

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Katelyn Elmlinger

Final Grade: **Satisfactory**

Semester: Fall

Date of Completion: 11/30/2023

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

Faculty eSignature: Brian Seitz, MSN, RN, CNE

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

Care Maps
Patient/Family Education

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

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
9/22/2023	1	FRMC OB Survey not completed	9/29/2023

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	S	NA	S	S	S	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
b. Provide care using developmentally appropriate communication.		S	S	NA	S	S	S	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
c. Use systematic and developmentally appropriate assessment techniques.		S	S	NA	S	S	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	S	NA	S	S	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	S	NA	S	S	S	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
Clinical Location Age of patient		LC	ER	NA	OB	H&V	B&G club	S	NA	OB	NA	NA	NA	NA	NA	NA	NA	S
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS

Comments:

Week 2 - The Erikson's stage that I would choose for this clinical is infancy because we were dealing with a 9 day old baby having troubles breastfeeding with the mother, due to latching on issues and placement. **Infancy is not an Erikson's Stage. It would be Trust vs. Mistrust. BS**

Week 2- 1a- You did a nice job discussing one of the visits you and the lactation nurse had with a patient. It sounds like this new mom had some concerns about the amount of milk she was producing and with the baby latching onto the breast. Although this is her first time breastfeeding, it sounds like she is pretty dedicated to having a successful experience with it. **BS**

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

Week 3 - The Erikson's stage for the main patient that I cared for was identity versus role confusion. I choose this stage because my patient was an adolescent. Good. BS

Week 3- 1a- You did a great job discussing in detail one of the patient's you cared for during your FTMC ER experience. BS

Week 5 - The Erikson's stage for my patient while on the OB floor was identity versus role confusion. I choose this stage because my patient was a 31 year old mother in labor. At age 31, I would suggest that her stage would be Intimacy vs. Isolation- "The young adult must develop intimate relationships or suffer feelings of isolation."

Rather than identity vs. role confusion- "The teenager must achieve a sense of identity in occupation, sex roles, politics, and religion." BS

Week 5 – 1a – You did a wonderful job providing holistic care to the mother you were assigned in Labor and Delivery this week. KA

Week 5 – 1c – You did a nice job observing the nurse during the assessment process of the laboring patient. KA

Week 6 - The stage of growth and development for the students I worked with during this week's clinical was industry vs. inferiority. I chose this level due to the students being in seventh grade where they are around 12 years old at this time. BS

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

Week 7 – The Erikson's level of growth and development for the kids I communicated with during this clinical was industry versus inferiority. I chose this level due to the fact that these kids were ages from kindergarten to sixth grade. BS

Week 7- 1b- Great job discussing the ways in which you adjusted your communication style as you educated and interacted with the different age groups at the Boys and Girls Club. 1e- You also did a nice job discussing the differences you noticed among the age groups you interacted with during your time at the Boys and Girls Club. Interests and attention spans will vary quite a bit as the children grow and mature. BS

Week 9 – The Erikson's stage of development for my patient this week was trust versus mistrust. I chose this option because my patient was only one day old. It is important at this stage to help build trust while feeding the baby. Another way to build trust with this baby is to also do skin to skin. BS

Week 9- FTMC OB Objective 1, C and D-This week you did a nice job with using systematic and developmentally appropriate assessment techniques by individualizing your assessment to the patient. You were also able to identify safety measures for your patient. MD

Week 9- 1a- You did a nice job discussing your OB patient for the week. 1-d- Nice job discussing the concept of safe sleeping, as it relates to newborns. Nice job also of pointing out examples of unsafe sleeping you noticed while on clinical. BS

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

Comments:

Week 3- 1k- You did a nice job discussing cultural implications that need to be considered when planning care for patients, in this case, low socioeconomic status, which is important because she was in need of nursing home placement due to her dementia. BS

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

Week 9- 1i- Good job discussing examples of family bonding you witnessed while at the FTMC OB department. You also identified the phase of postpartum adjustment to motherhood, and provided behavioral examples to justify the phase. BS

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	S	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
b. Perform nursing measures safely using Standard precautions.		S	S	NA	S	S	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	S	NA	S	S	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
d. Practice/observe safe medication administration.		NA	S	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
f. Utilize information obtained from patients/families as a basis for decision-making.		S	S	NA	S	S	S	S	NA	S	NA	NA	NA	NA	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	S	NA	S	S		S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS

Comments:

Week 2 – A SDOH with the patient I encountered this week was that her husband worked a lot, therefore she was taking care of her baby by herself most of the time.

