

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

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

Student: Laurel Sieger

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)
9/1/23	1	Late CDG post	9/1/23
10/20/23	1	Missed Simulation Survey	10/27/23

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	NA	
Competencies:		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
b. Provide care using developmentally appropriate communication.		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
c. Use systematic and developmentally appropriate assessment techniques.		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	NA	NA	NA	S	NA	S	S	NA	NA	S	NA	S	NA	NA	NA	S
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
Clinical Location Age of patient		ER 56	NA	NA	NA	FT 33	NA	Mid-term	Boys & Girls Club	Wee blo day	Heari ng and vision	OB FR MC	NA	Lact ation	NA	NA	NA	final
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

Comments:

The ER had varying ages of care. The patient I chose was 56-year-old. For Erikson's I chose integrity vs despair. I know that this doesn't fit the age requirements, but my patient was morbidly obese, had no children, her only living family was a brother. The patient also did not move around for fear of falling. So she does not leave or go anywhere within her home. She has home health come just to help her bathe. This stage focuses on did I leave a meaningful life and with her quality I'm sure she thinks about this a lot. **Good observations and explanation. RH**

This clinical my patient was 33. Once again I fit a stage that does not fit her age group. I picked generativity vs stagnation. My patient is happily married and just delivered her 5th child. She is not creating a lasting legacy with these children and making her mark on the world. She is raising her children and making a life for them. 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

For the children at the boys and girls club I have chosen Industry vs Inferiority. I think that a lot of these children are in the stage of becoming confident in their abilities to do things and succeed. If they don't succeed and receive positive feedback they lack confidence in themselves. This stage is very important it will help children succeed as they grow older. RH

Week 8- 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

For Weeblo day I have chosen industry vs inferiority as well. When teaching these children we did an activity that used organs and placing dressings on them. When we would congratulate them and tell them what a good job they did you could just see in their faces how they lit up. This was showing them that they had the skills to be successful. RH

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

Industry vs inferiority again since working with school aged children. The children lit up when they were told that they did a good job on the hearing and vision screenings. Showing them that they were able to accomplish something to minor on their own. 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

I chose intimacy vs Isolation. My patient is a 33-year-old female who just had her second c-section. This stage fits the age requirements for my patient along her personal history. The patient had a child with a previous partner, had an abortion, and now had another child with another partner. She is trying to find a successful relationship where she feels fulfilled and not alone. RH

Week 11: 1(a, c, d) - You did a great job providing holistic care to your patient this week. You also assessed your patient and were able to discuss any abnormalities in her assessment. You enforced safety by doing the mother/baby checks with their wristbands. RH

Since this clinical was more about the babies I chose trust vs mistrust. The babies are learning who they can trust to feed them and take care of them. Breastfeeding a baby can show the infant that mom can be trusted. 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:		NA	NA	NA	NA	S	NA	S	NA	NA	NA	S	NA	NA	NA	NA	NA	S
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		NA	NA	NA	NA	S	NA	S	NA	NA	NA	S	NA	NA	NA	NA	NA	S
g. Discuss prenatal influences on the pregnancy. Maternal		NA	NA	NA	NA	S	NA	S	NA	NA	NA	S	NA	NA	NA	NA	NA	S
h. Identify the stage and progression of a woman in labor. Maternal		NA	NA	NA	NA	S	NA	S	NA	NA	NA	S	NA	NA	NA	NA	NA	S
i. Discuss family bonding and phases of the puerperium. Maternal		NA	NA	NA	NA	S	NA	S	NA	NA	NA	S	NA	S	NA	NA	NA	S
j. Identify various resources available for children and the childbearing family.		NA	NA	NA	NA	S	NA	S	NA	NA	NA	S	NA	S	NA	NA	NA	S
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
l. Respect the centrality of the patient/family as core members of the health team.		S	NA	NA	NA	S	NA	S	NA	S	S	S	NA	S	NA	NA	NA	S
		RH																

Comments:

Week 2: 1(a, k): Great job describing your patient and their cultural implications related to their plan of care. 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 discuss why you chose this 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	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
b. Perform nursing measures safely using Standard precautions.		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
d. Practice/observe safe medication administration.		S	NA	NA	NA	S	NA	S	NA	NA	NA	S	NA	NA	NA	NA	NA	S
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		S	NA	NA	NA	S	NA	S	NA	NA	NA	S	NA	NA	NA	NA	NA	S
f. Utilize information obtained from patients/families as a basis for decision-making.		S	NA	NA	NA	S	NA	S	S	NA	NA	S	NA	S	NA	NA	NA	S
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

Comments:

Environment since the patient will not leave the house for fear of falling. Which means she has people who are enabling her to live the way that she does. **What can her support system do for her to help this not be an issue? RH** support system can give her assistive devices like a walker or scooter so that she is able to leave the house. She can also get physical therapy help to strengthen her extremities. **Good ideas! RH**

Economic stability would be my choice for this mom. This is her fifth child and from what I can tell both her and her husband are immigrants. Neither one speaks very good English. Having a large family in this economy makes it hard to provide food and necessary resources to maintain a decent quality of life, especially with only one income as from what I gathered mom is a stay at home. RH

Social and community context is what I have chosen for this week. The children who participate in the boys and girls club are all inner-city children. The environment that they are raised in will have a huge impact on their attitudes and who they are when they are older. Growing up in environments that have a lot of crime or other negative influences can lead these children to think that it's okay for them to act that way. Or that its an acceptable life style. RH

Social and community context has been chosen for the Weeblo day. These young boys and girls are surrounded by people who care about their well-being. They are being given opportunities to better themselves and their futures just by joining a simple group. The skills they learned this day will also help them in their future to help build a better community. RH

Education access and quality, these children are all entitled to a good education. The quality of their education should have no variables, and everyone should have the same opportunity to learn. These vision and hearing test help to make sure each child has the right tools to get the same education as everyone else. It also provides a simple hearing/vision screening for those who do not see a primary healthcare provider on a regular basis. RH

Economic stability. Its hard in today economy to be able to afford childcare, food, and housing. Raising children on the bare minimum can cause a lot of stress and hardship on a family. RH

Week 11: 2(d, f)- you did a good job with medication administration and performing all your checks. You did a good job asking the patient questions related to her assessment and charted them appropriately. RH

Economic stability, breastfeeding takes a lot of time and patients. A lot of women who do breastfeed do it because of the price of formula. Taking care of babies cost a lot of money and parents will find anyway to cut down on those costs. 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	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

Comments:

We had a patient who had multiple PE's and were trying to get them moved to another facility for treatment. One of the clots was near the patients heart do if they moved in the wrong way it would kill them. The transportation we had lined up called last minute and said they wouldn't be able to transport the patient till 7 am the next morning. Ethically this was an issue, the patient could not wait. **This is such a big issue in Emergency Departments. Transport times are long and it can cause the patient to deteriorate prior to getting to a higher level of care. RH**

Legal issues, when the mother came into the hospital, she was 7 cm dilated the nurse checked the patient and everyone started to prep for a vaginal delivery. At the next check the patient was complete, and they were getting ready to have the patient push when the mother stated, "baby head still up here?" and pointed to her upper abdominal area. Another nurse then checked to find the baby breech. If they had continued to deliver this baby breech and anything went wrong they would have been at fault for not realizing that the baby was breech. **RH**

Ethical issues observed parents leaving their children at school till well after 6 pm. I understand that parents must work and extra childcare is needed, especially for single parents. Staying in the same environment for 10 + hours would be exhausting. For a child. There was a little boy who was asleep at the table when we were presenting. We left the school at 6:15 and more than half the children were still there. How does that leave time for homework, a proper dinner, bath, and a decent bedtime. The older ones might be able to stay up a little later, but the youngest ones need their sleep. **Some children do not eat when they go home so the meal provided at the boys/girls club is their dinner. It is hard to see so many children there so late, but also if a single parent works 12 hour days, this is a great resource for them for childcare as well as homework help. RH**

Legal issues could be if the students were taught a skill wrong and tried to use the care they were taught on someone and made things worse. The person who suffered could then come back on the person who provided them the wrong care. RH

Ethically it would be wrong to leave a child who cant hear or see without help. Children who have perfect vision and hearing have a better start to education vs someone who has difficulty hearing. This person might not be able to understand what the teacher is saying, there for falling behind in class. RH

Legal issue, the hospital uses cuddle tags and badges to make sure every child and patient is identifiable. If for some reason someone was able to get ahold of a badge or a child and remove the tag without notice, there would be a legal issue. RH

A lot of people have an ethical issue with breastfeeding or formula feeding a child. Depending on the persons views they could see breastfeeding wrong because of the women who choose to do it publicly or they may see feeding an infant formula as ethically wrong because its not natural. Ethically it is up to the parents to decide what is right for them and their child. 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)		NA	NA	NA	NA	S	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)		S	NA	NA	NA	S	NA	S	NA	NA	NA	S	NA	S	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	NA	S	NA	S	NA	NA	S	S	NA	NA	NA	NA	NA	S
d. Summarize witnessed examples of patient/family advocacy.		S	NA	NA	NA	S	NA	S	S	NA	NA	S	NA	S	NA	NA	NA	S
e. Provide patient centered and developmentally appropriate teaching.		S	NA	NA	NA	S	NA	S	S	NA	S	S	NA	S	NA	NA	NA	S
f. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		S	NA	NA	NA	S	NA	S	NA	NA	NA	S	NA	NA	NA	NA	NA	S
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

Comments:

Week 2: 4(c)- this was changed to NA because you did not chart at Fisher Titus. 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? How was the teamwork of the nurses in relation to these interventions? RH For the most part everything was done with my preceptor and I. We did have another nurse come in to insert an IV, and to help us hold down a pediatric patient to give them a shot. The teamwork was great, and all for the better of the

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

patient. Everyone was on the same page as far as what the goal was. That is awesome! Teamwork is always a great way to get urgent things done quickly for the patient. RH

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- 4e- Your group did a great job providing education on various bullying scenarios. You did a nice job of adjusting the type of education provided based on the ages of the groups you worked with. BS

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

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: Laurel		Course Objective: 4					
Date or Clinical Week: MCN 2023							
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 interventions list! Very thorough Make sure your medications have a frequency, even if this is "once" or "prn"
	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	
<p>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.</p> <p>Faculty/Teaching Assistant Comments:</p>							<p>Total Points: 42/42 Satisfactory</p> <p>Faculty/Teaching Assistant Initials: RH</p>

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
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g. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		S	NA	NA	NA	S	NA	S	NA	NA	NA	S	NA	NA	NA	NA	NA	S
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		S	NA	NA	NA	S	NA	S	NA	NA	NA	S	NA	NA	NA	NA	NA	S
i. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		S	NA	NA	NA	S	NA	S	NA	NA	NA	S	NA	NA	NA	NA	NA	S
j. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		S	NA	NA	NA	S	NA	S	NA	NA	NA	S	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)		S	NA	NA	NA	S	NA	S	NA	NA	NA	S	NA	NA	NA	NA	NA	S
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

Comments:

Week 2: 4(h, i)- Good description of interventions and WHY you performed them by connecting them to the disease process. What a great experience to see a heparin drip started and monitored for this patient. 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	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
b. Evaluate own participation in clinical activities.		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
c. Communicate professionally and collaboratively with members of the healthcare team.		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		S	NA	NA	NA	S	NA	S	NA	NA	NA	S	NA	NA	NA	NA	NA	S
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		S	NA	NA	NA	S	NA	S	NA	NA	NA	S	NA	NA	NA	NA	NA	S
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		S	NA	NA	NA	S	NA	S	NA	NA	NA	S	NA	S	NA	NA	NA	S
g. Consistently and appropriately post comments in clinical discussion groups.		S U	NA	NA	NA	S	NA	S	S	NA	S	S	NA	S	NA	NA	NA	S
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

Comments:

Week 2: 5(a)- there is so much technology in the ED and I am glad you were able to experience some new charting and how it improves/helps with patient care. RH
 Week 2: 5(g)- This was marked “U” because your CDG was not turned in on time and there was no reference as required by the assignment. Please address this “U” and what you will do to prevent getting another “U” in the future. If it is not addressed, you will continue to get a “U” until it has been addressed. RH I do have a reference in my CDG , I used the drug guide. But for future I will double check that I have a reference and all bullet points are correctly addressed. The change in due date for this

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

semester messed me up with the turn in. But I now have the due time correctly marked in my planner every week now. When I checked for a reference on 9/1/23 there was no reference and the post says it was modified on 9/4/23. Thank you for adding the reference. RH

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

Week 11: 5(a, e) – you did a great job showing interest during the FRMC OB clinical this week and asked great questions throughout the day. You did a good job charting your assessment in the computer this week. RH

Week 13: 5(a)- lactation comments: Marked excellent in all areas. “Great patient interaction!” -Rebecca Smith, RN

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 U	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
b. Accept responsibility for decisions and actions.		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
c. Demonstrate evidence of growth and self-confidence.		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
d. Demonstrate evidence of research in being prepared for clinical.		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		S	NA	NA	NA	S	NA	S	S	S U	S	S	NA	S	NA	NA	NA	S
f. Describe initiatives in seeking out new learning experiences.		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
g. Demonstrate ability to organize time effectively.		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
i. Demonstrates growth in clinical judgment.		S	NA	NA	NA	S	NA	S	S	S	S	S	NA	S	NA	NA	NA	S
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

Comments:

Week 2: 6(a)- This was marked as a "U" as you did not comment anything to improve upon. Please address this "U" and what you will do to prevent getting another "U" in the future. If it is not addressed, you will continue to get a "U" until it has been addressed. RH I will improve on my clinical for the rest of the semester! No more U's!!!!
RH

Week 2: Feedback from ED RN: "Was willing to help in all situations. Will make a great nurse." Great job! RH.

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

Midterm: Laurel, great job so far this semester, keep up the good work! RH

I can improve on communication with younger groups. I can communicate with my own children because I know how they communicate back but communicating with children who don't necessarily care about what you have to say is a different story. RH

I would like to improve on consistency. When presenting to the groups I felt like I always got the information across but how I did it was different every time. RH

Week 9: 6(e)- this was changed to an "U" due to not having your tool filled out with all clinical experiences and needing to resubmit. Please address this "U" and how you will prevent getting another in the future. RH Double checking what counts as a clinical experience, and asking more than one teacher what's due for something.

Improve on knowledge of the eye test that the schools do. Like for example why after a certain level is it just a fail. 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

Improve on ways to help postpartum moms with comfort besides just pharmacological. What are some options you could offer? RH
I could offer a heating pad , soothing music, or guided imagery.

I would like to improve on knowledge of the workings of the breast. How milk is made and how it flows through the breast. I will do this by doing research. 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: 10/3/23
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse; 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	OBSERVATION NOTES				
<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. 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>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</p>

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

STUDENT NAME: **Laurel Sieger**

OBSERVATION DATE/TIME: **10/3/23**

<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.</p>

	Promote skin to skin and encouraged breastfeeding. Assist with baby latching
<p>REFLECTING: (Link to Course Objectives) *</p> <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.
<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 A= Accomplished D= Developing B= Beginning</p> <p>Scenario Objectives:</p> <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)* 	<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. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data 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: 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;</p>

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

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Phillips, Seiger, Sweat, Whittaker**

OBSERVATION DATE/TIME: **10/19/2023**

SCENARIO: **Escape Room**

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 						<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>
INTERPRETING: (2, 4)* <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.</p>
RESPONDING: (1, 2, 3, 5)* <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>Responded to safety issues by correcting each of them to provide a safe environment for the patient's care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient's respiratory distress by providing the patient with the ordered breathing treatment.</p> <p>Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.</p>

<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.</p>
<p>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>You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! BS</p>

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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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	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: Laurel Sieger

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. You noticed the signs of respiratory distress and dehydration in the children.

<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 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 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: Laurel Sieger 12/1/23