

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

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

Student: Keyara Schneider

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:		S	N/A	N/A	N/A	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	S
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	N/A	N/A	N/A	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	S
b. Provide care using developmentally appropriate communication.		S	N/A	N/A	N/A	S	N/A	S	S	S	S	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	N/A	S	N/A	S	S	S	S	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	N/A	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 U	S	N/A	N/A	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	S
Clinical Location Age of patient		ED	Off week	Off week	OFF WE EK	FT 25, neonate	OFF WE EK	Mid-term	Lactation	Web elo	Hearing and vision	Firelands OB	off week	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:

Week 2 : While at the Emergency Department I briefly got to care for a patient. I was able to take this patients vital signs and discontinue her IV. This patient trust me enough to perform this care on her. Before I took the IV out my nurse and I made she that she was okay with this, then I proceeded. **This is not a stage of development from Erikson's Stages. Please review and select an appropriate response to correct this from a "U".** RH

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

I am addressing my “U” from last week. I wasn’t sure on how to answer this question at first since I didn’t have any children or adolescents to take care of. My nurse had one patient the entire time. So for last week an appropriate option for my patient for Erikson’s stages would be Intimacy vs. isolation. The entire time my patient kept talking about her significant other so this is one of the stages that she completed which is fulfilling a loving relationship with other people, if this stage failed she would feel isolated. Talking to her you know that she completed this stage she talked about all of her great relationships that she has in her life and how that they’re all great support people. I addressed my U from last week and explained my answer, therefore it should no longer be a “U.” RH

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

Week 6: I decided to do the trust vs mistrust on the newborn. During my clinical I had a really fussy and crying baby, but as soon as you would hold this baby it would stop crying meaning the baby trusted us and felt safe with us. The baby only seemed to be content when she was being held or when something was physically touching her like a hand or us holding down that binky. It’s important that we are showing some towards of affectionate care for the baby or else it can develop a sense of mistrust. RH

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 8: For this week during lactation I got to see a whole bunch of babies and the bond between the babies and the mothers. This week I would like to talk about Erikson’s trust vs. mistrust. In this clinical I was able to see how the baby would bond and calm down once the mothers were feeding and holding their baby, which shows that the trust is there between the moms and their babies. I found it very fascinating how the babies knew exactly what to do when the moms would brush their nipples against the baby’s nose. During this clinical all the moms were very interested in breastfeeding and connecting with the baby so there wasn’t much to worry about with mistrust of a newborn with their mommy’s. RH

Week 8: 1(a)- great description of your visit with patients with the lactation consultant. RH

Week 9: For this week during boys and girls club I dealt with the school age children which would be, industry vs. inferiority. For these children’s after school activities or even school is what they really focus on and that’s what is important to them. I really noticed the different interactions between kids and those who really wanted to be good at what they were doing like Erikson talks about. Those kids who “lost” in the game you could see how they would demonstrate feelings of inferiority. 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

Week 10: This week during hearing and vision I feel like I got to interact more with the first graders since I did their vision screening. Their stage of growth and development is Industry vs. inferiority. These kids take pride in being productive or demonstrating what’s supposed to be done. I would also tell them good job or smile at them when they did good that way these kids are developing a sense of self-esteem which later will make them be more confident in themselves. RH

Week 10: 1b- you did a great job communicating with the 1st, 3rd, and 5th graders while at clinical. You used your knowledge of growth and development to guide your interactions and communication while completing the screenings. BS

Week 11: I had a 29 year old patient so my patient would be in the intimacy vs isolation stage. My patient has success with finding a loving relationship. She has a loving relationship with not only her husband but with the peers around her. She had so many people that came and visited her and you can tell that they were genuine people who really cared about her. If my patient struggled with this stage she would feel lonely and isolated. Which she denied these type of feelings when I asked her about her emotions during my BUBBLE assessment. RH

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

Week 11: 1(a, c, d) - 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

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
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Competencies:		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
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	S	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	S	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	N/A	S	S	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	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	N/A	S	S	S	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	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	S
		RH																

Comments:

Week 6: 1(h)- this was changed to "S" due to discussion about stages of labor while in clinical. RH