Another SDOH was that she did not live close to the hospital which made it more of a struggle for her to make it to her appointments. **Good example.**

Week 2- 2c- You were able to witness the baby latch on to the breast, initially with not much success, so a nipple shield was applied. With some perseverance, the baby was able to latch without the shield and you were able to hear the baby swallow. BS

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

Week 3 – A SDOH that I determined from one of the patients that I cared for this clinical was that she was in her 80s and she lives alone. In her house she also has stairs which is what brought her in because she had fallen and claimed she laid there for two days. *She certainly should be avoiding stairs at her age. I agree, she shouldn't be living alone. Hopefully she has family members who are willing to help.* BS

Week 5 – A SDOH of health that I identified with my patient is that she did not have a reliable job. Her job may not provide her with enough money to care for her newborn in the way that she would like to. Another SDOH that I was able to identify is that my patient was overweight, therefore making it harder for her to care for her child as well as making it difficult for the nurses to monitor the fetal heart rate. *Nice job. While most people realize many of the health consequences of being overweight, there are some that are often overlooked. Significant excess weight makes certain medical procedures more difficult, and therefore more dangerous. Good catch.* BS

Week 5 – 2b – You were able to observe the insertion of an epidural for pain management for your patient during the labor process. KA

Week 5 – 2c – You were able to work with your assigned nurse to read and identify EMF monitor strips of your laboring patient. KA

Week 6 - During this clinical the school nurse had talked about how some students families can not afford the special care that their children may need when it comes to vision or hearing problems, due to financial issues, transportation issues, insurance problems, etc. Therefore, these issues would be the some examples of SDOH for this clinical experience. *Yes, they would. There are, however, programs in place to cover these expenses. The nurse usually provides the families resources too pay for eye exams and even free glasses for the kids.* BS

Week 7 – A SDOH of health that I noticed during this clinical was the fact that many of the students I talked to made it sound like their parents were divorced. The ine student I talked to mentioned how his mom works at McDonalds and his dad works in Florida, he also has two other younger siblings, therefore the families income can be a struggle with trying to care for three children under the age of 5. *Good example, Katie.* BS

Week 7- 2g- Nice job identifying social determinants of health that may have an impact on children. Low income and safe environment are certainly two things that many of the kids at the Boys and Girls Club are forced to deal with on a consistent basis. Some of the kids actually prefer to be at the club because it provides structure, and a lot of the time their home-life does not. BS

Week 9 – During this clinical I realized that this patient is living a very healthy lifestyle. For SDOH with this patient she has a job as an RN, she has a support person who is actively there to help her, she has a mother who is also an RN director at a high risk neonatal department who is there to help her and she has many visitors throughout the day supporting her. Sounds like she has a very good support system. This will become increasingly important as the years go by. BS

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

Comments:

Week 2 – During this clinical I do not believe that I experienced any legal or ethical issues. **BS**

Week 3 – On this clinical rotation I did not realize any legal or ethical issues that took place. **I think you should put some more thought into this. I would say there are definitely legal and/or ethical issues in play with the care of this patient. BS**

Week 5 – I believe a legal issue that happened with this patient is that when she was admitted she was able to state her insurance company but was unable to provide her insurance care. This could be a problem due to the amount of her visit and being unable to have insurance pay for some of it. **Yes, that could definitely be a problem! BS**

Week 6 – During the hearing and vision screening clinical I do not believe that I was able to observe any legal or ethical issues that took place. **What about potential legal and/or ethical issues? Please do not continue to leave this blank. BS**

Week 7 – A legal issue that may be an issue that was observed was the fact that the students are of all different ages and ethnicities therefore they all have very different lives. Some of their parents may be able to provide for them better but may be taking advantage of this facility due to no cost. **Definitely true! BS**

