EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Melinda Pickens

Final Grade: Satisfactory

Semester: Fall

Date of Completion: 11/29/2023

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

Faculty eSignature: Rachel Haynes MSN, RN

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

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

Absence: (Refer to Attendance Policy)

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

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

6/26/2023 MD

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Make up	**Final**
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
Competencies: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	N/A	N/A	S	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	S
b. Provide care using developmentally appropriate communication.		S	N/A	N/A	S	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	S
c. Use systematic and developmentally appropriate assessment techniques.		S	N/A	N/A	S	S	**N/A**	**S**	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	S
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	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	S
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below and explain reason for choice)***		S	N/A	N/A	S	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	S
Clinical Location Age of patient		FT ER 31	N/A	Simulation	EMS, Hearing and vision screening	FT OB 25, neonate	N/A	Mid-term	Lactation Consultant, 32	Web elo day,I Boys and girls club, 5-11	N/A	Firelands OB, 29, neonate	N/A	N/A	N/A	N/A	N/A	final
		RH	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**

Comments:

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

E. Intimacy vs. Isolation was the stage of growth and development the patient was in. The reason I chose this one was because the patient initially came in by himself and was trying to call people while struggling to breathe and while we were trying to gather information. The patient after we got him checked in was not alone as he had his dad, girlfriend, and friends coming in to check on him. RH

E.) Industry vs. Inferiority was the stage of growth and development the kids screened were in. The reason I chose this one is because of the age of the kids and when screening them for hearing, there were some kids who wanted to hear the beeps but couldn't so they would raise their hand just to raise it. RH
Week 5: 1b – You did a great job communicating with the first graders while on clinical and utilized your knowledge of growth and development to guide your communication with the children when completing the screenings. KA

E.) Week 6: Trust vs. Mistrust was the stage of growth and development that I chose because the baby was just born and is trying to learn who to trust. The baby will build trust generally with their caregiver and the one who feeds them, changes their diaper, and just answers/ fulfills their needs. The baby does this by communicating through crying, trusting their caregiver to fulfill their needs. RH

E.) Intimacy vs. Isolation was the stage of growth and development that I chose for the breastfeeding mother because this was her second child, and she was building a family. She wanted to create a family and have that love and support. The significant other was present and was also involved more toward the end of the breastfeeding session and you could tell how important this was to her. She perked up and smiled more once he became involved and helped finger/syringe feed the baby. Family was important to her, and you could tell. When he was less involved and on his phone you could see her become closed off and not really wanting to be involved with baby. RH
Week 8: 1(a)- good explanation of a visit with a mother and the lactation consultant. RH

E.) Industry vs. Inferiority was the stage of growth and development that I chose for the kids. You could tell in the groups that they were in the kids that felt confident in themselves and that weren't afraid to talk or express themselves. As well as the kids that were just there and going along with what the other kids were saying. After I observed this, I would specifically talk to these kids that were quiet and ask them about their ideas of physical activity and after talking with them they typically became more engaged and boosted their confidence. RH
Week 9- 1b- Great job discussing the ways in which you adjusted your communication style as you educated and interacted with the different age groups at the Boys and Girls Club. 1e- You also did a nice job discussing the differences you noticed among the age groups you interacted with during your time at the Boys and Girls Club. Interests and attention spans will vary quite a bit as the children grow and mature. BS

E.) Intimacy vs. Isolation was the stage of growth and development that I chose for the mother. This was her first child, and her husband was there supporting her as well as her mother and father-in-law. You could tell that it meant a lot to her having the family there and being able to show her new baby off, as well as how happy she was to have family to talk to. As the day progressed both mom and dad were engaged and asked us questions on how to care for the baby and even asked for help/demonstration on how to swaddle. She was able to take care of the baby as well as shower and depend on her husband to help watch the baby. RH
Week 11: 1(a, c, d) – you did a great job providing holistic care to the mother/baby duo you were assigned this week. You used appropriate growth and development skills to complete an assessment. You were also able to contribute to the safety on the unit by doing mother/baby checks with their wristbands. RH

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

Objective

1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*

Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
Competencies: f. Describe psychological changes in response to the expectant mother's pregnancy. **Maternal**		N/A	N/A	N/A	N/A	S	N/A	S	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	S
g. Discuss prenatal influences on the pregnancy. **Maternal**		N/A	N/A	N/A	N/A	S	N/A	S	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	S
h. Identify the stage and progression of a woman in labor. **Maternal**		N/A	N/A	N/A	N/A	~~N/A~~ S	N/A	S	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	S
i. Discuss family bonding and phases of the puerperium. **Maternal**		N/A	N/A	N/A	N/A	S	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	S
j. Identify various resources available for children and the childbearing family.		N/A	N/A	N/A	~~N/A~~ S	S	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	S
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	N/A	N/A	~~N/A~~ S	S	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	S
l. Respect the centrality of the patient/family as core members of the health team.		S	N/A	N/A	~~N/A~~ S	S	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	S
		RH	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**

Comments:

Week 2: 1(a, k): Great job describing your patient and their cultural implications related to their plan of care. RH
Week 5: 1k – You did a nice job discussing the culture and beliefs of the school system you performed hearing and vision screening in. You were very observant and able to pick up their beliefs and values through different things you observed in the building and engaged in a conversation with me regarding different aspects you saw. KA

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

Week 6: 1(c, d)-This week you did a nice job with using systematic and developmentally appropriate assessment techniques by individualizing your assessment to the patient. You were also able to identify safety measures for your patient. MD
Week 6: 1(h)- this was changed to “S” due to discussion about stages of labor while in clinical. RH
Week 11: 1(i) – you were able to identify the stage of bonding with mother/baby and explain why you chose that stage. RH

***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	S	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	S
b. Perform nursing measures safely using Standard precautions.		S	N/A	N/A	N/A	S	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	S
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	N/A	N/A	N/A	S	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	S
d. Practice/observe safe medication administration.		S	N/A	N/A	N/A	S	N/A	S	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	S
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		S	N/A	N/A	N/A	S	N/A	S	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	S
f. Utilize information obtained from patients/families as a basis for decision-making.		S	N/A	N/A	N/A	S	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	S
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) **(List Below)***		S	N/A	N/A	S	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	S
		RH	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**

Comments:

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

G. The patient was young and had a good support system of friends and family. His father was there and was able to help fill in gaps in his health as needed, and the patient allowed. Also, the patient is in school and interns as a medic to become a medic, so they had a decent understanding of how the medical field works and what procedures would needed to be done. Patient was also able to provide us with information that was needed to help determine what might be causing his SOB. RH

G.) week 5: Some factors that I noticed influenced patient care, was that we had a student who came in and didn't speak any English and just started his first day at this school. His mother was able to speak and understand English, but I didn't hear the kid speak any English. So, this could be a potential cause for the kid to have struggles or difficulty learning, struggles making friends, and could cause the kid a feeling of inferiority. Having a parent or even parents that speaks English at home could help him to learn. RH

G.) week 6: Education level was a SDOH that affected the care of this patient. It was hard to have a conversation and educate her on topics that she needed to know for baby because she seemed disinterested during conversation. When reassessed later she would ask questions about stuff that we had just explained to her, so perhaps she was lacking education or just not understanding. It was also hard to communicate with her because she would slur her words and had a flat effect, so it was hard to understand her. RH

G.) Week 8: Some SDOH that the patient had were social and community contexts. She was reserved, monotone, and not very involved with wanted to breastfeed. She wanted to breast feed and would tell us that, but when it came to learning she would just let the baby latch however they wanted, causing her pain and an ineffective latch where baby wasn't getting any colostrum/milk. She did previously try breastfeeding with her first child and that didn't work out, which I feel is also a factor. Some women who were unable to breastfeed with their first will often not try with their second and just assume they can't do it. Her education level could also be a factor because we educated her several times and tried helping her, but she still wasn't getting it. So, there could be a learning disability there requiring more time and perhaps a different approach to educate her on effective latch and feeding. RH

G.) Some SDOH that I observed in clinical would be that most of the older kids grades 3-5 talked about wanting to be in sports or join a club but needing their parents to sign them up for it. They were in an afterschool program so their parents most likely are working and they don't get home until 6pm or later so their parents may not see the paperwork in time to turn it in. Also, they might be low income and working just to pay the bills, not allowing their child to participate in sports. This can affect children negatively when their friends are in sports and they want to be but can't. Also being in sports is great physical activity and allows for social bonding as well. The older kids I observed mostly had phones or talked about sitting inside watching TV and this could negatively affect their health. This is a great thought. It is not something I would have thought of right away, good job! RH

G.) Some SDOH that I observed included being told in report that the father/husband is an ICU nurse at Firelands. This allowed me to better gauge their level of understanding for education that might be given and they as a family will have a better understanding of all vaccines/medical procedures that would need done for the baby such as the Hep. B vaccine. As well as vaccines that are good for both parents to get such as the Tdap. However, you should never assume that just because they are a nurse that they know what all they should do while caring for a baby. There are still things they will need to be educated on and make sure to fully explain to them and allow them to ask questions. They did hit their call light and were asking questions about baby care, which showed engagement on their part and lead to good health outcomes for both baby and family. Also having a father as a nurse assuming they make a livable wage as well as having insurance will promote better health outcomes for family and baby. RH

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

Week 11: 2(d, f) – you asked appropriate questions to the mother in order to complete your assessment and you were able to chart these findings in the computer system. You also did great with medication administration and use of all the checks prior to administering medication. RH

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

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

Comments:

D. In the report we were told that the patient was on 2L of oxygen on nasal cannula, but upon entering their room we observed that they were on 4L of oxygen. Talking with the patient he told us that he turned it up to help him breathe better. This could be an issue because we were told one thing and while we want him to be informed and make decisions for his care, increasing his oxygen without our knowledge could cause more issues in the end. We as nurses didn't know when or for how long he was on the 4L of oxygen. Patients who work in healthcare can be some difficult patients to manage because they will want to do something their way rather than listening or following the prescriber's orders. This could be an issue if the patient were to self-medicate with controlled substances and overdoses on that medication because they were not taking it as prescribed. RH

D.) Some ethical or legal issues I observed in the clinical setting are whether the kids heard the beeps and understood what was expected of them. Many times, I had to try the beeps again and remind the kids to raise their hand if they heard the beeps. They would nod their head yes in agreement that they understand and wouldn't raise their hand still. So, I would ask if they heard any beeps, and they would then nod their head yes. Following this many would then raise their hand for the beeps. But when switched to the other ear would have to be reinstructed again. It is an ethical issue because are they really hearing the beeps or are they saying that they hear the beeps because we want them to hear them? Are they raising their hand for the beeps or just doing it because I reminded them to and they feel like that is what they are supposed to be doing. RH

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

D.) One Ethical issue that I observed in clinical is that everyone cares for their babies differently and just because how they care for their baby is different than how I would, it doesn't make it wrong or right. So with this being said it is important for the nurse to evaluate her own feelings on this and understand that the parents are raising their child how they see fit, and what works for them. Ultimately the goal is to help them, educate them, and fill in any gaps of knowledge to better help them when they are discharged to care for the baby. An example of the ethical dilemma is when we returned the baby back from the nursing, neither of the parents seemed interested or wanted to hold the baby. Where I felt sad for the baby and would have held the baby. RH

D.) Something I talked to the lactation consultant about was sending mothers and babies home and not sure how the breastfeeding is going based on the limited time spent in the hospital educating them and monitoring the latch/feedings. Especially for babies that have jaundice and it being crucial for the baby to have a regular feeding schedule. I was told a story how a baby was sent home who had jaundice and when called for a follow up there were able to get the parents to bring the baby in and check the jaundice levels, which were unreadable by their handheld meter less than 5 days from discharge and baby had to be admitted. Due to this mother then had to pump and then give baby a bottle every two hours so they could monitor how much baby was getting, mom knew baby was to be fed at a certain time and wouldn't feed baby any more or any less. Which can also be an issue and perhaps require more education, but it's tough in this position having educated her, sent baby home, and continuing with issues. At what point do you contact children services and get them involved, or would you simply just try to push more education on mom and her family in hopes it's just a lack of education on their part? It would depend on facility policy. I am not sure what Fireland's policy is. At the baby's first few follow ups, the pediatrician will also do a depression screen on the mother. If this populates a positive result, they are given referral to mental health or told to schedule an appointment with their OBGYN. RH

D.) One Ethical issue that I observed while at the boys and girls club was there was a girl who was smart and was offered to be in gifted classes to help further her education. However, she turned it down because she wanted to stay with her friends. There is no right or wrong because she is still getting the education she needs and she's happy being with her friends. Forcing her to go to gifted classes where the work is harder might be detrimental to her. However, staying in a classroom with her friends could also hold her back from her potential. So, in this situation it was hard not to have an opinion or want to say something since she was at that age when she was making her own decisions and saying something could possibly make her lose confidence in herself. Especially when neither option is the better option. RH

D.) One ethical /legal issue that I saw while on clinical was a mother that wanted to breastfeed but left the baby in the nursery overnight and didn't really want to engage with the baby. As a nurse we want to promote feeding the baby and want to do what the mom wants which was breastmilk, but at the same time you must make sure the baby is getting fed/eating. I'm not sure if the mother was asked if it was okay to give the baby formula, but during the report they said mom wanted to breastfeed but that they just gave the baby formula throughout the night. During the day the mom was asking questions and seemed to be trying to engage with the baby, however the baby was receiving phototherapy, so this made it hard. Good observations! It was very unclear if they discussed whether to feed the baby formula or offer the mom to breastfeed. There is also donor milk the mother could have chosen for her child. RH

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

Objective

4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*

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

Comments:

Week 2: 4(b)- Great interventions for you patient in the ED and describing how the patient responded. Did you do these all on your own (with your preceptor) or were there more than one nurse in the room? How was the teamwork of the nurses in relation to these interventions? RH

Week 5: 4(b, c, e, f)- these were all changed as you were able to work with the nurse at the school to learn how they are to document these screenings. You also were able to use your clinical judgment to educate the students if they were confused about the process. You were able to provide age appropriate teaching to them to understand why the testing needed to be done as well as what was going on if the student did not pass the screening. RH

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

Week 5: 4c – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You had the opportunity to document some of the screening results on the ODH forms. You discussed the nurse's process for documenting the screenings in the computer system and discussed what information needs to be reported to ODH. KA
Week 5: 4e – You did a nice job educating the first graders you worked with in the school system during hearing and vision screenings. You adapted you explanation as needed to make the education individualized for each child you worked with. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. KA
Week 6: 4(e, 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 8: 4(e)- great examples of education provided to the mother. RH

Week 9- 4e- Your group did a great job providing the students with ideas on how to stay active in a limited environment. The kids participated very well for all of your activities. You did a nice job of adjusting the type of education provided based on the ages of the groups you worked with. BS
Week 11: 4(a) this was changed to "NA" because you did not do a care map this week. Your CDG post was a list of questions rather than the care map. RH

Student Name: Melinda	**Course Objective:** 4
Date or Clinical Week: MCN	

	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	
	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	3."Risk for injury" for potential problem. 6/7. Great things 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	

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

	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	8. Great idea for double coverage for blood pressure medications Remember to have ALL interventions to have frequency, two of yours are missing one. This still puts you at >75% complete so no points were deducted.
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	
	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* ***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.** **Faculty/Teaching Assistant Comments:**	**Total Points: 42/42** **Satisfactory** **Faculty/Teaching Assistant Initials:** RH

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

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

Comments:

Week 2: 4(h, i)- Good description of interventions and WHY you performed them by connecting them to the disease process. What a great experience to see and use COVID precautions with your patient while ruling it out as a diagnosis. RH
Week 6: 4(g-k)-This week you were able to correlate diagnostic tests, pharmacotherapy, medical treatment, nutrition, and growth and developmental level in relation to your patient. MD

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

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

Comments:

Week 2: 5(a)- there is so much technology in the ED and I am glad you were able to experience some new procedures and how it improves/helps with patient care. RH
Week 6: 5(a)-You showed great enthusiasm during the FTMC OB clinical experience. MD
Week 6: 5(e)- this was changed to "S" due to you navigating the electronic health record while at FTMC as well as the charting you did on paper with Monica. RH

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

Week 8: 5(a)- comments from lactation. Marked excellent in all areas. “You did an awesome job today! You seem very receptive to learning and have great people skills. I think you will make a fantastic nurse! Keep up the good work, you are on your way!” –Jacqulyn Lerch

Week 11: 5(a, e) – you were so enthusiastic this week and asked great questions related to pregnancy/birth/post-partum. You also charted on you patient in the electronic medical record. RH

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

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

Comments:

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

A.) An area of improvement I have is my communication. From the ER clinical I observed that to get an idea of what is going on with your patients that you must talk with them and know what questions to ask. Over the next week I plan to look at different case studies for different disease processes and practice what questions I would ask patients as well as what things I would want to observe for. For example, the patient I had with SOB, how long has this been going on for? Have you been around anyone that is sick? As well as wanting to observe his respiratory rate, oxygen saturation, and lung sounds. This does get easier to do with practice. It also helps when you are used to the charting and you know everything that needs charted on as it can assist you in guiding your questions. RH
Week 2: Feedback from ED RN: "Excellent in all areas. Opportunity to do IV saline flush, PO Meds, IM Injection, Remove medication, Patient Education, Respect privacy. Comments: Very Involved!" Keep up the great work! RH

A.) Week 5: An area for improvement I have is to become more patient. Knowing that we had several classes that they would have liked to get done, however, the children were having problems understanding the rules made me feel a little rushed. Some kids wanted to come in and tell little stories or would be shy and didn't want to raise their hand. So having patience and being able to communicate with them and make them feel comfortable performing an accurate screening is important. It doesn't matter how many you get done, but rather the quality of which the screenings were done.

Week 5: 6h – You had an ACE attitude this week and approached the hearing and vision screening clinical with attitude, commitment, and enthusiasm which was evident with everyone you encountered in the school system. You stayed over to assist the school nurse in completing the screenings on the current class we were on and were not required to. The nurse was very grateful. Terrific job this week! KA

A.) Week 6: An area for improvement that I have is to slow down and not skip the small but vital information. For example, I knew I had to go in and verify baby and mom had the same wristband, but I was eager to get in the room and see how mom was doing and return babe, that I almost forget to verify before leaving. I need to have a plan for when I go in the room, gather all information I need first, such as verifying baby is in the right room, and then assess mom and gather the rest of the information needed. RH

Midterm: Melinda, great job thus far in the semester, keep up the good work! RH

A.) An area for improvement that I have is to know all my resources and tools for education. By this I mean at clinical I got to witness several different tips and tricks used to help get baby to latch and have a successful breastfeeding. There are nipple shields, hand pumps, self-expressing, and even donor milk mom could use. I think it is important to understand and know all resources you have and could offer moms because each mom and baby is different and might require different resources to get an effect latch. I was also able to witness donor milk being offered through a syringe while babe was sucking on mom's pinky. I plan over the next week to look into and familiarize myself with different options to help improve latch and even techniques to help ease breast discomfort for mothers as this was a common complaint. RH

A.) An area for improvement that I have is to change the way I communicate with different ages. I learned quickly on clinical that younger children enjoy playing games and typically by their rules, so the kids' kindergarten through 2nd grade. Whereas the 3rd-5th graders were typically unimpressed and just wanted to be home.

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

I felt it was easier to communicate with the younger kids and find interesting ways to teach them. However, once it got to the older kids I wasn't sure several times on how to communicate with them, let alone educate them about physical activity. My plan is to research ways on how to better communicate with kids over the next week to help improve communication but education as well. This includes things like getting down on their level, maintaining eye contact, being direct, and making things fun/interesting so they become more engaged. RH

A.) An area of improvement that I have would be performing a newborn assessment. This is something that I haven't practiced much since it is fairly new and during it, I had forgotten to check the suture lines and didn't realize until I started to document. I felt the fontanels as well as observed the caput and bruising on the head. To improve my skills and prevent forgetting things during my assessment I plan to watch the newborn assessment video that is available to me on edvance360 as well as write my own checklist while watching the video and then practice it over the next week. This will help build my confidence as well as my memory to make sure I perform a thorough assessment. Practice is essential in the skills we do not use frequently. This is a great goal! RH

Final: Congratulations on satisfactorily completing clinical and simulation for the Maternal-Child Nursing course! It has been great watching you grow in your skills and confidence in caring for this patient population. RH

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

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

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

* Course Objectives

Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Lab Skills**									
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (* 1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditech (* 1,2,3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date: 8/23	**Date: 8/23**	**Date: 8/23**	**Date: 8/23**	**Date: 8/23**	**Date: 8/23**	**Date: 8/23**	**Date: 8/23**	**Date: 8/24**	**Date: 10/16**
Evaluation	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**
Faculty Initials	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**
Remediation: Date/Evaluation/Initials	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Simulation**											
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/12 & 9/13	**Date: 9/25**	**Date: 10/3 & 10/4**	**Date: 10/9**	**Date: 10/19**	**Date: 11/2**	**Date: 11/6**	**Date: 11/7 & 11/8**	**Date: 11/21**	**Date: 11/21**	**Date: 11/29**	**Date: 9/19/21**
Evaluation	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**
Faculty Initials	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**
Remediation: Date/Evaluation/Initials	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**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): Pickens(A), Seibold(C), Sweat(M)
GROUP #: 9
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/13/2023 1335-1505

CLINICAL JUDGMENT COMPONENTS					**OBSERVATION NOTES**
NOTICING: (1, 2, 5) *					Identifies patient begins assessment and. VS. Notices patient with gestational diabetes. UA results returned- + for glucose and high specific gravity. Pain rated at 5/10. Patient CO gush of blood. Blood noticed. Patient CO dizziness, orientation established. Noticed boggy uterus. Low BP, rise in HR. Notices uterus beginning to firm up. Notices BP beginning to rise.
• Focused Observation:	E	**A**	D	B	
• Recognizing Deviations from Expected Patterns:	E	**A**	D	B	
• Information Seeking:	**E**	A	D	B	

INTERPRETING: (2, 4)* • Prioritizing Data: E **A** D B • Making Sense of Data: E **A** D B	Interprets the need for fetal monitor. Interprets the need for FSBS-200, interpreted as high. Interprets need for Leopold's maneuver. Boggy uterus interpreted to be PPH. Rising BP and lower HR interpreted to be improvement
RESPONDING: (1, 2, 3, 5) * • Calm, Confident Manner: E **A** D B • Clear Communication: **E** A D B • Well-Planned Intervention/ Flexibility: **E** A D B • Being Skillful: E **A** D B	Patient requests a cigarette, education provided regarding cessation. Fetal monitor applied. Urine sent to lab. FSBS-200. Leopold's maneuver preformed. Call to provider to report +glucose and high specific gravity, + THC, + leukocytes. Orders received for IV fluid, Procardia, and acetaminophen, and US to verify dates, education for smoking cessation and OB care. Orders read back. Assessment nurse offers to setup with OBGYN, offers smoking education. Medications prepared, IV fluids initiated, Procardia and acetaminophen administered. Patient assisted to right, then left side. Call to US to verify dates. Patient questioned about vaccinations. Information offered on MyPlate. Education provided about milk engorgement and how to prevent discomfort. Fundus being massaged. Call to provider to report hemorrhage, orders received for methergine and increased fluids. IM methergine prepared and administered. BUBBLEE assessment performed.
REFLECTING: (6) * • Evaluation/Self-Analysis: **E** A D B • Commitment to Improvement: **E** A D B	Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed team member roles and being flexible- giving and offering help when needed. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help when unsure of something. Discussed the importance of lifestyle changes and prenatal care, especially with pregnancy.
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**	**You are Satisfactory for this scenario! BS** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.

D= Developing **B= Beginning** **Scenario Objectives:** 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* *Course Objectives	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. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. 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: SCENARIO: Empathy Simulation

STUDENT NAME: Melinda Pickens OBSERVATION DATE/TIME: 9/19/23

REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy. Great job. I enjoyed seeing your pregnancy photo!
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing to accomplished is required for satisfactory completion of this simulation.**	**Comments** **You are satisfactory for this simulation. RH**

*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): Pickens (C), Seibold (M), Sweat (A)

GROUP #: 4
SCENARIO: Shoulder Dystocia and Newborn Care
OBSERVATION DATE/TIME(S): 10/4/23 1200-1330

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (Link to Course Objectives) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Confirm name/DOB Pain assessment, cervical exam, palpate stomach to feel strength of contractions, leopold's Repeat cervical exam after pain medication administrated Apgar score 1 minute: 9 Newborn assessment complete Post-delivery assessment (BUBBLE-LE) Apgar score 5 minutes: 9
INTERPRETING: (Link to Course Objectives) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Understand the PCN is needed for GBS+ result Offer nubain for pain relief to stick to mother's birth plan. Reads fetal monitor and identifies early decelerations are related to head compression. Warmer on, dry baby, hat on, offer skin to skin to assist with thermoregulation
RESPONDING: (Link to Course Objectives) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Education provided to mom about shoulder dystocia Educate mother on GBS+ and side effects to baby Administration of PCN: piggyback to be hooked up above the pump. Secondary tubing to be higher than primary tubing. Did not verify name/DOB. Administration of nubain: all checks done. Proper technique and correct needle size utilized. Needle safety engaged. Contact healthcare provider, SBAR Confident education and guiding of mother while pushing Interventions: McRoberts maneuvers, suprapubic pressure, hands and knees, call for help, episiotomy, posterior arm, rotational maneuvers Educate mom on vitamin K and erythromycin for baby. Eye ointment applied to baby. IM injection used proper technique. Used adult IM injection needle. Ouch! Use 5/8 inch needle for newborn IM injection. Education on lactation consultant and breastfeeding Education on cord care

REFLECTING: (Link to Course Objectives) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of scenario. Team recognized teamwork, communication, and proper intervention. Discussion of various interventions (HELPERR and types of heat loss for baby). Discussed proper needle size for IM injection for adult and newborn. Used IV pump and fluids to show how to properly show how to hang secondary medications.
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**	**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

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

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Pickens, Silas, Taylor, Whitworth OBSERVATION DATE/TIME: 10/19/2023 SCENARIO: Escape Room

CLINICAL JUDGMENT	**OBSERVATION NOTES**
COMPONENTS NOTICING: (1, 2, 5)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.
RESPONDING: (1, 2, 3, 5)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Responded to safety issues by correcting each of them to provide a safe environment for the patient's care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient's respiratory distress by providing the patient with the ordered breathing treatment. Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.

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

/e360/apps/v9/releases/1695733545/public/upload/firelands/media/dropbox/122402-pickensmmcnclinicaltool2023final.doc

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Pickens (M), Seibold (A), Sweat (C)
GROUP #: 4
SCENARIO: Pediatric Respiratory
OBSERVATION DATE/TIME(S): 11/2/23 1200-1330

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Respiratory assessment; listen to lungs, lifts gown to visualize chest
• Focused Observation:	E	A	D	B	Does not identify medication based on weight or age (amoxicillin, ibuprofen)
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Ask about asthma triggers/exposures and family lung history
• Information Seeking:	E	A	D	B	Respiratory assessment: listen to lungs, lifts gown to visualize chest.
					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.
INTERPRETING: (2, 4) *					Able to calculate the correct concentration of medication according to the healthcare provider's order in the chart (ibuprofen, amoxicillin).
• Prioritizing Data:	E	A	D	B	Identify croup is causing increased work of breathing and causing adventitious lung sounds
• Making Sense of Data:	E	A	D	B	Nurse remains at bedside until respiratory therapy arrives for breathing treatment.
					Able to calculate correct concentration of medication according to healthcare provider's orders in the chart (acetaminophen
RESPONDING: (1, 2, 3, 5) *					Remove syringe from crib. Removes second syringe and scissors after prompting
• Calm, Confident Manner:	E	A	D	B	Medication administration (ibuprofen, cetirizine): check name/DOB. Educate on what medications are for.
• Clear Communication:	E	A	D	B	Education to mother about smoking and triggers for child. Education provided about croup and signs/symptoms and how to manage at home.
• Well-Planned Intervention/ Flexibility:	E	A	D	B	Medication administration (amoxicillin): did not check name/DOB. No education provided
• Being Skillful:	E	A	D	B	Call respiratory for breathing treatment and cool mist humidifier for room.
					Able to discuss condition with mother and able to keep her calm

	during situation Call healthcare provider for update. Good SBAR used. Order for dexamethasone given. Read back orders. Medication administration: (ibuprofen, dexamethasone) did not check name/DOB or educate
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of scenario. Team recognized good teamwork and communication. Identified medication errors. All students looked up correct dosage for patient's age and weight and 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.
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	**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,

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)*	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; O=Observer (Course Specific)

STUDENT NAME(S) AND ROLE(S): Pickens(A), Seibold(C), Sweat(M)
GROUP #: 9
SCENARIO: Pediatric GI
OBSERVATION DATE/TIME(S): 11/8/2023 1200-1330

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Patient identified, CO stomach pain. Rated 3/10. VS. Bruising noticed on BUE. When patient is questioned about them, mom answers. Mom steps out. Patient CO stomach pain, vomits. Pain rated at 8/10. Orientation established. Temp 102.1. Skin tenting noted. Mucous membranes reassessed, pain rated 3/10. Notices improving symptoms.
• Focused Observation:	E	**A**	D	B	
• Recognizing Deviations from Expected Patterns:	E	**A**	D	B	
• Information Seeking:	E	**A**	D	B	
INTERPRETING: (2, 4 *					Temp 102.5- interpreted as high. Pedialyte offered. Bruises interpreted as being suspicious. Temp 101- interpreted as
• Prioritizing Data:	E	**A**	D	B	

• Making Sense of Data:	E	**A**	D	B	improvement. Mucous membranes tacky interpreted as sign of dehydration. Vomit interpreted to contain food particles. Temp- 102.1 interpreted to need medication. Skin tenting interpreted to be sign of dehydration. Symptoms interpreted to be improving following interventions.
RESPONDING: (1, 2, 3, 5) *					When patient requests fruit punch pedialyte, alternate flavor offered. Call to provider to question cetirizine and acetaminophen dosages, and informs of suspicious bruises. Call to pharmacy regarding medication doses. Patient is questioned further about origin of bruises. Patient explains mom's boyfriend was responsible for bruises. Acetaminophen and cetirizine prepared and administered. Call to physician with recommendation for case management involvement. Call to case management to report potential abuse and request their services. Mother is informed of conversation with Jack. Call to dietary to request items from the BRATTY diet. Call to lab for stool results- + for Rotavirus. Contact precautions initiated. Call to provider to report Rotavirus and request fluids. Order to push fluids. Mom provided with a gown. Stomach pain reassessed following medication administration. Call to provider to report I&O. Orders received for fluid bolus and maintenance fluid (remember to read back orders). Orientation established-good thinking. IV fluid bolus prepared and initiated. Call to provider to report new findings (signs of dehydration/pain) and requests nausea medication and ibuprofen. Orders received (read back orders). Call to pharmacy to double check ibuprofen dose, which is confirmed. Zofran prepared and administered. Call to pharmacy to request route change for ibuprofen. Ibuprofen administered.
• Calm, Confident Manner:	E	**A**	D	B	
• Clear Communication:	E	**A**	D	B	
• Well-Planned Intervention/ Flexibility:	**E**	A	D	B	
• Being Skillful:	E	**A**	D	B	
REFLECTING: (6) *					Team discussed the scenario. Also discussed the importance of checking recommended doses for medications. Discussed rotavirus and the need for contact precautions. Good job with SBAR communication, remember to read all orders back. Team noted suspicious bruising and recognized the need to contact someone to investigate further. Reviewed steps of programming the IV pump for a fluid bolus.
• Evaluation/Self-Analysis:	E	**A**	D	B	
• Commitment to Improvement:	**E**	A	D	B	

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

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Melinda Pickens OBSERVATION DATE/TIME: 11/21/23
SCENARIO #: Student Developed Scenarios

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Noticed deviations from normal with physical assessment and inquiry. Information seeking regarding patient condition as well as with parent/support person at bedside when appropriate. When developing your scenario, you noticed the important assessment aspects to include for a patient/support person with your assigned diagnosis.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Was able to interpret data pieces and prioritize accordingly. For each scenario, care was given in gathering details needed in order to phone the healthcare provider and provide SBAR. When developing your scenario, you interpreted the expected path of the disease process and necessary nursing interventions to include in the patient's care.
RESPONDING: (1, 2, 3, 5)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Responded with communication that was collaborative between roles. Clear communication was utilized between colleagues. Clear communication was utilized with family and layman's terms were utilized when appropriate. Responded with interventions that were planned accordingly and verbalized when necessary. Skill in identifying focus assessments as well as timely reassessments was utilized. Family members and others of the health care team were kept up to date on patient condition and given education for current condition as well as for preventative measures.

	In response to your assigned disease process you developed a comprehensive simulation that encompasses aspects of assessment, interprofessional communication, and nursing interventions appropriate for the patient scenario you developed.
REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Reflected with a self-analysis of assessment and analyzation of data to identify missing pieces of the scenario. Actively participated in providing constructive feedback to all groups observed throughout the simulation.
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing or higher in all areas is required for satisfactory completion of this simulation.**	The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS/RH

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Melinda Pickens OBSERVATION DATE/TIME: 11/29/23
SCENARIO: Comprehensive Simulation

CLINICAL JUDGMENT	**OBSERVATION NOTES**
COMPONENTS NOTICING: (1, 2, 5)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	You noticed suspicious bruising on patient and patient's physical appearance and psychosocial status as deviation from normal. You noticed environmental concerns throughout the home that would be safety hazards. You noticed abnormal family functioning as you progressed through the simulation. You noticed the signs of respiratory distress and dehydration in the children.

INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit. You were able to interpret safety and health issues with each member of the family. You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit. You interpreted acute respiratory status changes and lethargy as major assessment concerns in the children in this home environment.
RESPONDING: (1, 2, 3, 5)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	You responded to patient's admission of abuse calmly without judgement. Communicated alternatives clearly and empathetically. You responded with intervention regarding safety of children; flexible and creative with ideas and interviewing each member of the family. You responded by prioritizing the safety and health concerns of each family member and seeking further treatment for them. You sought further information regarding potential abuse from all members of the family. You were respectful and calm in communicating with potential abuser. Coping skills were discussed. You responded to safety, psychosocial issues calmly. You were confident in your approach to each family member.
REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	You reflected thoughtfully on your approach to the patient's abusive history, child care, etc.… You reflected on the education and information provided to the family. You were able to reflect on your progress with addressing the concerns for each environment and family member.

	You were able to reflect on the home visit and establish a focused education plan for one of the family members of the household.
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing or higher in all areas is required for satisfactory completion of this simulation.** Objectives 1. Provide quality, patient-centered care in an organized, safe manner. (1, 2, 4, 5)* 2. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 3. Utilize the concepts of growth and development to provide therapeutic communication with the family unit. (3, 5)* 4. Identify safety measures for the family unit in the home setting. (1,3,5)* 5. Demonstrate thorough environmental assessment in the home setting. (1,3,5)* *Course Objectives	Excellent job in communicating without judgement and providing appropriate education, information regarding resources, and intervention for family. You are satisfactory for this scenario. KA/MD/BS/RH

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: _____Melinda Pickens 11/30/23_____