Week 10: 1k – You did a good job discussing the culture of Clyde/Green Springs schools and inquired about how the teachers promote this to the students. BS

Week 11: 1(i) – you were able to identify the stage of bonding with mother/baby and explain why you chose that stage. RH

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	S	S	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	S	S	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	S	S	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.		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. 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	N/A	S	N/A	S	S	S	S	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: An example of SDOH would be having a reliable support system and transportation. When at the Emergency Department the patients can be given sedative medications, which makes them not able to drive themselves home. If someone didn't have a reliable support system they wouldn't be able to find a ride home which

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

means that patient could be waiting for a long time before those side effects wear off. Which can be very upsetting for the patient. **This happens more often than one would think and can absolutely be a hindrance on the patient. RH.**

Week 6 : an example of SDOH for my patient this week would be her education level. She is not very well educated and she doesn't communicate very well or engage in any conversation about herself and the baby. This can lead to further complication for the baby and her own health. She's not interested in learning or engaging which could lead to her not wanting to provide the appropriate care for her and her child. This could also mean that she isn't aware of any illnesses her baby may be experiencing. **Good observations! RH**

Week 8: One examples of SDOH for this clinical experience was a mother just gave birth to her set of twins and shortly once they get home they will be moving again. Her husband is in the military and she was saying how they have been married for a year and she's been with him during that time for maybe half of the year because he's never home since he is in the military. She also talked about how it's difficulty scheduling a follow up with a doctor for her self and her babies since they're usually moving around. She is a stay at home mom with another daughter at home, but that still is a lot of work to do all by yourself and that can be mentally and physically exhausting for her. When she was explaining her situation to me I told her how bonding with other people could really benefit her since she keeps moving and won't have family around, how making friends is important so she has someone to be there for her during tough times when her husband can't be there for her physically. **RH**

Week 9: This week for Boys and Girls clubs an example of social determinant of health would be low-income families. Some families may lack the important resources we need such as water, food, clothing, shelter, and more which can later affect their lives. This is why I think the Boys and Girls Club is great because it gives those kids access to some of those resources that they may not have at home. **It also gives them access to food as they are fed a meal while they are there. This allows the students to not rely on food at home, which could be an issue if they were struggling with money. RH**

Week 10: This week I went to hearing and vision at the green springs elementary school. When testing their vision we used shapes for the 1st graders and they have to tell you what shape they see and for the older kids they tell us what letter they see. If they have a lack in education this will cause them to do poorly and fail this test. I noticed some kids would call the square a circle and would call the house a square. For the ones who didn't know what the shapes were I would give them a chart and have them match the shape that they see and some of the kids would still get them wrong and this could be from the lack of their education and not knowing their shapes. I think it would be important to make sure that all kids understand their shapes and the alphabet before completing their vision screening. **RH**

week 11: During this week I got to watch an 18 year old give birth to her first baby. There was not father present during the time of the birth just her sister and her mom. After the baby was born I overheard the sister and the mom fight about asking the patient a question. This made me worried she may have a lack of a support system. Yes, having somewhere there and being present is great, but it won't mean anything if they aren't there to give her advice especially if the baby daddy isn't in the picture. She is also young so she may lack education when it comes to carrying about her baby. Which could then affect the type of care the baby will get. **That mother did SO well while pushing! I am sad to hear they were arguing as that could lead to a toxic environment. RH**

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**

Objective																		
3. Summarize the legal, moral and ethical issues related to care of children and the childbearing family. (2,6,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Act with integrity, consistency, and respect for differing views.		S	N/A	N/A	N/A	S	N/A	S	S	S	S	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	N/A	S	N/A	S	S	S	S	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	N/A	S	N/A	S	S	S	S	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	N/A	S	N/A	S	S	S	S	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: One thing that they do in the Ed when being admitted is ask you questions about your health if you basically have any transmitted diseases. Which this is something that a patient could lie about and then spread the disease to the nurse which then can spread to the patients. They ask these type of questions so they can initiate specific types of protocols and PPE for that specific patient. Since COVID Is slowly making it's way back it was talked about how the nurses aren't just going to test for OCVID that way they won't know if they have it or not, which they will be spreading this virus. **This also happens frequently in the ED as people do not want to be turned away or have nurses think they are "dirty" with certain diseases. This puts all nurses at risk who then care for that patient without knowing the full story. Good observation!**
RH