Week 9 – A legal issue that could take place during this clinical was when we took multiple babies to the nursery at once. If the baby and the mother's wristbands are not checked and matched it could be a legal issue with taking the wrong baby to the wrong mother, or doing the wrong assessment on the wrong baby, such as doing a circumcision on a baby that the mother did not give consent to. **Yes, this would definitely cause some legal ramifications! BS**

*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	S	NA	NA	S	NA	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	S	NA	S	NA	NA	S	NA	S	NA	NA	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	S	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
d. Summarize witnessed examples of patient/family advocacy.		NA	S	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
e. Provide patient centered and developmentally appropriate teaching.		S	S	NA	S	S	S	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
f. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	S	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS

Week 2- 4e- You and the lactation nurse were able to provide some valuable education to this patient. In doing so, you likely had a positive impact on this mother and her baby. I think you probably also gave her a confidence boost because it sounds like the feeding improved after removal of the nipple shield. Nice work! BS

Week 3- 4b- Nice job describing the priority nursing interventions you provided to a patient in the ER. You also did a nice job discussing how the patient responded to the interventions BS

Week 5- 4a- You did a great job on your care plan, Katie. Please see rubric below for feedback. BS

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

Week 7- 4e- Your group did a nice job of providing developmentally appropriate education to children of various ages on the topics you chose related to nursing. Nice work! BS

Week 9- FTMC OB Objective 4, E and F-You were able to individualize and discuss education that you would or did have with your patient/patient's provider. You were also able to describe the pathophysiology of your patient. MD

Student Name: K. Elmlinger				Course Objective: 4			
Date or Clinical Week: 5							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Nice job listing abnormal observation and assessment findings based on your patient experience this week. Many abnormal findings were identified and listed. Lab/diagnostic findings were also provided. Nice job reviewing and including pertinent risk factors related to your priority problem of pain.
	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	Three high priority nursing problems were identified. Pain was appropriately selected as the top priority problem. All relevant assessment data was highlighted pertinent to the priority problem. Three potential complications were identified, each supported with signs and symptoms to monitor for.
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	

Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Nursing interventions related to the top priority were listed. Interventions were appropriately prioritized. Each listed intervention included a frequency and rationale. All listed interventions were individualized and realistic to the patient situation.
	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	An evaluation of all abnormal findings were provided along with a determination to continue the plan of care. “No presence emesis” and “Decreased nausea” are more appropriately written: “Patient denies any episodes of emesis” and “Patient denies nausea.”
	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.						Total Points: 42/42- Satisfactory.	
Faculty/Teaching Assistant Comments: Katie, nice work with your care map related to pain. See comments provided throughout the rubric. Let me know if you have any questions. Keep up the hard work! BS						Faculty/Teaching Assistant Initials: BS	

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

Comments:

See below. BS

Week 3- 4h- Nice job discussing the metoprolol your patient received and why. 4i- You did a good job describing the interventions performed for your patient, and her responses to the interventions. BS

Week 9- FTMC OB Objective 4, G-K-This week you were able to correlate diagnostic tests, pharmacotherapy, medical treatment, nutrition, and growth and developmental level in relation to your patient. MD

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.		U	S	NA	S	S	S	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
b. Evaluate own participation in clinical activities.		U	S	NA	S	S	S	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
c. Communicate professionally and collaboratively with members of the healthcare team.		U	S	NA	S	S	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		U	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		U	NA	NA	S	NA	NA	S	NA	S	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)		U	S	NA	S	S	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
g. Consistently and appropriately post comments in clinical discussion groups.		U	S	NA	S	S	S	S	NA	S	NA	NA	NA	NA	NA	NA	NA	S
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS

Comments:

08/30/23 – Katelyn Elmlinger Excellent in all areas. R. Smith, RN, IBCLS Preceptor

See below. BS

Week 3- 5a- You discussed the importance of choosing an appropriately sized blood pressure cuff, which is especially important in pediatric patients. Using a cuff that does not fit properly will result in either a falsely elevated of falsely lowered reading. BS

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

Week 3- 5a- From ER RN- “excellent in all areas. Excellent engagement.”

