubric Comments:**

**Noticing:** Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs  
**Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.**

**Interpreting:** Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.

**Responding:** Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.

**Reflecting:** Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses:

## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Arthur, Cromwell, Hamman, McCloy** OBSERVATION DATE/TIME: **10/12/2023**

SCENARIO: **Escape Room**

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

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

/e360/apps/v9/releases/1695733545/public/upload/firelands/media/dropbox/122141-week13-make-up-arthur.docx

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

STUDENT NAME: **O. Arthur**

OBSERVATION DATE/TIME: **10/17/2023**

<p><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:     <b>E</b>     A     D     B</li> <li>• Commitment to Improvement: <b>E</b>     A     D     B</li> </ul>	<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><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p><b>Developing to accomplished is required for satisfactory completion of this simulation.</b></p>	<p><b>Comments</b></p> <p><b>You are satisfactory for this simulation.</b></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): Arthur (M), Doughty (A), Miller (C)

GROUP #: 2

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/26/23 0835-1005

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
<p><b>NOTICING: (1, 2, 5) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E       A       D       B</li> <li>• Recognizing Deviations from   Expected Patterns:           E       A       D       B</li> <li>• Information Seeking:       E       A       D       B</li> </ul>	<p>Respiratory assessment. Lifts gown to visualize chest. Asks about allergens and exposures to toxins. Educates on how to protect against secondhand smoke or toxins.</p> <p>Called pharmacy to identify if medication can be crushed and put in applesauce.</p> <p>Did not identify incorrect dose for weight based medications</p> <p>Check food aversions prior to offering drinks/snacks</p> <p>Respiratory reassessment: listen to lungs. Does not lift up gown</p> <p>Due to students advanced assessment skills and performance, the missing of the incorrect orders brought students to developing level. Remediation was done in debriefing and all students were able to find the correct and safe dose for the patient.</p>
<p><b>INTERPRETING: (2, 4) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       A       D       B</li> </ul>	<p>Able to calculate the correct concentration according to the healthcare provider's order in the chart.</p>

<ul style="list-style-type: none"> <li>• Making Sense of Data: E A D B</li> </ul>	<p>Identify that croup is causing increased work of breathing</p> <p>Student nurse stayed at bedside until respiratory therapist arrived</p>
<p><b>RESPONDING: (1, 2, 3, 5) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner: E A D B</li> <li>• Clear Communication: E A D B</li> <li>• Well-Planned Intervention/ Flexibility: E A D B</li> <li>• Being Skillful: E A D B</li> </ul>	<p>Remove needles from crib. Does not find scissors in crib.</p> <p>Put crib rail up when not at bedside</p> <p>Console mother and inform on patient condition. Education on croup signs and symptoms. Educate on symptom management and how to decrease symptoms.</p> <p>Medication administration: educate mother and child on medications and what they are for. Confirmed name with mother but did not check arm band on patient.</p> <p>Puts head of bed up due to increased work of breathing and cough</p> <p>Apply oxygen when realizing oxygen saturation is declining</p> <p>Call healthcare provider for orders. No SBAR provided</p> <p>Educate mother while staying at patient's bedside while waiting for respiratory therapist to arrive. Talks in calm manner with mother and able to keep her calm while waiting.</p> <p>Educate mother on Tylenol and ibuprofen administration at home to keep fever down</p> <p>Medication administration: checks name/DOB. Educates on medication and reason for medication</p>
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E A D B</li> </ul>	<p>Team discussion of scenario. Team recognized good teamwork and communication. Identified medication errors. All students looked up correct dosage for patient's age and weight and</p>

<ul style="list-style-type: none"> <li>• Commitment to Improvement: E      A      D      B</li> </ul>	<p>completed all dosage calculations for medications administered. Discussed how reporting would be done if medication error was done in practice. Discussion of how to find correct dosage in practice by calling pharmacy or using online reference per hospital policy. Team provided great education to mother and child. Used growth and development knowledge to communicate with patient and mother appropriately.</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ul style="list-style-type: none"> <li>• Select physical assessment priorities based on individual patient needs. (1, 2)*</li> <li>• Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)*</li> <li>• Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</li> <li>• Utilize the concepts of growth and</li> </ul>	<p><b>You are Satisfactory for this scenario! RH</b></p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs  Recognizes most obvious patterns and deviations in data and uses these to continually assess  Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate</p>

development to provide therapeutic communication with the toddler and their family. (3, 5)\*

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: \_\_\_\_\_