

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024**

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

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 in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. 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, it must be addressed with a comment as to why it is no longer a “U” the following week. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. 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

7/18/24 KA

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
8/30/24	1	Missing Newborn Simulation Survey	

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

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 faculty 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

Grey shaded weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.

SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials

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
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies:		S	S															
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	S															
b. Provide care using developmentally appropriate communication.		S	S															
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	S															
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A															
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	S															
Clinical Location Age of patient		Empathy	Hearing and Vision school-aged															
	KA	KA																

Comments:

The stage of growth and development for my Patient was an Infant. The infant at this age is in the Trust and Mistrust stage of their life. The Infant trust on me to provide their basic needs and in this case I was able to feed him, change his diaper, and provide affection by rocking and being closest to the infant at all times. The baby depended on me to make sure I provided them with what they needed since they can't do it themselves just yet. **Nice job identifying the appropriate growth and development stage for the simulated newborn. In the future only clinical should be evaluated on the tool. Simulation are evaluated on the simulation tool at the end of this document. KA**

Week 3: The stage of Growth and Development for the population I screened during clinical was the school aged child. According to Erikson the school-aged child is industry vs. inferiority. During my clinical experience I let the child have some autonomy when it came to the vision screening since some of them said they have already done this before so I provided them with the headphones and offered words of encouragement at them which reinforces them to know they did a good job and their work is viewed in a positive light. If I would have done everything for the child they would have felt inferior and like they are in Erikson's terms "worthless" and not good enough to be able to do their part correctly which is following the directions.

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
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies:		N/A	N/A															
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		N/A	N/A															
g. Discuss prenatal influences on the pregnancy. Maternal		N/A	N/A															
h. Identify the stage and progression of a woman in labor. Maternal		N/A	N/A															
i. Discuss family bonding and phases of the puerperium. Maternal		N/A	N/A															
j. Identify various resources available for children and the childbearing family.		N/A	N/A															
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		N/A	S															
l. Respect the centrality of the patient/family as core members of the health team.		N/A	N/A															
	KA	KA																

Comments:

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
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Engage in discussions of evidenced-based nursing practice.		S	S															
b. Perform nursing measures safely using Standard precautions.		S	S															
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	S															
d. Practice/observe safe medication administration.		N/A	N/A															
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		N/A	N/A															
f. Utilize information obtained from patients/families as a basis for decision-making.		N/A	N/A															
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*		S	S															
	KA	KA																

Comments:

Week2:Social determinant of health that have the potential to influence patient care would be transportation, safety, and expenses. I list these 3 because of how much I feel have an impact related to care for an infant. When being a caregiver to a patient one needs to have the ability to have transportation whether that be for food, medical office visits, or even an emergency where one needs to rush the infant to the hospital I feel like transportation is so vital when having to maneuver your way to place especially with an infant. Safety is another factor I feel has a big impact specifically with new parents such as me while I was doing this simulation I was scared at first because I do

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

not have kids myself so I feel that patients that are new as well it is very important to be educated prior to look for any signs the patient may do such as crying or sucking on their hand can mean hunger and for a new parent they probably won't know and this could lead to malnutrition or even dehydration of the infant. I feel like expenses of a newborn are very under-estimated so making sure one saves up before baby is born or even when planning on having a baby is very important because the cost of diapers and bottles feedings is pretty expensive so this can be a struggle for someone. **Great reflection on different aspects of SDOH that can affect the overall health of the newborn. KA**

Week 3:I believe that a social determinant of health that I had run into during my clinical experience would be a language barrier. While going through the day doing the hearing and vision screenings there was some Spanish speaking children but they ran into a problem when trying to screen them since the interpreter was out for the week so I was able to step in and help out with translation to make sure these kids were able to get their screenings done. I feel as if this could be a problem when trying to do these type of school exams since the children may be confused and even mess up their exam which might result in the wrong score which may lead to a kid needing glasses or hearing aides that does not really need them because of the lack of communication.