Week 5 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You were able to a vaginal delivery while on clinical this week! KA

Week 6- 5g- Great job on your CDG this week. BS

Week 7- 5a- Your group did a great job providing valuable education to the children at the Boys and Girls Club. BS

Week 9- FTMC OB Objective 5, A-You showed great enthusiasm during the FTMC OB clinical experience. MD

Week 9- 5a- You were able to have a few new experiences this week, two circumcsions and an inversion, and discussed them in your CDG. 5e- Nice job discussing how vaccine administrations are tracked in the electronic medical record. BS

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

Comments:

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

Week 2 – Due to receiving "Us" I will more thoroughly fill out the remainder of my tools for the rest of the semester! BS

Week 3 - An area of improvement for this clinical would be to ask more questions during the clinical to learn more about the ER department and how it is run, including what the different levels of trauma mean. Yes, ER nursing is much different than working on a floor. BS

*End-of-Program Student Learning Outcomes

Week 5 – An area of improvement for this clinical was getting to know my patient better. She was a first time mom and I am sure that she had many questions to ask but was to afraid to ask them. I could have done better getting to know her to let her be more comfortable and not afraid to ask any questions. **This is a great idea! Making a connection with your patients is a good way to earn their trust and get them to open up. BS**

Week 6 – I believe an area of improvement for this clinical would be to ask the school nurse, Lora, more questions about what her job entails. She was able to explain to us what she does with the hearing and vision results, but I would like to know more about what her roles are in other categories. **BS**

Week 7 – An area of improvement for me during this clinical was being able to change my mind set when teaching the younger students versus the older students about our topic. I was able to overcome this when I would listen to the way the students responded and then adjust what I was trying to get across to them in the appropriate way. **Yes, adjusting “on the fly” will be an important skill you will use often as a nurse. BS**

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

Week 9 – An area of improvement for this clinical was not feeling as confident as I should with the newborn assessment. I felt like I was confident before doing it, then while doing the assessment I felt nervous and like I didn’t know what I was doing. Next time, before clinical I should watch more resource videos to feel more confident in the assessments that I am performing. **Yes, preparation is key when learning and practicing new skills. With a little practice you will shake those nerves. BS**

Great work this semester, Katie! Keep it up, only one more to go! BS

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

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

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

* Course Objectives

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (*1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditech (*1, 2, 3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date: 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	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation											
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/12	Date: 9/25	Date: 10/3	Date: 10/9	Date: 10/12	Date: 10/26	Date: 11/6	Date: 11/7	Date: 11/21	Date: 11/21	Date: 11/28	Date: 10/31
Evaluation	S	S	S	S	S	S	S	S	S	S	S	U
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	S

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Berry (A), Elmlinger (C), Litz (M)

GROUP #: 5

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2023 1335-1505

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES											
NOTICING: (1, 2, 5) *	Begins assessment. Mona CO pain, rated 5/10. Fetal monitor applied. Patient identified. VS. Lung and heart sounds assessed. Continues with head to toe assessment while											
• Focused Observation:												
• Recognizing Deviations from												

Expected Patterns:	E	A	D	B	medications are prepared.
• Information Seeking:	E	A	D	B	Patient identified and begins assessment. Patient CO feeling woozy. Bleeding noticed.
INTERPRETING: (2, 4) *					FSBS- 200, interpreted as being abnormal. Fetal position determined using Leopold’s maneuver.
• Prioritizing Data:	E	A	D	B	Bleeding determined to be PPH.
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1, 2, 3, 5) *					Prenatal care encouraged. FSBS obtained. Leopold’s maneuver performed. Call to provider (remember to identify yourself). UA sent to the lab. Call to provider with UA results- + for nitrates, THC, and glucose. Orders received for LR, Procardia, acetaminophen and ultrasound to determine gestational age, orders read back. Call to provider to request something for anxiety RT cigarettes. IV fluid prepared, patient identified, allergies checked, IV fluid initiated. Acetaminophen and Procardia administered.
• Calm, Confident Manner:	E	A	D	B	Call to provider to ask about CBC. Call to lab to tell them about a CBC. Education provided about milk production. Call to provider to report PPH. Orders received to increase IV fluid rate and methergine. Medications prepared, patient identified. Allergies checked, medication administered. Patient educated about lochia color and amount and what to expect. Call to provider, order received for fluid rate changed.
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/ Flexibility:	E	A	D	B	
• Being Skillful:	E	A	D	B	
REFLECTING: (6) *					Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did very well with each. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help when unsure of something. Discussed the importance of education to influence lifestyle changes and encourage prenatal care,
• Evaluation/Self-Analysis:	E	A	D	B	
• Commitment to Improvement:	E	A	D	B	

	especially with pregnancy. Also discussed aspects of SBAR communication.
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: 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)*	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. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses

5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* *Course Objectives	
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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): Berry (C), Elmlinger (M), Litz (A), Martin (A)

GROUP #: 5

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/23 1335-1505

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES			
NOTICING: (Link to Course Objectives) * - Focused Observation: E A D B - Recognizing Deviations from Expected Patterns: E A D B - Information Seeking: E A D B	Introduce self; obtain vitals. Establish relationship of support person, ask preference of name Full head to toe assessment completed Pain assessment: duration, rating Cervical exam done prior to pain medication administration Post-delivery fundus assessment Apgar 1 minute: 9 Apgar 5 minute: 9 Newborn assessment complete. No assessment of reflexes Reassess mother vitals after delivery			

INTERPRETING: (Link to Course Objectives) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Use fetal monitor strip and identify good variability and frequency of contractions Correlate PCN order with GBS+ results Offer Nubain for pain relief to stay with patient birth plan Sees patient is ready to deliver and calls healthcare provider.
RESPONDING: (Link to Course Objectives) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Education on gestational diabetes and risk factors for macrosomia Administration of PCN: does all checks prior to administration. Hung as piggyback appropriately. Administration of Nubain: educate on side effects and how often can be administered. Does all checks. Uses correct needle size. Needle safety engaged. Call healthcare provider. Great SBAR Interventions: call provider, suprapubic pressure, McRoberts maneuvers, hands and knees, evaluate for episiotomy, remove posterior arm, rotational maneuvers. Dry baby, put baby skin to skin, provide put hat on, and blanket to baby all for thermoregulation Education to mother on medications for baby Administration vitamin K: used adult IM needle, not for baby. Needle safety engaged.
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 interventions. Discussion of various interventions (HELPERR and types of heat loss for baby). Discussed proper needle size for IM injection for adult and newborn. Team discussion of reflexes to include in newborn assessment.

SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: • Select physical assessment priorities based on individual patient needs. (1, 2)* • Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)* • Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* • Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* • Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)* • Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)*	You are Satisfactory for this scenario! RH Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses:
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Berry, Elmlinger, Litz, Noftz**

OBSERVATION DATE/TIME:

10/12/2023

SCENARIO: **Escape Room**

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

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

/e360/apps/v9/releases/1701549781/public/upload/firelands/media/dropbox/122424-finaltool-elmlinger.doc

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): **Berry (M), Elmlinger (A), Litz (C)**

GROUP #: **5**

SCENARIO: **Pediatric Respiratory**

OBSERVATION DATE/TIME(S): **10/26/23 1335-1505**

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	Respiratory assessment: listen to lungs. Visualize chest but does not remove gown Call pharmacy to ask if medication can be crushed Did not identify incorrect dose for weight based medications Respiratory reassessment: listen to lungs. Pain reassessment after breathing treatment			

INTERPRETING: (2, 4) *					Able to calculate correct dose according to the healthcare provider's order in the chart. (acetaminophen, amoxicillin)
• Prioritizing Data:	E	A	D	B	Nurse stays at bedside until respiratory therapy arrives to administer breathing treatment Able to calculate correct dose according to the healthcare provider's order in the chart (dexamethasone, ibuprofen)
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1, 2, 3, 5) *					Remove needles and scissors from crib
• Calm, Confident Manner:	E	A	D	B	Leaves crib side rail down when walks away from crib once. Does raise crib side rail half way up next time stepping away
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/ Flexibility:	E	A	D	B	Medication administration: check name/DOB. Educate on what medications are being given as well as what they are for Education to mother about fever control with acetaminophen and ibuprofen Apply oxygen due to lowered oxygenation saturation Call respiratory therapist for breathing treatment Reassure mother and staying calm while respiratory status is declining. Education on croup and interventions to do at home (take outside, cool mist humidifier). Educate on smoking cessation for mother or how to decrease exposure to secondhand smoke Elevate head of patient Call healthcare provider to decrease IVF. Read back new order for new IVF rate and steroid. Medication administration: check name/DOB. Educate on medications being administered to mother and patient.
• Being Skillful:	E	A	D	B	

