

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

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

Student: Emily Litz

Final Grade: Satisfactory

Semester: Fall

Date of Completion: 11/30/23

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

Faculty eSignature: K. Ammanniti, MSN, RN, CHSE

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
10/27/23	1	Missing Sim Survey	11/1/23 KA

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:		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	S	S	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	S
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	S	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	S
c. Use systematic and developmentally appropriate assessment techniques.		NA	NA	S	S	S	NA	S	NA	NA	S	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	NA	S	S	S	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	S
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
Clinical Location Age of patient		NA	NA	H&V / LC	FT ER, 92 yrs.	FRM C OB 29, F	NA	NA	NA	B & G Club	FTMC, OB,32, F	NA	NA	NA	NA	NA	NA	NA
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

Safety Measures for the Adolescent: Intense need for independence, leading to risky behaviors or behaviors heavily influenced by peers. These risky behaviors can include experimenting with drugs, excessive alcohol intake, engaging in unprotected sex, partying, and unsafe or drunk driving. **KA**

Erikson's Stage of Development: Identity vs. Role Confusion; this is the stage of development for an adolescent because they are starting to form their own person through newly gained cognitive functioning. This cognitive functioning allots their ability to independently take on tasks and or act independently. They are also starting to self-identify with peers and other adults. **KA**

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

Safety Measures for the Newborn: Prevention of hypothermia via swaddling, prevention of aspiration, and skin-to-skin bonding. Sleeping alone, on their back, and in a crib to prevent the development of SIDS; would include education to the caregivers on how to prevent SIDS. Education to the caregivers related to feeding Q2H and changing Q2H to prevent diaper rash and maintain skin integrity. Assessing to be sure the right IV is hanging, putting the side rails up, and assessing for wet areas on the floor (fall risk). Education should be given to visitors to wash their hands and not kiss the baby; this would aid in the prevention of spreading RSV. **KA**

Erikson's Stage of Development: Trust vs. Mistrust; this is the stage of development for the newborn because the newborn is gradually learning cues from their caregiver of when to feed and when to bond. Bonding with their caregivers is important for the newborn to survive as the caregiver accepts responsibility for the newborn. Because of this, finding trust with the caregiver will aid in promoting adequate milestone development. **KA**

Week 4 – 1a – You did a nice job discussing one of the mothers you worked with while on clinical with the Lactation Consultant. **KA**

Week 4 – 1b – You did a great job highlighting your communication techniques and how they focused on your knowledge of the adolescent child. **KA**

Week 4 – 1e – You did a nice job identifying the correct growth and developmental level the students you worked with were in. You recognized the students were in the Erikson's stage of identity versus role confusion. **KA**

Safety Measures for the Older Adult: Prevention of falls, maintaining adequate hydration to prevent dehydration and confusion, and preventing the development of a UTI. Education would have to be given to the older adult of the POA regarding adequate hydration and the relation between proteinuria and confusion/ disorientation. Prevention of skin breakdown and maintaining skin integrity through bladder training and Q2H toileting. Education on a high protein diet to promote adequate healing and return to baseline functioning. Signs and symptoms of a UTI and dehydration should be given to the patient or POA to promote safety with transfers and ADLs. Preventing bowel obstructions and education on a high-fiber diet to promote regular bowel movements and prevention of constipation. **KA**

Erikson's Stage of Development: Integrity vs. Despair; this is the stage of development for older adults because they spend a great deal of this part of their lives reflecting on the choices they made and the life they lead now. Wisdom in thoughts and feelings is accumulated and reflected upon. This part of their lives is full of relationships, bonding, and fulfillment. **KA**

Week 5 – 1a – You did a nice job describing one of many patients you had the opportunity to work with while in the emergency room this week. It sounds like you were able to recognize the patient's presenting symptoms and how they related to your other assessment findings. **KA**

Erikson's Stage of Development: Intimacy vs. Isolation; this stage of development for early adulthood because this is where strong relationships are formed, a career is developed, strong friendships are made, and intimacy is established. Relationships may also be lost due to the development of a career or other personal relationships, causing a form of isolation to occur. **Nice job!**

Week 6 – 1a – You did a wonderful job providing holistic care to the mother you were assigned in Labor and Delivery this week. You also had the opportunity to follow the mother onto the postpartum unit and provide care for her after delivery as well. **KA**

Week 6 – 1c – You did a nice job observing the nurse during the assessment process of the laboring patient. **KA**

Erikson's Stage of Development: Initiative vs. Guilt; this is the stage of development for preschool/kindergarten because this is where they start to explore their sense of purpose and their abilities to start and activate goals and activities. This exploring sense of purpose may also be determined by disapproval or guilt from assertiveness or too much power or exploring. **KA**

Week 9- 1b- Great job discussing the ways in which you adjusted your communication style as you educated and interacted with the different age groups at the Boys and Girls Club. 1e- You also did a nice job discussing the differences you noticed among the age groups you interacted with during your time at the Boys and Girls Club. Interests and attention spans will vary quite a bit as the children grow and mature. **BS**

Week 9 – 1e – You did a nice job discussing the different growth and developmental differences of the children you worked with at the Boys and Girls Club. **KA**

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

Erikson's Stage of Development: Intimacy vs. Isolation; this is the stage of development for the early adult because there is an emphasis on interpersonal relationships. This could lead to a development of isolation within personal relationships connections to achieve the progression of person or career. My patient had achieved intimacy within their personal relationships, helping them evolve and progress their ability to find themselves in others. **Good job! KA**

Week 10 – 1a – You did a nice job describing the mother you cared for while on OB this week and a little about her obstetrical history. **KA**

Week 10 – 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**

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	NA	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	S	NA	NA	NA	NA	NA	NA	S
g. Discuss prenatal influences on the pregnancy. Maternal		NA	NA	NA	NA	S	NA	S	NA	NA	S	NA	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	NA	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	S	NA	NA	NA	NA	NA	NA	S
j. Identify various resources available for children and the childbearing family.		NA	NA	S	S	S	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	S
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
l. Respect the centrality of the patient/family as core members of the health team.		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

Week 4 – 1k – You did a nice job discussing the culture and beliefs of the school system you performed hearing and vision screening in. You were very observant and able to pick up their beliefs and values through different things you observed in the building. KA

Week 5 – 1k – You discussed how religious preference and limited resources can affect the care provided in an emergency room setting. KA

Week 6 – 1h – You were able to recognize that your patient would not go through the stages of labor due to the patient having a scheduled cesarean birth and watched the care of the patient from the moment of prep for cesarean birth to delivery of the newborns. KA

Week 6 – 1l – You were able to witness the preparation process and how the healthcare provider, nurses, and patient’s support people work together to provide the best experience possible for the patient during the cesarean birth process. KA

Week 10 – 1i – You did a nice job identifying how the mother you worked with was in the taking hold phase of postpartum adjustment. You also were able to identify elements of bonding you witnessed with your patient and her newborn. KA

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

Comments:

SDOH (LC & H/V): Some factors that I noticed that had the potential to influence patient care was poverty. I noticed that struggling financially had an influence on the individual's compliance with their care. This included noncompliance with education on proper self-care habits, taking their medication regularly, and their motivation to seek out community resources. Compared to other individuals who did not experience poverty, their compliance and motivation to interact and be part of their care was substantial. Because of the limited resources that came with poverty, educating mothers on community resources was important to the health of not only them but their newborn as well. This is why compliance in care is important. **What a great reflection on concerns for this population. KA**

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

Week 4 – 2c – You were able to describe observing the baby latch on the breast and begin to suck and swallow. You were able to discuss how the position change assisted with a better feeding for the infant and how true sucking can be witnessed further back in the jaw. KA

SDOH (FTMC ER): Some factors that I noticed that had the potential to influence patient care were advanced age and memory loss. These were factors that stood out to me because of the vulnerability aspects of their care. For example, I encountered a few patients who were confused and had a POA or caregiver to speak or make decisions for them. Because of this patient's vulnerability, there is a higher chance of abuse and or neglect whether it be intentional or unintentional, solely because the patient cannot make decisions for themselves and must rely on others to do so. The emergency department is definitely an area where you would first come in contact with this population and should be aware of this potential concern. Nice observation. KA

SDOH (FRMC OB): Some factors that I noticed that had the potential to influence patient care was the multipara mom's struggle with exhaustion and mental health. She had a history of a few mental illnesses and with five kids, this could have the potential to affect the marriage or the couple's ability to efficiently raise the children. She was also unmedicated for the illnesses which could exacerbate her pain postpartum and slow down the healing process from being unable to cope properly. What a great thought. This would be important to know and can be helpful when providing education and information on available resources because this can affect her ability to properly manage her health. KA

Week 6 – 2b – You did a great job assessing and managing the patient's IV fluids and site. You were able to administer and IV antibiotic piggyback through the established site. KA

Week 6 – 2c – You did a nice job completing the congenital heart screening on the newborn and notifying the nurse of the results. KA

Week 6 – 2d – You did a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. You had the opportunity to administer IV medication on your assigned patient. KA

SDOH (B&G CLUB): Some factors that I noticed while at the boys and girls club, were the recurring theme and hints of poverty in the children. For example, access to healthcare and nutritious food. Their meals were not of nutritional value but were instead heavily processed foods that were easy to make and high in fats and sodium. I also noticed some of the children had for instance broken glasses, or stained clothing. I am thankful that there is a community resource for impoverished families, however it was eye-opening and humbled me for quality things I have in my life. Week 9 – 2g – Emily, nice job recognizing economic instability as being a big SDOH aspect affecting the children at Boys and Girls Club. This definitely impacts their ability to manage their overall health. KA

SDOH(FTMC OB): Some factors that I noticed while at the OB center are the carrying degree of families and support. When there was support in healthy intimate relationships, the infant and mother bonded more effectively, and were more proactive in their care plan. The contrast between the differing family dynamics shocked me the most. There was one family in particular whose their room was trashed, dirt all over, and odd smells coming from the room. I noticed the amount of attention these individuals paid to their plan of care was not as diligent, as well as their attention on their newborn. KA

NI: I feel that my foundational skill preparedness was subpar which counteracted my confidence in carrying out foundational skills. This has helped me navigate what I should prepare for before clinical which will strengthen my ability to care for others in future clinical settings. KA

Week 10 – Objective 2D- Emily, this week you were given the opportunity to administer and IM and SQ injection. You followed all medication rights and were able to verbalize confidence in administering an IM injection. During the administration of the IM injection, you attempted to administer the medication improperly by not inserting the needle to the appropriate length and holding onto the needle itself. You were stopped by me before you could administer the medication. Remediation was

completed at the time of the event. After remediation you were able to complete an appropriate IM administration. This is why you are receiving a NI/S. Please be sure to look over all medication administration videos before coming to clinical so you will be able to continue to have proper administration of medications. MD

Week 10 NI: Before clinical, reviewing skills beforehand will better prepare me for the skills expected of me to perform. I can achieve this goal by reviewing foundational skills through videos online and practicing dexterity with my friends and family. This will help me achieve my goal of performance dexterity by 11/7/23.

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.		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

Week 4 Legal and Ethical: issues that I observed in the clinical setting were the limited resources for a new caregiver. They expressed that they struggled with mental illness and had been hospitalized for this. They also mentioned that they were noncompliant in taking their medication for their mental illness. They also mentioned that they were struggling financially but didn't have the means to adjust to this. To me, this was an ethical issue because the caregiver was noncompliant in their care, it made me worried that they would also be noncompliant in their newborn's care. I don't believe that this would have been intentional, but they were used to having limited resources; therefore, noncompliance whether intentional or non-intentional, was the norm for their lifestyle. **This is a great example of justice and how there is not enough resources for everyone that needs them. KA**

Week 5 Legal and Ethical: Some legal and ethical issues I encountered in the clinical setting were when an impoverished family came in and the mother lacked access to proper health and literacy resources. This limitation was heavily emphasized in the mother's lifestyle, to the point that the grandmother had to step in and assume responsibility and make health decisions for her daughter's children. The mother seemed incapable of advocating or seeking resources for herself and her children. This would've been a good referral to CPS and education to the mother regarding the resources available to her and her family. **Great example. This is a great example why it is important to understand health literacy and how to obtain appropriate resources for all patients regardless of their education/reading level. KA**

Week 6 Legal and Ethical: Some legal and ethical issues that I encountered in the clinical setting was a young mother giving birth to her first child. In the room, she only had two people in there with her and they had a close-knit relationship. I also noticed how isolated their relationship was, and that the daughter had been isolated from her life and others due to the pregnancy. To me, this is an ethical issue because now she will have to re-enter the world with a newborn, already isolated from others while trying to maintain herself and her personal relationship with the father. Education regarding newborn life transitions and resources available in the community regarding newborn care would've been appropriate for the young mom. **Lack of support can also be a concern regarding the patient's SDOH. KA**

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

Week 9 Legal and Ethical: Some legal or ethical issues I witnessed were hints of possible limited resources at home. Many children in after-school programs are sent home with donated food so that they can have food at home. I noticed that some families that struggle to make ends meet are sometimes left to deal with limited resources that may not be adequate but do the job which the home lacks. This concerns me because resources should be made available adequately or to serve a purpose, however, as the club serves as a protective measure, it's adequacy could be improved. **I know justice is one of those ethical principles that seems black and white, however the ability to ensure that everything truly is fair can be more difficult that it should be. KA**

Week 10 Legal and Ethical: Some legal and ethical issue I witnessed is the involvement of CPS in a case involving a newborn. The parents were also exhibiting signs of drug intoxication and the beginning symptoms of withdrawal with a runny nose, agitation, restlessness, and itchiness. Although CPS was involved, this made me uncomfortable as the newborn went home with them, while the parents acted as though they were not ready to take on the responsibility. **Was the baby being treated for NAS? KA**

Week 10 Legal and Ethical #2: I do not know if the infant was being treated for NAS. The caregivers were being treated and counseled on suboxone use and recovery with children protective services. KA

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

Week 4: Some examples of patient advocacy that I witnessed in my lactation consultant clinical was promoting independence to the caregiver while breastfeeding. During one of the visits, the caregiver was starting to become frustrated that the newborn wasn't latching on properly. The consultant advocated with patience different positions and techniques to help the newborn latch on more easily; cross cradle worked better than football positioning. This education brought relief to the caregiver. **KA**

Week 4 – 4c – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You discussed the nurse's process for documenting the screenings in the computer system and discussed what information needs to be reported to ODH. KA

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

Week 4 – 4e – You did a great job identifying education provided to the mother including information regarding position changes and how to use a nipple syringe during breastfeeding. You also did a nice job educating the high schoolers you worked with in the school system during hearing and vision screenings. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. KA

Week 5 – 4b – You were able to discuss the 5 priority nursing interventions for your patient and how the patient responded to the different interventions performed. The intention was to focus on one particular patient versus the sum of the many patients you worked with, however you appropriately prioritized the 5 interventions you discussed. KA

Week 6 – 4a – You satisfactorily completed your care map on your patient his week. See comments on the rubric for further detail. KA

Week 6 – 4f – You did a nice job assessing the patient’s surgical incision and monitoring for any complications at the surgical site. KA

Week 9- 4e- Your group did a great job providing the students with ideas on how to stay active in a limited environment. The kids participated very well for all of your activities. You did a nice job of adjusting the type of education provided based on the ages of the groups you worked with. BS

Week 10 – 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: Emily Litz		Course 4					
Date or Clinical Week: 6		Objective:					
Criteria	3	2	1	0	Points Earned	Comments	
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Emily, you did a nice job identifying the pertinent assessment findings, lab/diagnostics, and risk factors for your assigned patient. You would want to include the patient's incisional site in your assessment findings, but your identified everything else well. KA
	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	You did a good job identifying nursing priorities for your patient and highlighted the priority you were most concerned with. When highlighting related data amenorrhea and dysmenorrhea would not necessary be risk factors for your nursing priority of postpartum hemorrhage. All other highlighted information was appropriate. KA
	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	You did a great job identifying all the relevant interventions for your patient's nursing priority. You made sure the interventions were prioritized, individualized, timed, and realistic. Some interventions had rationale while others did not. Nic job overall. KA
	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	2	

*End-of-Program Student Learning Outcomes

Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	<p>You did a nice job reevaluating your highlighted assessment findings in your evaluation section and identifying you would continue your plan of care. In the future try to use similar assessment findings in your evaluation section as you did in your assessment findings section. For example you highlighted muscle flaccidity and generalized lethargy but reevaluated the patient have improved ability to complete ADLs versus reevaluating the patient as having muscle tone WNL and denying lethargy. KA</p>
	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: You have satisfactorily completed your care map. See comments above for areas of improve. KA</p>							<p>Total Points: 41/42</p> <p>Faculty/Teaching Assistant Initials: KA</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)*																		
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)		NA	NA	S	S	S	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	S
h. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S	S	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	S
i. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	S	S	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	S
j. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	S	S	NA	S	NA	NA	S	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)		NA	NA	S	S	S	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

Week 5 – 4h – You were able to discuss different medications you saw ordered and administered to the different patients you worked with this week and how it related to their disease process. KA

Week 5 – 4i – You were able to discuss some of the interventions you saw while in the emergency room and how they related to the patient's disease process. KA

Week 10 – 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.		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
b. Evaluate own participation in clinical activities.		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	S	S	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	S
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	S	S	NA	S	NA	NA	S	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)		NA	NA	NA	S	S	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	S
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

Week 4 – 5a – Rachel Figgins RN was your preceptor. You were rated Excellent in all areas. Preceptor commented, “Willing to help at bedside!” KA
 Week 4 – 5g – Emily, you did a terrific job completing your CDG questions on your lactation and hearing and vision screening clinicals. You did a nice job thoroughly responding to the questions and including an appropriate in-test citation and reference. Remember when in-test citing a direct quotation to include the page number or the paragraph number if there are no page numbers. Keep up the nice work. KA

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

Week 5 – 5a – You had the opportunity to see inpatient x-ray devices utilize in the emergency room to help determine the appropriate diagnosis and treatment for the patients. KA

Week 5 – 5g – Emily, you did a wonderful job responding to all the CDG questions on your emergency room experience. You included an appropriate in-text citation and reference to help support your response. Please remember when in-text citing a direct quote you need to include a page number or a paragraph number if there are no page numbers. KA

Week 6 – 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 both a cesarean birth of twins and a vaginal delivery while on clinical this week! KA

Week 9 – 5g – Emily, you did a terrific job responding to all the Boys and Girls Club CDG questions thoughtfully and thoroughly. You made sure to include a relevant in-text citation and reference. Please remember to include a page number or paragraph number if there are no page numbers when in-text citing a direct quotation. Keep up the good work! KA

Week 10 – Objective 5, A-You showed great enthusiasm during the FTMC OB clinical experience. MD

Week 10 – 5e – You did a great job describing how vaccinations are tracked by the hospital and the purpose for tracking these vaccinations. KA

Week 10 – 5g – Emily, you did a nice job responding to all your OB CDG questions with thoughtful and thorough responses. You did a great job including a relevant reference with in-text citation. Remember when in-text citing a direct quotation you need to include a page number or paragraph number in there are no page numbers. Keep up the good work! KA

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)*		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
b. Accept responsibility for decisions and actions.		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
c. Demonstrate evidence of growth and self-confidence.		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
d. Demonstrate evidence of research in being prepared for clinical.		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	NA	S	S	S U	NA	U	NA	S	S U	NA S	NA	NA	NA	NA	NA	S
f. Describe initiatives in seeking out new learning experiences.		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
g. Demonstrate ability to organize time effectively.		NA	NA	S	S	S	NA	S	NA	S	S	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.		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
i. Demonstrates growth in clinical judgment.		NA	NA	S	S	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

Week 4 Areas of Improvement: Some areas of improvement that I believe could be adjusted is my confidence in myself to educate others. Even when I feel completely comfortable with the knowledge that I have about the topic, I still get nervous sometimes. This sometimes leads me to jumble up words or miss information when trying to educate a patient. A goal that will help me overcome and achieve my goal of less anxiety during education is roleplaying with my peers and family members. Roleplaying with my peers can help me prepare for speaking to someone about their disease process. This will also help me prepare for questions that the patient may ask. These interventions will help me achieve my goal of confidence in educating by 9/22/23. **Great idea! Role playing can be great to improve patient education. KA**

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

Week 5 Areas of Improvement: An area of improvement that I believe I could be adjusted is being quick with my skill performance. I feel that I take a minute to gather my thoughts about how to perform a skill; this wouldn't be helpful in the ER. I feel that it is less of the confidence in the skill but more of the dexterity and timeliness to perform the skill. I hung and primed my own LR line, and it took me a second to prime the line completely of bubbles. I feel that with practice in the lab and with my peers I can gain confidence in and accuracy in the dexterity of my skill performance by 9/26/23. **Great thought! Practice truly helps make many nursing skills second nature through muscle memory. KA**

Week 6 Areas of Improvement: An area of improvement that I believe could be adjusted is my ability to read a piggyback medication quickly and efficiently. I thought I had read the rate correctly, but failed to realize that it would be different if hung as a piggyback medication. A way I can achieve my goal of becoming more efficient in my ability to read an IV medication is through practice in the lab and doing practice questions over IV medications to further gain my knowledge on the topic. This will help me be better prepared for the application in real-world practice by 10/3/23. **Practice makes perfect. Let us know and we can make sure to have supplies available and open the lab whenever you want to practice. KA**

Week 6 – 6e – Incorrect tool completed and submitted and therefore your clinical tool was not submitted by the due date and time. Please remember to take a minute to make a comment on how to prevent this from happening in the future. KA

I neglected to turn in the proper clinical tool for week 6. To prevent this from happening again, I will set automated reminders on my phone to remind me of the week. The reminders will include the time, date, week, and clinical that must be documented for that week. This will help me achieve my goal of appropriate clinical submission by 10/6/23. **Good idea! KA**

Midterm – Emily, you have satisfactorily completed all competencies at midterm. You have also satisfactorily completed your care map. You have had the opportunity to work with many different people throughout your clinical experience during the first half of the semester. You have also gotten to see both a vaginal and cesarean birth during your OB rotation. You always put in 110% in all you do and it shows in all the work you completed. Keep up all the excellent work and persevere through the remainder of the semester. **KA**

Week 9 Areas of Improvement: An area of improvement that I've noticed is my ability to adjust teachings to different age levels. I feel that I have an easier job entertaining smaller children with magical thinking, but incorporating teaching into developmental milestones with the older kids is something I can work on. This can help me get my teaching across efficiently. Also having a topic of education that can be flexible and can be easily morphed to teach kids of all ages. This can help me achieve my goal by 10/25/23. **Sounds like a good plan. KA**

Week 10 Areas of Improvement: An area of improvement that I noticed dexterity and preparedness during my skills. I feel that I know the steps in my head for skills, but when it comes time to execute, I freeze up and my nerves take over clouding my judgement. I do the work to come to clinical prepared, but if I were to practice some foundational skills in lab, this can help me gain the desired preparedness in the clinical setting. **Just let us know when you want to use the lab and we can get you the supplies and set it up for you. KA**

Week 10 – 6e – Simulation survey not completed by Friday at 0800. Survey is now completed. Please make sure to write a comment on how you will prevent receiving a U in this competency in the future. KA

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

Week 10-6e: To further prevent receiving a U in this competency, I can set goals for myself. I can also use a separate dry-erase board and write down all the surveys and assignments that need to be completed with their listed due date next to them. In addition to this, I can set reminders and alarms in my phone to remind me of assignments with specific due dates pertaining to simulations and vsims. This will help me achieve my goal of an S in this competency by 11/7/23. KA

Week 11 – 6e – All clinical assignments completed on time and the missing simulation survey was completed promptly once you realized it was missing. Terrific job at correcting this quickly. KA

Final – Emily, you have satisfactorily completed the clinical portion of the Maternal Child Nursing course. You have provided patient-centered education to the maternal child population throughout the semester. You have expanded your knowledge, skills, and abilities, in the care of the maternal population. Keep up the great work as you enter into your final semester of nursing school! You got this! KA

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

***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	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
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:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	S	S	S	S	S	S	S	S	S
Faculty Initials	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
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 & 9/13	Date: 9/25	Date: 10/3 & 10/4	Date: 10/9	Date: 10/12 & 10/19	Date: 10/26 & 11/2	Date: 11/6	Date: 11/7 & 11/8	Date: 11/21	Date: 11/21	Date: 11/29	Date: 11/9
Evaluation	S	S	S	S	S	U	S	S	S	S	S	S
Faculty Initials	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	S	NA	NA	NA	NA	NA	NA

* Course Objectives

Pediatric Respiratory Simulation – Survey not completed by the due date and time. The survey has since been submitted and therefore you are now satisfactory for the simulation. **KA**

Reminders, alarms, and dry-erase boards have been mentioned and are part of my plan to continue and strive to meet my goal to achieve and maintain an S in this competency. **KA**

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						<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>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 medications are prepared. Patient identified and begins assessment. Patient CO feeling woozy. Bleeding noticed.</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, interpreted as being abnormal. Fetal position determined using Leopold's maneuver. Bleeding determined to be PPH.</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>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.</p> <p>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</p>

	amount and what to expect. Call to provider, order received for fluid rate changed.
<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 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, especially with pregnancy. Also discussed aspects of SBAR communication.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and 	<p>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. 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 and weaknesses and develops specific plans to eliminate weaknesses</p>

<p>members of the health team. (3, 5, 6)*</p> <p>5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</p> <p>*Course Objectives</p>	
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Lasater Clinical Judgment Rubric Scoring Sheet

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						<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>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</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>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.</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>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.</p>
<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 	<p>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.</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 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)* 	<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;</p>

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

<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>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): **Berry (M), Elmlinger (A), Litz (C)**

GROUP #: **5**

SCENARIO: **Pediatric Respiratory**

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

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Respiratory assessment: listen to lungs. Visualize chest but does not remove gown</p> <p>Call pharmacy to ask if medication can be crushed</p> <p>Did not identify incorrect dose for weight based medications</p> <p>Respiratory reassessment: listen to lungs.</p> <p>Pain reassessment after breathing treatment</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 according to the healthcare provider's order in the chart. (acetaminophen, amoxicillin)</p> <p>Nurse stays at bedside until respiratory therapy arrives to administer breathing treatment</p> <p>Able to calculate correct dose according to the healthcare provider's order in the chart (dexamethasone, ibuprofen)</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 needles and scissors from crib</p> <p>Leaves crib side rail down when walks away from crib once. Does raise crib side rail half way up next time stepping away</p> <p>Medication administration: check name/DOB. Educate on what medications are being given as well as what they are for</p> <p>Education to mother about fever control with acetaminophen and ibuprofen</p> <p>Apply oxygen due to lowered oxygenation saturation</p> <p>Call respiratory therapist for breathing treatment</p> <p>Reassure mother and staying calm while respiratory status is declining.</p> <p>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</p> <p>Elevate head of patient</p>

	<p>Call healthcare provider to decrease IVF. Read back new order for new IVF rate and steroid.</p> <p>Medication administration: check name/DOB. Educate on medications being administered to mother and patient.</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 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.</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 	<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"> assessment. (1, 2, 5)* 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): 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>
<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>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.</p> <p>Patient CO stomach pain and vomits 450 mL. Patient reassessed following medications</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 to need medication. Skin turgor assessed due to vomiting and diarrhea. Temp of 101 interpreted as improved.</p> <p>Pain rating interpreted as severe. Temp 102.2- fever returning.</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>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</p>

	<p>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.</p> <p>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.</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, 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.</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 A= Accomplished D= Developing 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. 	<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;</p>

<p>10. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</p> <p>11.</p> <p>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)*</p> <p>13.</p> <p>14. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)*</p> <p>15.</p> <p>16. *Course Objectives</p>	<p>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: Emily Litz OBSERVATION DATE/TIME: 11/9/23

<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.</p>

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Emily Litz OBSERVATION DATE/TIME: 11/21/23 SCENARIO #: Student Developed Scenarios

CLINICAL JUDGMENT						OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Noticed deviations from normal with physical assessment and inquiry. Information seeking regarding patient condition as well as with parent/support person at bedside when appropriate.</p> <p>When developing your scenario, you noticed the important assessment aspects to include for a patient/support person with your assigned diagnosis.</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>Was able to interpret data pieces and prioritize accordingly.</p> <p>For each scenario, care was given in gathering details needed in order to phone the healthcare provider and provide SBAR.</p> <p>When developing your scenario, you interpreted the expected path of the disease process and necessary nursing interventions to include in the patient's care.</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>Responded with communication that was collaborative between roles. Clear communication was utilized between colleagues.</p> <p>Clear communication was utilized with family and layman's terms were utilized when appropriate.</p> <p>Responded with interventions that were planned accordingly and verbalized when necessary.</p> <p>Skill in identifying focus assessments as well as timely reassessments was utilized.</p> <p>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.</p> <p>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.</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>Reflected with a self-analysis of assessment and analyzation of data to identify missing pieces of the scenario.</p> <p>Actively participated in providing constructive feedback to all groups observed throughout the simulation.</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>The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS/RH</p>

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Emily Litz

OBSERVATION DATE/TIME: 11/28/23 SCENARIO: Comprehensive Simulation

CLINICAL JUDGMENT	OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>You noticed suspicious bruising on patient and patient’s physical appearance and psychosocial status as deviation from normal.</p> <p>You noticed environmental concerns throughout the home that would be safety hazards.</p> <p>You noticed abnormal family functioning as you progressed through the simulation.</p> <p>You noticed the signs of respiratory distress and dehydration in the children.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit.</p> <p>You were able to interpret safety and health issues with each member of the family.</p> <p>You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit.</p> <p>You interpreted acute respiratory status changes and lethargy as major assessment</p>

	concerns in the children in this home environment.
<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 	<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>

<p>completion of nursing assessment. (1, 2, 5)*</p> <p>3. Utilize the concepts of growth and development to provide therapeutic communication with the family unit. (3, 5)*</p> <p>4. Identify safety measures for the family unit in the home setting. (1,3,5)*</p> <p>5. Demonstrate thorough environmental assessment in the home setting. (1,3,5)*</p> <p>*Course Objectives</p>	
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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: _____ Emily Litz 12/3/23 _____