Week 6: One thing I noticed is the lack of child care that she implemented while in this clinical experience. I noticed when the baby was crying or when we would walk into the room that the baby would just be laying in the high crib, whereas I would've picked the baby up and comforted her because she would stop crying one someone show some towards of affectionate to her. She did a good job at keeping up with a consistent feeding time she would stick to doing it every 3-4 hours which is what we told her to do.
RH

Week 8: This week one of the patients at the OB was actually a nurse who worked at the OB unit at Firelands. The lactation nurse was talking to me how some other health care workers just assumes that this patient knows all of the education that is needed since she works in the OB unit, but that's not he case. She talked about the importance of to never assume and to always provide that education to your patients no matter who they are. I agreed with her statement, being in the medical field you learn how important education is to your patient and this is not something that should be ignored. **This is GREAT advice! So glad the lactation consultant shared this knowledge with you.**
RH

Week 9: One thing that I noticed during this clinical was how much the workers would yell at the kids and they wouldn't just correct them, they would actually yell in a tone of voice that I thought was rude. This is something that I wouldn't be comfortable doing and it actually made me feel really bad for those kids. I think people could take a different route when it comes to correcting kids, such as pulling them aside and talking to them in a calm environment with a calm voice can be more beneficial. RH

Week 10: During the vision screening a little girl just recently went to the eye doctors and got her eyes checked. When she walked into the room she said that her grandma is going to be mad at her for getting her eyes checked at the school and the grandma even wrote a note saying not to get tested. So we asked if a consent form was needed to be signed which we didn't think one was needed, but we were just confused as to why this little girl's grandma would say that. This situation caused the little girl to worry and think that her grandma was going to be mad at her. This could be from the grandma not being educated on what a vision screening is at the school. Every parent has a different value and belief about something and in this situation the grandma didn't agree with the vision screening being done. Some children like to say the wrong shapes on purpose because they want glasses. Some parents get frustrated with that because they then take the children to the eye doctor to be told it is all okay. Parents need to take the day off work as well as take the child out of school for these appointments. Not everyone has sick or vacation time and they might have to go without pay for those days. RH

Week 11: During clinical some patients refused getting vaccines for their baby. This could be from the lack of education that they have about vaccinations or it could even be from the myths that they hear about vaccinations. I feel like if I was to just have a baby I would want my child to receive vaccinations to help protect them. This may be difficult to accept the fact that parents don't want to vaccinate their baby, but all we can do is try education with these patients and hope that they may change their minds. That is right! Our job as nurses is to give the patient all the correct and evidenced based research for them to make an educated decision. RH

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	N/A	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)		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. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		S NA	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	S
d. Summarize witnessed examples of patient/family advocacy.		S	N/A	N/A	N/A	S	N/A	S	S	S	S	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	N/A	S	S	S	S	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	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: 4(c)- this was changed to an NA because you do not chart on Cerner at Fisher Titus ED. RH.

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?

Week 6: 4(c)- this was changed to "S" due to you doing practice documentation on paper with Monica. RH

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

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)- you provided many examples of education provided to your patient with the lactation consultant this week. 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 10: 4c – You assisted the nurse to gather information on the hearing and vision screenings by using the form for documentation that was provided. You discussed the process in which the nurse is to document all screenings to the Ohio Department of Health. BS

Week 10: 4e- You did a nice job educating the 1st, 3rd, and 5th graders you worked with during the hearing and vision screenings. You were patient and able to explain things as needed to make the education individualized to each student. You were caring and professional with all interactions. BS

Student Name: Keyara		Course 4					
Date or Clinical Week: MCN		Objective:					
Criteria	3	2	1	0	Points Earned	Comments	
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	
	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	
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	

	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	8. Great education topics for your patient!
	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: <ul style="list-style-type: none"> 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	

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	S	N/A	N/A	S	N/A	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	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	S	N/A	N/A	S	N/A	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	S	N/A	N/A	S	N/A	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	S	N/A	N/A	S	N/A	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	RH

Comments:

Week 2: 4(h, i)- Good description of interventions and WHY you performed them by connecting them to the disease process. 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

Objective																		
5. Collaborating professionally with members of the health care team, childbearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Demonstrate interest and enthusiasm in clinical activities.		S	N/A	N/A	N/A	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	S
b. Evaluate own participation in clinical activities.		S	N/A	N/A	N/A	S	N/A	S	S	S	S	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	N/A	S	N/A	S	S	N/A	S	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	N/A	N/A	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	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)		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. Consistently and appropriately post comments in clinical discussion groups.		S	N/A	N/A	N/A	S	N/A	S	S	S	S	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. It is nice to see other charting systems to compare to what we are used to at FRMC. RH

Week 6: 5(a)-You showed great enthusiasm during the FTMC OB clinical experience. MD

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

Week 6: 5(d)- this was changed to “S” because you did practice documentation with Monica on paper. RH

Week 8: 5(a)- comments from lactation. Marked excellent in all areas. “Nice job! Thanks for being so helpful! Good questions. Good luck with your nursing career!” – Jacquelyn 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

Objective																		
6. Critique own strengths and areas for improvement modifying behaviors accordingly to achieve personal and professional goals. (7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/25	9/1	9/8	9/15	9/22	9/29	10/6		10/13	10/20	10/27	11/3	11/10	11/17	11/24	12/1		
a. Recognize areas for improvement and goals to meet these needs. (List Below)*		S	N/A	N/A	N/A	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	S
b. Accept responsibility for decisions and actions.		S	N/A	N/A	N/A	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	S
c. Demonstrate evidence of growth and self-confidence.		NI	N/A	N/A	N/A	S	N/A	S	S	S	S	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	N/A	S	N/A	S	S	S	S	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	N/A	S	N/A	S	S	S	S	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	N/A	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	S
g. Demonstrate ability to organize time effectively.		S	N/A	N/A	N/A	S	N/A	S	S	S	S	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	N/A	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	S
i. Demonstrates growth in clinical judgment.		S	N/A	N/A	N/A	S	N/A	S	S	S	S	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 : I think I need to improve being confident in myself. I always know what I’m doing, but I just second guess myself. Especially being in an environment I’ve never been to before I was nervous and I didn’t know my way around. I think this clinical will honestly help me improve in situations like this. I just need to start trusting my gut and believing in myself. I plan to achieve this by my next clinical with just being more confident and giving myself more positive feedback. **Confidence takes times, especially in new environments. Way to acknowledge this and be able to learn from it. RH**

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

Week 2: Feedback from your preceptor, “Keyara was comfortable in patient care situations. She was receptive and engaged in learning and educational opportunities!” She also marked you as excellent in all categories. Great job! RH

Week 6: Some thing that I think I need to improve on is being comfortable with the baby. It just made me nervous changing the baby because it would make her upset and cry, but I have to realize that all baby do that and it’s not anything that I’m doing that’s hurting them. I just need to be more commutable with his setting and understand that I’m not doing anything harmful to the baby. I just plan to achieve this goal by trusting my judgement and not thinking too much when assessing the baby. I think after this clinical experience I will be more comfortable with my next OB clinical rotation. RH

Midterm: Keyara, great job so far in the semester, keep up the good work! RH

Week 8: Truthfully this has been one of my favorite clinicals and I was super involved with the nurse and the patient. I don’t think there is anything that I needed to improve on. I felt really comfortable and would even give the patient some education when it was needed. I really enjoyed this clinical and I definitely think it helped me Improve my confidence. I was very proud of myself during this clinical experience. **This is so great to hear! I am glad you felt confident enough to educate as well as to participate in the care of the patient and her baby.** RH

Week 9: Something that I could have improved from the boys and girls club would be correcting the kids. Some of the kids were all over me and was even playing with my hair and they loved doing it so I felt bad saying anything to them or to tell them to stop. It made me feel good knowing that they loved playing with my hair or being all over me, but it was defiantly making me overwhelmed. This was something I should’ve corrected the kids and I hope if I run into this same situation again I will say something. **It is important to also set our boundaries for what we are comfortable with. Sometimes with children it is easier to say “that makes me uncomfortable can you please stop?” or “can I have some personal space please?”** Because that is similar to what they are taught to say to others. RH

Week 10: I notice when I go to a new environment that I’ve never been to I get really bad anxiety and get nervous and start second guessing myself. We got to do a skill that we have never done before so I feel like I was asking dumb questions , I knew what to do and when I’d as the question about something I was always right. I just second guess myself for some reason and I think it’s just because I get nervous being in a different environment. I think this semester has helped me overcome this slowly since we have been going to new clinical sites. I just need to be more reassuring with myself and I will feel better about situations like these. RH

Week 10: 6h- **You displayed an ACE attitude this week with all interactions with staff and students. The nurse was extremely grateful and appreciative of your assistance. Great job! BS**

Week 11: This week I feel like I struggled a little bit when it came to documenting. I just think I struggled because we haven’t been able to document in a long time and I forgot how the system even worked. I feel like having this clinical gave me a little refresher on documenting and how the documenting works at Firelands. If I ever feel like I’m not confident in documenting I can always ask for help or even ask for a paper copy so I can practice more. 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:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	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:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
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: 9/19/23
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	NA

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse; O=Observer (Course Specific)

STUDENT NAME(S) AND ROLE(S): Schneider (A), Seiger (C), Whittaker (M)

GROUP #: 7

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/13/2023 1335-1505

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Introduces self and identifies patient. VS. Notices fetal heart rate and contractions. Pain with contractions rated 5/10. Noticed UA results abnormal. Pain reassessed following acetaminophen administration. Begins second assessment. VS. Patient CO dizziness. Notices bleeding. Notices boggy uterus.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>FSBS- 200, questions patient about what their normal is. Leopold's result- head down. Interprets the need for patient education- smoking, diabetes, prenatal care, primary care.</p> <p>Patient condition interpreted to be improving with interventions. Interprets the need to inspect breasts.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Patient asks for a smoke, alternatives offered. FSBS obtained. Leopold's maneuver. Patient education provided related to smoking cessation. Fetal monitor applied. Call to pharmacy about safety of nicotine patches/gum in pregnancy. Call to lab to inform of urine sample. Patient assisted to their left side. Call to provider with good SBAR report. Orders received for US to verify date, IV fluid, Procardia, acetaminophen patient education (remember to read back orders). Procardia, acetaminophen, IV fluid explained to patient, administered. Patient education provided. Medications prepared. Call to pharmacy regarding Procardia. Pain rated at 5/10, acetaminophen and Procardia administered, IV fluid initiated.</p> <p>Congratulates patient and inquires about education topics. Fundal massage began immediately. Call to provider to report hemorrhage.</p>

	<p>Orders received- remember to read back orders. IM methergine prepared, patient identified medication administered. IV fluid rate increased. Call to provider to report patient response to interventions. BUBBLEE assessment performed. Episiotomy assessed. Good job with patient support/education.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> Evaluation/Self-Analysis: E A D B Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did 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. Team did a great job with education.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 	<p>You are satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses:</p>

<p>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)*</p> <p>5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</p> <p>*Course Objectives</p>	
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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Keyara Schneider

OBSERVATION DATE/TIME: 9/19/23

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

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): **Schneider (C), Seiger (M), Whittaker (A)**

GROUP #: 2

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/4/23 0835-1005

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Pain assessment: rating Mother assessment: pulses on upper and lower extremities, listen to heart, lungs, and abdomen, checks edema, cervical exam Pain reassessment and cervical exam after medication administration. Apgar score 1 minute: 9 Apgar score 5 minutes: 9 Newborn assessment complete. Reflexes assess and present</p>
<p>INTERPRETING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Relates PCN order to GBS+ results Finger stick blood sugar: 120. Knows is in normal range and no interventions needed Offers Nubain for pain relief to stick with mother's birth plan of no epidural Interpret fetal monitor strip to read frequency and duration of contractions as well as fetal heart rate having decelerations Dry baby, put on hat, turn on warmer, to assist with thermoregulation of baby</p>
<p>RESPONDING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>PCN administration: does all checks. Hangs secondary tubing correctly Offers education on epidural options Nubain administration: No verification of name/DOB. Use of proper needle size for adult IM injection. Only use of one hand to uncap needle, should use two hands. Needle safety engaged. Good education and coaching to mother during labor Interventions: evaluate for episiotomy, McRoberts maneuvers, suprapubic pressure, call for help, hands and knees, remove posterior arm, rotational maneuvers Erythromycin ointment put on baby's eyes Education provided to mom on vitamin K. Vitamin K injection given to baby. Used correct needle size for newborn. Proper technique used. Needle safety engaged. Promote skin to skin and encouraged breastfeeding. Assist with baby</p>

	latching
REFLECTING: (Link to Course Objectives) * <ul style="list-style-type: none"> Evaluation/Self-Analysis: E A D B Commitment to Improvement: E A D B 	Team discussion of scenario. Team recognized teamwork, communication, and proper intervention. Discussion of various interventions (HELPERR and types of heat loss for baby). Discussed proper needle safety when removing cap from needle.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: <ul style="list-style-type: none"> Select physical assessment priorities based on individual patient needs. (1, 2)* Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)* Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)* Implement appropriate nursing 	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:

interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)*

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Schneider, Sitterly, Thom

OBSERVATION DATE/TIME: 10/19/2023

SCENARIO: Escape Room

CLINICAL JUDGMENT						OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						

	correct rate and administered the prescribed IV fluids.
REFLECTING: (6)* <ul style="list-style-type: none"> • 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): **Schneider (M), Seiger (A), Whittaker (C), Barber (M)**

GROUP #: **2**

SCENARIO: **Pediatric Respiratory**

OBSERVATION DATE/TIME(S): **11/2/23 0835-1005**

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Respiratory assessment. Does not lift gown to visualize chest. Throat assessment.</p> <p>Identify medication dose is too high and call provider to clarify orders. (amoxicillin, acetaminophen)</p> <p>Does not identify safe dose range for weight for ibuprofen</p> <p>Throat assessment. Respiratory assessment, lifts gown to visualize chest</p> <p>Reassess respiratory status after breathing treatment and medication.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Able to calculate correct dose for amoxicillin, acetaminophen, and IVF after calling for new orders from healthcare provider.</p> <p>Checks a fingerstick blood sugar due to potential for fluid overload.</p> <p>Able to calculate correct dose per standing healthcare provider's orders in the chart. (ibuprofen)</p> <p>Identify croup is causing adventitious lung sounds</p> <p>Able to calculate correct dose for acetaminophen prior to administration.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Remove syringes and scissor from crib.</p> <p>Put crib rail up when not at bedside.</p> <p>Call provider for crackles in lungs. Minimal SBAR. Gets order for dexamethasone. Does not read back order.</p> <p>Call provider for incorrect orders (amoxicillin, acetaminophen, IVF). Does read back orders</p> <p>Medication administration: administer dexamethasone, amoxicillin, and ibuprofen. Check name/DOB and allergies. Educate mother and patient on medication purpose and side effects.</p> <p>Call healthcare provider due to change in respiratory assessment</p> <p>Call respiratory for breathing treatment</p>

	<p>Apply oxygen via nasal cannula</p> <p>Medication administration: administer acetaminophen. Check name/DOB.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> Evaluation/Self-Analysis: E A D B Commitment to Improvement: E A D B 	<p>Team discussion of scenario. Team recognized teamwork and communication. Identified how they got ibuprofen dose and all members looked up safe range for patient age/weight. All members performed dosage calculation to find safe dose for patient. Discussed medication errors and how to report in practice. Team discussed more educational topics that could have been provided to mother as well as some respiratory assessment pieces that were missing including triggers and smoking education.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> Select physical assessment priorities based on individual patient needs. (1, 2)* Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)* Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 	<p>You are Satisfactory for this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths</p>

<ul style="list-style-type: none"> Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)* 	and weaknesses and develops specific plans to eliminate weaknesses.
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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Schneider(C), Seiger(M), Whittaker(A)

GROUP #: 7

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/8/2023 0835-1005

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> Focused Observation: E A D B Recognizing Deviations from Expected Patterns: E A D B Information Seeking: E A D B 						<p>Contact precautions verbalized. VS. Patient CO arm pain. Temp 102.5. Right sided abdominal pain noticed.</p> <p>Banana and yogurt recently eaten. In for reassessment. Patient CO stomach pain and vomits.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> Prioritizing Data: E A D B Making Sense of Data: E A D B 						<p>Temp of 102.5 interpreted as abnormal. Bruises interpreted to be suspicious for abuse. Interprets the need to recheck VS following medication administration.</p> <p>Vomitus inspected and contains food particles. Skin turgor interpreted to indicate dehydration. Interprets need for IV fluids.</p>

<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Patient is questioned about origin of bruising, mom states he fell. Call to pharmacy to question cetirizine dose. Charge nurse enters, identifies patient, assists with further exposing skin to assess for bruising. Mom is asked to leave the room for a bit so they can question patient alone. Source of bruises identified. Call to pharmacy to question acetaminophen dose. Call to case management to report suspicious bruising and who is to blame. Call to physician to report abuse and also question cetirizine and acetaminophen orders. New orders received- remember to read back orders. Call to lab about stool sample- + for Rotavirus. Cetirizine and acetaminophen prepared and administered. VS rechecked following medications. Mom educated about rotavirus and asks is she feels safe at home. Resources offered and accepted. Smoking cessation discussed. Mom assured this is a safe place. Call to provider to initiate BRATTY diet. Call to update case manager to create a safety plan with mother.</p> <p>Call to provider to report patient not tolerating diet well, requests ibuprofen, signs of dehydration. Orders received (remember to read back orders). Mom is being questioned about abuser, asks for picture. Patient identified, allergies confirmed, IV flushed and bolus initiated, Zofran administered. Bolus complete, IV rate changed to maintenance rate. Call to provider to question ibuprofen order. Ibuprofen prepared and administered.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussed the scenario. Also discussed the importance of checking recommended doses for medications. Discussed rotavirus and the need for contact precautions. Good job with SBAR communication, remember to read back all orders. Team noted suspicious bruising and recognized the need to contact someone to investigate further. Reviewed steps of programming the IV pump for a fluid bolus.</p>

<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 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 	<p>Nice work! You are satisfactory for this scenario. BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p>
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	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)* <ul style="list-style-type: none"> 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: Keyara Scheider

OBSERVATION DATE/TIME: 11/29/23

SCENARIO: Comprehensive Simulation

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* <ul style="list-style-type: none"> Focused Observation: E A D B Recognizing Deviations from Expected Patterns: E A D B Information Seeking: E A D B 	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.

						<p>You noticed the signs of respiratory distress and dehydration in the children.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit.</p> <p>You were able to interpret safety and health issues with each member of the family.</p> <p>You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit.</p> <p>You interpreted acute respiratory status changes and lethargy as major assessment concerns in the children in this home environment.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>You responded to patient’s admission of abuse calmly without judgement. Communicated alternatives clearly and empathetically.</p> <p>You responded with intervention regarding safety of children; flexible and creative with ideas and interviewing each member of the family.</p> <p>You responded by prioritizing the safety and health concerns of each family member and seeking further treatment for them.</p> <p>You sought further information regarding potential abuse from all members of the family.</p> <p>You were respectful and calm in communicating with potential abuser. Coping skills were discussed.</p> <p>You responded to safety, psychosocial issues calmly. You were confident in your approach to each family member.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 						<p>You reflected thoughtfully on your approach to the patient’s abusive history, child care, etc....</p> <p>You reflected on the education and information provided to the family.</p> <p>You were able to reflect on your progress with addressing the</p>

	<p>concerns for each environment and family member.</p> <p>You were able to reflect on the home visit and establish a focused education plan for one of the family members of the household.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning</p> <p>Based off of Lasater’s Clinical Judgment Rubric</p> <p>Developing or higher in all areas is required for satisfactory completion of this simulation.</p> <p>Objectives</p> <ol style="list-style-type: none"> 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)* <p>*Course Objectives</p>	<p>Excellent job in communicating without judgement and providing appropriate education, information regarding resources, and intervention for family.</p> <p>You are satisfactory for this scenario. KA/MD/BS/RH</p>

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: Keyara Schneider
11/30/2023