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 calculated safe dosage 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 patient and mother on illness. Team use growth and development knowledge to communicate with mother and patient appropriately.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: • Select physical assessment priorities based on individual patient needs. (1, 2)* • Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)* • Implement appropriate nursing	You are Satisfactory for this scenario! RH Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse Responding: Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could

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

STUDENT NAME: K. Elmlinger

OBSERVATION DATE/TIME: 10/31/2023

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. BS

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Berry(A), **Elmlinger(C)**, Litz(M)

GROUP #: **5**

SCENARIO: **Pediatric GI**

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

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>				
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	Patient CO of abdominal pain, rating acquired. Begins assessment, VS. Bruises noted on upper arm. Asks patient how he got bruises, mom answers. Temp 102.5. Patient identified. Bruising notice on abdomen also. Temp rechecked- 101. Patient CO stomach pain and vomits 450 mL. Patient reassessed following medications				
INTERPRETING: (2, 4) * - Prioritizing Data: E A D B - Making Sense of Data: E A D B	Temp of 102.5 interpreted to need medication. Skin turgor assessed due to vomiting and diarrhea. Temp of 101 interpreted as improved. Pain rating interpreted as severe. Temp 102.2- fever returning.				
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	Belly is exposed and examined, bruising noted. Report given to team members to get opinions about bruising. Call to pharmacy to report dose of acetaminophen. Call to provider to request dosage change. New order received and read back. Pedialyte offered to patient to sip on. Gowns and gloves verbalized prophylactically. Call to lab for stool results- + for Rotavirus. Cetirizine and acetaminophen prepared, patient				

	identified, medications administered. Mom leaves to get breakfast and patient is questioned further about origin of bruises. Another team member comes in to take a look at bruises. Call to provider to report tacky mucous membranes and request IV fluids. Instructed to push IV fluids. Also informed provider about suspicious bruising. Call to provider with request for new orders. Orders received for IV fluid bolus and maintenance fluids, Zofran, ibuprofen and read back. Call to case manager to report BUE bruising and ask to investigate further. Zofran prepared and explained to mom, administered. IV fluids started at 60 ml/hr.
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: Select physical assessment priorities based on	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

individual patient needs. (1, 2)* 2. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. 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)* 5. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* a. *Course Objectives	complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses:
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **K. Elmlinger** OBSERVATION DATE/TIME: **11/21/23** SCENARIO #: **Student Developed Scenarios**

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* - Focused Observation: E A D - Recognizing Deviations from	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

Expected Patterns: B	E	A	D	aspects to include for a patient/support person with your assigned diagnosis.
• Information Seeking: B	E	A	D	
INTERPRETING: (2, 4)*				Was able to interpret data pieces and prioritize accordingly.
• Prioritizing Data: B	E	A	D	For each scenario, care was given in gathering details needed in order to phone the healthcare provider and provide SBAR.
• Making Sense of Data: B	E	A	D	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)*				Responded with communication that was collaborative between roles. Clear communication was utilized between colleagues.
• Calm, Confident Manner: B	E	A	D	Clear communication was utilized with family and layman's terms were utilized when appropriate.
• Clear Communication: B	E	A	D	Responded with interventions that were planned accordingly and verbalized when necessary.
• Well-Planned Intervention/ Flexibility: B	E	A	D	Skill in identifying focus assessments as well as timely reassessments was utilized.
• Being Skillful: B	E	A	D	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.
REFLECTING: (6)*				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.
• Evaluation/Self-Analysis: B	E	A	D	Reflected with a self-analysis of assessment and analyzation of data to identify missing pieces of the scenario.
• Commitment to Improvement: B	E	A	D	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
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: K. Elmlinger OBSERVATION DATE/TIME: 11/28/23 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	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

completion of nursing assessment. (1, 2, 5)* 3. Utilize the concepts of growth and development to provide therapeutic communication with the family unit. (3, 5)* 4. Identify safety measures for the family unit in the home setting. (1,3,5)* 5. Demonstrate thorough environmental assessment in the home setting. (1,3,5)* *Course Objectives	
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EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2023
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date: