EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Jody Peterman

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)
10/18/23	3	Rescheduled Lactation Clinical	11/10/2023

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

6/26/2023 MD

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Make up	**Final**
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
Competencies: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	NA	S	S	NA	S	S	S	NA	S	NA	S	NA	NA	NA	S
b. Provide care using developmentally appropriate communication.		S	NA	NA	S	S	NA	S	S	S	NA	S	NA	S	NA	NA	NA	S
c. Use systematic and developmentally appropriate assessment techniques.		S	NA	S	S	NA	**NA**	**S**	**S**	NA	NA	S	NA	S	NA	NA	NA	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	NA	S	S	S	NA	S	S	S	NA	S	NA	NA	NA	NA	NA	S
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below and explain reason for choice)***		S	NA	NA	S	S	NA	S	S	S	NA	S	NA	S	NA	NA	NA	S
Clinical Location Age of patient		34, ER	NA	emp athy	BV	BG	NA	Mid-term	REG 28 Y/O	webl ow	NA	FT, 1.5H RS	NA	lacat ation	NA	NA	NA	final
		RH	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**

Comments:

My patient was a 34 y/o F, I would say she is in the Early adulthood stage (6). I chose this not only due to her age but also, she was having relationship problems and I believe she was more isolated than intimate. RH

Week 2: 1(a, k): Great job describing your patient and their cultural implications related to their plan of care. RH

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

Week 5: This week I worked with 1st graders for hearing and vision. Their stage of development is industry vs. inferiority, this was not only them being school age, but their behaviors and confidence showed it as well. Wanting to do well and seeking positive feedback were two of the main behaviors I observed from the kids. 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

Week 6: The majority of the children I worked with this week at the boys and girls club were in the industry vs. inferiority stage. This was because they were school aged kids. There were some initiative vs. guilt staged kids as well because we had kindergarten kids as well. I spent most of my time with them and they were constantly looking for approval from adults on what they were doing to make sure they were doing things right. RH

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

Week 8: My Pt. was 28 y/o and she was in the intimacy vs. isolation stage. I believe she has been successful with this due to her having her husband by her side for support as they welcomed their new baby girl into the world. She also many times turned to him when making decisions which shows she trusts him and values his opinion. RH

Week 8: 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. RH

Week 9: During weblow day I worked with school-aged children. This means they were in the industry vs. inferiority stage. They showed this by participating in the cuts and scrapes activity when bandaging the orange. They had to choose what type of bandage to use based on how deep the cut was. When they got it right this boosted their confidence. RH

Week 9: 1(c)- You did great communicating with the webelo students and changing your communication techniques so they were able to understand. RH

Week 11: This week my patient was a NB baby girl. She is in the trust vs. mistrust stage of development due to her being so young. This is why bonding during this time is so important. To promote this my patient's mother was breastfeeding and doing skin to skin. Dad was also bonding with the baby by helping mom and holding babe. RH

Week 11: 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 13: My patient this week was in the intimacy vs. isolation stage of development. I think she is working on this stage, she was in the hospital by herself with her sisters there to visit. She did tell them that the babies father has been staying with her for a few weeks now so this tells me she is trying to get to the intimacy stage. RH

Week 13: 1(a)- you did a great job describing your and your nurse's assessments of the newborn as well as assessment of the mother while you provided care and education to her about breastfeeding. 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**		NA	NA	NA	NA	NA	NA	N/A	S	NA	NA	S	NA	S	NA	NA	NA	S
g. Discuss prenatal influences on the pregnancy. **Maternal**		NA	NA	S	NA	NA	NA	N/A	S	NA	NA	S	NA	NA	NA	NA	NA	S
h. Identify the stage and progression of a woman in labor. **Maternal**		NA	NA	NA	NA	NA	NA	N/A	S	NA	NA	NA	NA	NA	NA	NA	NA	S
i. Discuss family bonding and phases of the puerperium. **Maternal**		NA	NA	NA	NA	NA	NA	N/A	S	NA	NA	S	NA	NA	NA	NA	NA	S
j. Identify various resources available for children and the childbearing family.		NA	NA	NA	NA	NA	NA	N/A	S	S	NA	S	NA	S	NA	NA	NA	S
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	NA	S	S	S	NA	S	S	S	NA	S	NA	S	NA	NA	NA	S
l. Respect the centrality of the patient/family as core members of the health team.		S	NA	NA	~~NA~~ S	S	NA	S	S	S	NA	S	NA	S	NA	NA	NA	S
		RH	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**

Comments:

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**

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

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

Comments:

This pt is the same as above. She was involved in a car collision and she was worried about how she would get to work. So financial stress is her biggest SDOH currently I believe. The clothes she was wearing were dirty and her appearance was disheveled as well. I responded to this by making a phone call for her to her roommate to set up a

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

ride for her. The RN and I also named a few resources for her to get transportation. Financial stress and transportation issues are common in the ER. How nice for you and the RN to provide your patient with additional resources for transportation. RH

Week 4: 2(b, c, d)- Changed these to NA due to you not performing this in the clinical setting. The empathy belly is considered simulation therefore that does not apply to the clinical portion. RH.

Week 5: There were a few children today that had some social and language barriers from developmental delays that could fall under a determinant. I know that one of the boys was autistic and he was nonverbal which made screening him and communicating difficult. I could pick up on subjective ques that he was upset and uncomfortable with the idea of the headphones, but he couldn't explain that to me. So, if he didn't have his aid and someone else who didn't see his ques and behavior as distress then he wouldn't be able to advocate for himself. He also couldn't perform the testing due to not understanding the directions so he will have to have other testing done outside of school. Good observations to see when he was uncomfortable or distressed. RH

Week 6: This week there were so many different SDOH and cultural elements as we spent our time at the boys and girls club. Some of the children come from poverty and some you can tell have it a little easier financially. A few of the children probably come from families where health is not taken seriously due to lack of knowledge. I noticed this just by asking them questions related to health topics that children of their age should be aware of. The whole goal was to educate this clinical so that is how we responded to them not having the proper health education. RH
Week 6- 2g- Good job identifying social determinants of health that may have an impact on the children. Lack of knowledge regarding healthcare can certainly affect these children as they grow and mature. Most children take after their parents when it comes to this sort of thing, so they (most) will model the behaviors their parents exhibit. Economic stability is another very important SDOH that can affect these and all children. BS

Week 8: I believe her biggest SDOH would be related to their level of education related to newborn care. She does have a 3-year-old at home, but I feel she thought she remembered more about caring for a newborn than she actually did. Both mom and dad had a very difficult time grasping that the baby needed to be eating every 2-3 hours. Along with that they also didn't follow the education that many of us gave to them regarding supplementing with formula because the baby was not getting enough. Another thing they struggled with was car seat safety and installation. We responded to this by educating as much as we could in different ways to hopefully help them understand. RH

Week 9: This week we taught school-aged kids but that is a really big age range to try and gear education to with different groups. This difference in education between the kids ages was the most prominent SDOH to me. We responded to this by changing how we spoke to the younger kids vs. the older ones to help them build a rapport and retain the material. There was a large age gap here, great job accommodating them all to a level they could understand. RH

Week 11: My patients' biggest SDOH would be moms health education level. Mom smoked while she was pregnant, and baby was a little on the smaller size. Mom also needed ques to support baby's neck while breast feeding. Another could be financial burden of a new baby in report it was stated mom was going to be on WIC which is a government run program to help with moms and baby's nutritional needs. RH

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

Week 13: I believe the patients most troublesome SDOH was lack of transportation. While trying to schedule her follow up appointment it was difficult because we only had 2 time slots every day and they were the same and this patient didn't drive. This made it hard for her because she had to work her appointments and baby's appointments around someone else's time frame. With a newborn not having transportation is a huge stressor. Traveling with a newborn is very difficult, let alone trying to get around without having one's own type of transportation is very hard to arrange. Good observation! 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	S	S	S	S	S	S	S	S	NA	S	S	S	NA	NA	NA	S
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		S	NA	NA	S	S	NA	S	S	S	NA	S	NA	S	NA	NA	NA	S
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		S	S	S	S	S	S	S	S	S	S	S	S	S	NA	NA	NA	S
d. Critique examples of legal or ethical issues observed in the clinical setting. **(List Below)***		S	NA	NA	S	S	NA	S	S	S	NA	S	NA	S	NA	NA	NA	S
		RH	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**	**RH**

Comments:

The only real example that stuck out to me was with the MVA pt. She was claiming the accident was not her fault, but the cop was saying otherwise. She also was very fearful of her roommate being mad at her for having to come get her. She begged me to make the phone call for her, so I did, when he asked to talk with her she was very reluctant. I'm not sure what the situation was but the nurse said we weren't going to get to involved with that so I just took it at face value and did what I could. One must remember there are always two sides to every story. What the patient was saying was only their side. Her reluctance to talk to her roommate does show some red flags as well. What other resources could have been given to this patient if she was not in a safe space at home? RH

Week 5: I noticed today that when a diabetic student at the middle school was having issues with their insulin pump the two nurses on staff at the elementary school had to come up with a plan on who was going to go there 1st and who would stay behind. This is because they couldn't just leave the elementary students without a nurse while doing the screenings and the student at the middle school needed medical attention. They ended up taking turns going over to the middle school to check on the student. This worked out well and they were able to provide the middle schooler with care as well as the younger kids. Good catch! It is important to have a nurse available to the students when they need it, but also across various buildings. RH

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

Week 6: The first thing that came to mind for this question was one of the aids being very stern with the kids. The kids needed this strict treatment, but I felt that some parents or by standards could take the aid for being overly strict or “mean” to the kids. She did not play around when it came to bringing the kids back in when they started to get out of control and the kids listened to her. I mean she was sort of scary, I think I would have listened to her as well as a child (maybe even now). Some of the aids are very stern with the children there, I can see how this could be taken the wrong way by some parents. RH

Week 8: I did not feel that my patient was ready to be discharged due to the baby not eating well at all and them not supplementing correctly. There was not much we could do though because the pediatrician cleared the baby to be discharged. The mom also had a follow up appointment with lactation scheduled but I’m not very confident that they will show up. I feel this way because they already weren’t following our advice and education. I agree, it worries me that they were able to go home after they stated they understood to supplement but did not do so after the most recent feeding. RH

Week 9: One legal aspect of this clinical experience was making sure all the kids got signed in and out of the building by a parent or guardian before we were allowed to leave the building. This was to ensure the safety of the children who were left in our care. I would have felt comfortable leaving my children there as a mother with this rule being in place. RH

Week 11: A legal topic we discussed and saw during clinical was an affidavit for dad to be on the birth certificate. These need be done in the event of a mom and dad not being married at the time of birth. This gives dad the permission to sign the birth certificate. What would happen if the father did not want to be on the birth certificate and refused to sign paperwork? RH

Week 13: There was supposed to be a follow up appointment coming in to be seen but she ended up calling and saying she was not coming in. The RN asked her a few questions on the phone, and it turns out she was only getting about 15mLs of breastmilk at 4 days postpartum. The nurse was concerned that she was not producing enough, and this was a first-time mom as well. This was a concern because there was no real way to tell if baby was getting enough during the feeds or if latch was good. The baby’s peds appointment was not until after the weekend as well so this baby wouldn’t be seen for another 3 days. The nurse asked about wet and dirty diapers to make sure the baby was not dehydrated. The nurse also asked mom to pump rather than hand express after a feed and offer what she gets to babe. She also explained the mom might have to start formula. After the nurse educated and did all she could over the phone she asked if she could call again tomorrow to check in. Then she wrote a long nurses note in the EMR to explain the situation. I hope the new mother listened to the lactation consultant and was supplementing with formula and the nurse the next day called to check in on them. There are some pressures on new mothers to only breastfeed and some mothers feel like they cannot supplement with formula so it is great that the nurse told her that was okay. 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)		NA	NA	NA	NA	NA	NA	N/A	S	NA	NA	NA	NA	NA	NA	NA	NA	S
b. Develop and implement a plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	NA	NA	NA	NA	NA	N/A	S	NA	NA	S	NA	NA	NA	NA	NA	S
c. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		NA	NA	NA	S	NA	NA	S	S	NA	NA	S	NA	NA	NA	NA	NA	S
d. Summarize witnessed examples of patient/family advocacy.		S	NA	NA	NA	NA	NA	S	S	NA	NA	S	NA	S	NA	NA	NA	S
e. Provide patient centered and developmentally appropriate teaching.		S	NA	S	S	S	NA	S	S	S	NA	S	NA	S	NA	NA	NA	S
f. Analyze the involved pathophysiology of the patient's disease process. **(noticing, interpreting, responding)**		S	NA	S	NA	NA	NA	S	S	NA	NA	S	NA	S	NA	NA	NA	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: 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

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

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

Week 8: 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. RH

Week 9: 4(e)- You did a great job educating the webelo students on various topics. RH

Week 11: 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

Student Name: Jody	**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**	**3. Lack of education related to supplementation**
	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**	**4. great catch with the risk for constipation**
	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**	**5. Would 5/10 pain maybe contribute to not wanting to breastfeed due to her discomfort?**

***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. Mastisits sign and symptoms: cracked nipples**
	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**	**10. educate mom of breastfeeding and newborn care: possibly more than once per day since mother was not understanding or following through on what was educated**
	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	NA	~~S~~ NA	S	NA	NA	S	S	NA	NA	S	NA	NA	NA	NA	NA	S
h. Correlate the pharmacotherapy in relation to the patient's disease process. **(noticing, interpreting, responding)**		S	NA	~~S~~ NA	NA	NA	NA	S	S	NA	NA	S	NA	NA	NA	NA	NA	S
i. Correlate the medical treatment in relation to the patient's disease process. **(noticing, interpreting, responding)**		S	NA	~~S~~ NA	NA	NA	NA	S	S	NA	NA	S	NA	S	NA	NA	NA	S
j. Correlate the nutritional needs/diet in relation to the patient's disease process. **(noticing, interpreting, responding)**		S	NA	~~S~~ NA	NA	NA	NA	S	S	NA	NA	S	NA	S	NA	NA	NA	S
k. Correlate the patient's growth and developmental level in relation to the patient's disease process. **(noticing, interpreting, responding)**		S	NA	NA	S	NA	NA	S	S	NA	NA	S	NA	S	NA	NA	NA	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. What a great experience to see and assist with an air cast. RH
Week 4: 4(g-j)- Changed these to NA due to you not performing this in the clinical setting. The empathy belly is considered simulation therefore that does not apply to the clinical portion. RH.
Week 8: 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. RH
Week 11: 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**

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

Objective																		
5. Collaborating professionally with members of the health care team, childbearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Make up	**Final**
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Demonstrate interest and enthusiasm in clinical activities.		S	NA	~~S~~ NA	S	S	NA	S	S	S	NA	S	NA	S	NA	NA	NA	S
b. Evaluate own participation in clinical activities.		S	NA	~~S~~ NA	S	S	NA	S	S	S	NA	S	NA	S	NA	NA	NA	S
c. Communicate professionally and collaboratively with members of the healthcare team.		S	NA	S	S	S	NA	S	S	S	NA	S	NA	S	NA	NA	NA	S
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	NA	NA	NA	N/A	S	NA	NA	S	NA	NA	NA	NA	NA	S
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	NA	NA	NA	N/A	S	NA	NA	NA	NA	NA	NA	NA	NA	S
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		S	NA	S	NA	NA	NA	S	S	NA	NA	S	NA	NA	NA	NA	NA	S
g. Consistently and appropriately post comments in clinical discussion groups.		S	NA	S	S	S	NA	S	S	NA	NA	S	NA	S	NA	NA	NA	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 4: 5(a, b)- Changed these to NA due to you not performing this in the clinical setting. The empathy belly is considered simulation therefore that does not apply to the clinical portion. RH.
Week 8: 5(a)-You showed great enthusiasm during the FRMC OB clinical experience. RH

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

Week 11: 5(a)-You showed great enthusiasm during the FTMC OB clinical experience. MD
Week 13: 5(a)- Lactation comments: marked excellent in all areas. “Great job!” – Hannah Alexander, RN

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

Objective

6. Critique own strengths and areas for improvement modifying behaviors accordingly to achieve personal and professional goals. (7,8)*

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

Comments:

Week 2 Strength: I think my self-confidence was my strength this week. I showed this by jumping in and being a part of the team in the ER with doing things I knew I could without being asked. RH

Week 2 Weakness: My weakness this week would be helping place a heart monitor. I need to brush up on where the electrodes go and the lead colors. I will do this by reviewing my med surg textbook by next week Tuesday. RH

Week 2: Feedback from ED RN: Excellent in all areas. Opportunity to do Head to Toe, PO Meds, Patient Education, Respect privacy. Comments: Very self-motivated, wonderful Job! RH

Week 4: My weakness for this week comes from simulation due to me not having an on site clinical. I believe that I could have done a better job at clustering my care for the sim patient. I had to go back into her room a few times to get more assessment data and perform different tasks. I will improve on this by reading over the pregnancy assessment in the textbook 3 times and making sure to look at all my orders before going into the room. I will do this by next clinical day. RH

Week 5: My weakness this week would be that at first, I forgot that the headphones had to go a certain way. This was caught before I did any testing on the kids so I didn't have to redo any but if it wasn't caught, I could have had to redo multiple students due to inaccuracies on assessment. I need to make sure to pay closer attention to directions and write down notes if need be. I will input writing notes on important steps that could be missed, and I will go over my needed skills the night before clinical to ensure I pay attention to details. I will do this by next week's clinical day. RH
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

Week 6: Something I could have improved upon this week would have been to seek out spending more time with other age groups. I spent most of my time with the kindergarten age kids so I got to see a lot of their developmental stage and behavior, but this limited me to not knowing much about the older kids besides what I got from them during our activity. I can improve on this by seeking out a variety of things to learn from at clinical and not just focusing on one area. Another thing I can do to aid this is to ask the instructors to seek out opportunities I may not have had yet during clinical. I will do this starting next clinical. The instructors or others who are running clinical are always a great resource to ask if there is something that could be done. RH

Midterm: Jody, you had some "N/A" in your midterm evaluation. Upon attending the Firelands, Fisher Titus, and ER clinical sites, these will then be addressed and updated to "S." Keep up the great work for the second half of the semester! RH

Week 8: I would say my weakness this week would be my level of confidence with my postpartum assessment. I felt very unsure of myself in knowing what I was looking for and not missing anything. This was my first time doing this on an actual patient and by the next clinical day I will be more confident in my skills. I will do this by studying postpartum care in the textbook until I feel confident. This takes practice, and yes you will absolutely have another chance to do a post-partum assessment. RH

Week 9: My weakness this week was time management. This was a struggle trying to find the timing for our station, first it was too long then it was rushed and to short. Finally, we found the right pace, but this wasn't until the end. I will improve on this by preparing a head of time on the amounted time slots for future clinicals such as this. This will give us time to practice in advance as well. I will do this by the next presentation project. RH

Week 9 6e U: This was a U due to not having Weblow day information filled in on my clinical tool when it should have been. This is no longer a U because I have since filled in the correct information needed and fixed my mistake. This will be prevented in the future by going over my clinical schedule every time before filling out my clinical tool. This will be changed to an "S" for the next tool. Thank you! RH

Week 10 6e: This is a U due to not turning my tool in on time. This was unprofessional and caused me to have a U 2 weeks in a row. There is no excuse for this, I was just to wrapped up in other assignments this one slipped my mind and I take full responsibility for that. I will improve on this and make sure it does not happen again by setting

an alarm on my phone for Thursday night to remind me to turn it in to the dropbox. This is a great plan! Just a few more weeks left. Let's refocus and finish strong! Keep it up. RH

Week 11: Something I can improve on from this week would be taking a newborns heart rate. Their little hearts go so fast it's hard not to lose track. I was about 10 BPM off the RN's rate she got. I will practice this by listening to YouTube videos of infant's heart sounds and try to count them until I am more accurate. Another resource I can use would be the SIM baby to practice. I will do this by the next clinical on the 10th. SIM baby is always available as long as you let one of us know to let you in and make sure he/she is charged! RH

Week 13: I think my weakness this week would be not asking or knowing how to be more involved in this clinical situation. I mainly just observed and then discussed with the RN after. I think there were areas where we have learned enough about breastfeeding that I could have jumped in and been more hands on with this clinical. I learned a lot, but I feel that if I had asked to be more hands on, I would have learned even more. I will improve on this next semester by asking and seeking out if I am able to be more hands on in clinical to get the best learning experience possible. Don't be afraid to ask to get involved in care, especially if you feel it is an experience you will not get often. The nurses are great with allowing you to assist or guide you if you haven't done it before. 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

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: 9/12/23**
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**	**N/A**

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Peterman (A), Sitterly (C), Whitworth (M)
GROUP #: 8
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/13/2023 1010-1140

CLINICAL JUDGMENT COMPONENTS	**OBSERVATION NOTES**
NOTICING: (1, 2, 5) * • Focused Observation: E **A** D B • Recognizing Deviations from Expected Patterns: E **A** D B • Information Seeking: **E** A D B	Nurse introduces herself and identifies patient. VS. Notices a contraction on monitor. Continues with assessment. Begins second assessment, VS. Asks about bleeding. Notices bleeding upon inspection.
INTERPRETING: (2, 4)*	FSBS interpreted as high at 200. Utilizes Leopold's to determine fetal

• Prioritizing Data: E **A** D B • Making Sense of Data: E **A** D B	position. Baby measured to be 34 weeks. Interprets need for fundal assessment.
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	Inquires about pregnancy history, blood pressure. FSBS obtained- 200. Fetal monitor applied. Patient asks for a smoke, alternatives offered. UA sent to lab. Discussed typical diet while pregnant, smoking (tobacco and marijuana). Questions patient about home environment. Patient education provided; follow-up care for baby, prenatal care, healthy eating habits, and smoking cessation. Call to provider with good SBAR report, nice job. Orders received for IV fluid, Procardia, acetaminophen. Patient is filled-in with the plan of care. Call to provider to clarify Procardia. Call to imaging to order ultrasound. Medications prepared, patient identified, 2 medications administered. IV fluid initiated. Ice chips provided. US confirms gestational age – 33 weeks. Call to lab to draw CBC. Call to provider to report bleeding, boggy uterus, low BP. Orders receive for methergine and increase in IV fluid rate. Explains the need for fundal massage. Methergine prepared, patient identified, methergine administered. Vital signs repeated, noting BP increasing, HR lowering.
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** **D= Developing**	**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. 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,

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	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: SCENARIO: Empathy Simulation

STUDENT NAME: Jody Peterman OBSERVATION DATE/TIME: 9/12/23

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): Peterman (C), Sitterly (M), Whitworth (A)
GROUP #: 3
SCENARIO: Shoulder Dystocia and Newborn Care
OBSERVATION DATE/TIME(S): 10/4/23 1010-1140

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (Link to Course Objectives) *					Maternal assessment: heart sounds, lung sounds, vitals, edema, GI/GU, cervical exam, fundal height, discusses birth plan. Pain assessment only done after medication administration. Repeat cervical exam after pain medication. Newborn warmer turned on prior to delivery. Apgar score 1 minute: 9 Newborn assessment complete; very detailed Post-delivery assessment of mother: looks at episiotomy and checks vitals, fundal assessment, assess bleeding
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (Link to Course Objectives) *					Finger stick blood sugar 120; recognizes no interventions at this time. Read fetal monitoring strip and educate mom and sister. Offer Nubain as pain relief to stick with birth plan. Relates PCN order to GBS+ result. Read fetal monitoring strip and identify decelerations and correlates to head compression of baby. Newborn warmer turned on prior to deliver, wrapped in blanket, dry baby, put on hat all for thermoregulation.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (Link to Course Objectives) *					PCN administration: performs all checks. Hands secondary tubing correctly. Nubain administration: performs all checks. Use proper technique and needle size. Needle safety engaged. Working as team to medicate for pain and antibiotics at same time. Reposition patient to assist with pain relief Calling healthcare provider: good SBAR, no recommendation. Interventions: McRoberts maneuver, suprapubic pressure, call for help, hands and knees, rotational maneuver, remove posterior arm, evaluate for episiotomy Education while mom is pushing and baby is stuck Encourage breast feeding and skin to skin with mother Education on breastfeeding for mom. Provides different options for holding baby. IM injection with use of correct needle size for newborn. Proper technique used. Needle safety engaged. Obtain consent for medication administration for baby. Does all checks prior to medication administration.
• 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 on safe practices at home (car seat safety, safe sleep, feeding schedule/engorgement, breast care, lactation consultant information, thermoregulation, laceration 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). Discussion of education topics provided to mother and sister.
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: Peterman, Seibold, Stacy, Ward OBSERVATION DATE/TIME: 10/19/2023 SCENARIO: Escape Room

CLINICAL JUDGMENT					**OBSERVATION NOTES**
COMPONENTS NOTICING: (1, 2, 5)*					Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (2, 4)*					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.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1, 2, 3, 5)*					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.
• 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)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing to accomplished is required for satisfactory completion of this simulation.**	You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! BS

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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Peterman (M), Sitterly (A), Whitworth (C)
GROUP #: 3
SCENARIO: Pediatric Respiratory
OBSERVATION DATE/TIME(S): 11/2/23 1010-1140

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Detailed respiratory assessment. Inquires about triggers and respiratory history of patient and family. Lift chest to visualize chest. Does entire head to toe on patient Call pharmacy to ask if pill could be crushed or split Did not identify incorrect dose for weight based medications (amoxicillin and ibuprofen). Respiratory assessment: listen to lungs, lift gown to visualize chest. Throat assessment. Offer popsicle after breathing treatment to encourage fluids. Respiratory reassessment upon completion of breathing treatment 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.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (2, 4) *					Able to calculate correct concentration according to the healthcare provider's orders in the chart (ibuprofen and amoxicillin) Identify that croup is causing increased work of breathing. Remain at bedside while waiting for respiratory therapy to arrive
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1, 2, 3, 5) *					Remove syringes and scissors from crib Education for mother on croup and how to manage symptoms at home. Includes when to know when to return to ER or call the HCP. Medication administration: does not check name/DOB. Educates mother on purpose and names of medications. Checks allergies prior to administration. Education for mother on smoking around child to prevent triggering child's asthma. Only raises side rail of crib halfway when not at bedside Apply oxygen quickly due to declining oxygenation status Call respiratory for breathing treatment.
• Calm, Confident Manner:	E	A	D	B	
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/ Flexibility:	E	A	D	B	
• Being Skillful:	E	A	D	B	

	Raise head of bed to help with breathing effort Medication administration: does not check name/DOB. Educates mom on medication and reason for medication. Communicates with mother and patient in calm manner throughout scenario Call healthcare provider for update. Uses good SBAR. Receives dexamethasone order. Reads back order. Medication administration: dexamethasone. Does not check name/DOB. Provides education on medication
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	**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

medication administration to prevent errors in the process. (1,2,5)* • Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* • Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)*	improve speed or accuracy. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Peterman(A), Sitterly(C), Whitworth(M)
GROUP #: 8
SCENARIO: Pediatric GI
OBSERVATION DATE/TIME(S): 11/8/2023 1010-1140

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					
• Focused Observation:	E	**A**	D	B	Assessment nurse enters and introduces self, identifies patient. Patient CO stomach pain, asked to explain it. VS. Bruising noticed on arms. Bruising noted to abdomen as well.
• Recognizing Deviations from Expected Patterns:	E	**A**	D	B	
• Information Seeking:	E	**A**	D	B	Patient CO abdominal pain, vomits. VS assessed. Notices BP dropping.

INTERPRETING: (2, 4 * • Prioritizing Data: E **A** D B • Making Sense of Data: E **A** D B	Bruising on both arms interpreted as suspicious. Temp 102.5 interpreted as abnormal. Skin turgor interpreted as normal. Vomit inspected to contain chunks of food. Temp- 102.1 interpreted to be high. Oral cavity interpreted to be pink and tacky. BP interpreted to be low and dropping.
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	Exposed all skin to examine further for bruising. Progression of diet explained to mom. Assessment nurse reporting assessment to charge nurse. Contact precautions initiated and explained to mom. Mom asked out to the hallway to talk privately about safety at home, discussed involving social work to investigate further. Call to lab about stool results- + for Rotavirus. Call to case management to report suspicious bruising. Medications being discussed. Call to provider to question PO cetirizine. Acetaminophen suppository questioned by provider. New orders received and read back. Mom is educated about BRAT diet, smoking, etc. Popsicle and Pedialyte provided to patient. Mom updated regarding case worker and notification of security to be on the lookout for abuser. Call to pharmacy to clarify acetaminophen dose. Mom is questioned about wearing sunglasses, reveals black eye. Cetirizine and acetaminophen administered. Call to provider to update about conversations with mom and case management involvement. Call to lab for pending results- negative. Patient CO pain in stomach- 3rd face on FACES pain scale. Call to provider to report signs of dehydration and requests IV fluids. New orders received and read back. Call to pharmacy to clarify orders for Zofran and volume of the fluid bolus. Call to pharmacy about ibuprofen dose. Call to provider to ask about appropriate dose for ibuprofen. New orders received and read back. IV bolus initiated. Mom being educated about signs of dehydration. Zofran prepared and administered. Ibuprofen prepared and administered, maintenance fluid initiated.

REFLECTING: (6) * • Evaluation/Self-Analysis: E **A** D B • Commitment to Improvement: **E** A D B	Team discussed the scenario. Also discussed the importance of checking recommended doses for medications. Discussed rotavirus and the need for contact precautions. Good job with SBAR communication, orders all read back. Team noted suspicious bruising and recognized the need to contact someone to investigate further. Reviewed steps of programming the IV pump for a fluid bolus.
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. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 8. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 9. 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)*	**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

10. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* *Course Objectives	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: Jody Peterman 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: Jody Peterman 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)*	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

*Course Objectives	

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: Jody Peterman