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
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Act with integrity, consistency, and respect for differing views.		N/A	S															
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		N/A	S															
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		S	S															
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		S	S															
	KA	KA																

Comments:

Week 2: An example of a legal and ethical issues that can be seen in the clinical setting would be when an a nurse does not practice non-maleficence and in this case would be not buckling the infant in their car seat leaving them prone to injury from possibly falling out. Another one I could see would be leaving the baby unattended which is abandonment and also neglecting care to the infant as well as just letting them cry and not change their diaper. Instead, I performed all of these duties, but this is not always the case in some households. **Great examples! KA**

Week 3. An example of a legal or ethical issue that I had seen when going into the hearing and vision screening would be doing the hearing and vision screenings at the same time with other students. I feel as if this may cross a HIPPA issue because technically the other student is able to see what the other student scored which may run a risk of the medical information being shared for others to know. I think that another legal and ethical issue that I could see being a potential concern would be that some students got the choice to grab there glasses if they forgot them in class whether did not get the chance and to be rescreened another time so this could play into the concept of Justice.

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
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Develop and implement a priority care map and/or plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		N/A	N/A															
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		N/A	S															
c. Summarize witnessed examples of patient/family advocacy.		N/A	N/A															
d. Provide patient centered and developmentally appropriate teaching.		N/A	S															
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		N/A	N/A															
	KA	KA																

Student Name:		Course Objective:					
Date or Clinical Week:							
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)		
	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. 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)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. State the goal for the top nursing priority.	Complete			Not complete		
	6. 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		
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. 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		

Reference

An in-text citation and reference are required.
The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both.
The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.

<p>Total Possible Points= 45 points 45-35 points = Satisfactory 34-23 points = Needs Improvement* < 23 points = Unsatisfactory* *Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. ***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *** Faculty/Teaching Assistant Comments:</p>	<p>Total Points:</p>
	<p>Faculty/Teaching Assistant Initials:</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
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
f. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		U	N/A															
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		U	N/A															
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		U	N/A															
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		U	N/A															
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		U	N/A															
	KA	KA																

Comments:

Week 2 – 4f, g, h, I, j – According to policy any competency left blank is marked as unsatisfactory. Please make sure to write a comment on how you will prevent receiving a U in these competencies in the future. KA

Week 3: A way that I will prevent myself from getting a U in the future would be by marking N/A under the competencies that did not perform but still fill out the blank boxes. I wrote myself a note in my calendar to not miss this again.

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
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Demonstrate interest and enthusiasm in clinical activities.		U	S															
b. Evaluate own participation in clinical activities.		U	S															
c. Communicate professionally and collaboratively with members of the healthcare team.		U	S															
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		U	S															
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		U	S															
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		U	S															
g. Consistently and appropriately post comments in clinical discussion groups.		U	S															
	KA	KA																

Comments:

Week 2 – 5a, b, c, d, e, f, g – According to policy any competency left blank is marked as unsatisfactory. Please make sure to write a comment on how you will prevent receiving a U in these competencies in the future. KA

Week 3: A way that I will prevent myself from getting a U in the future would be by marking N/A under the competencies that did not perform but still fill out the blank boxes. I wrote myself a note in my calendar to not miss this again.

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

Objective																		
6. Critique own strengths and areas for improvement modifying behaviors accordingly to achieve personal and professional goals. (7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Recognize areas for improvement and goals to meet these needs. (List Below)*		U	S															
b. Accept responsibility for decisions and actions.		U	S															
c. Demonstrate evidence of growth and self-confidence.		U	S															
d. Demonstrate evidence of research in being prepared for clinical.		U	S															
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		U	S															
f. Describe initiatives in seeking out new learning experiences.		U	S															
g. Demonstrate ability to organize time effectively.		U	S															
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		U	S															
i. Demonstrates growth in clinical judgment.		U	S															
	KA	KA																

Comments:

Week 2 – 6, a, b, c, d, e, f, g, h, i – According to policy any competency left blank is marked as unsatisfactory. Please make sure to write a comment on how you will prevent receiving a U in these competencies in the future. KA

Week 3: Week 3: A way that I will prevent myself from getting a U in the future would be by marking N/A under the competencies that did not perform but still fill out the blank boxes. I will write in area for improvement for my next clinical evaluation tool. I wrote myself a note in my calendar to not miss this again.

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

Week 3: An area for improvement that I have was to keep track and see everything thoroughly so that I make sure I can complete everything in its entirety. I also feel that I could do better with my communication with the pediatric community since I feel that is how trust is built is from good communication. A way I will make sure to make sure I have everything done correctly would be to check my calendar every Monday for the week 3 times to ensure that I know what has to be done and set priorities. I will practice my communication with children with the boys and girls club and try and form trust with them so they can open more up with me.

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

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2024
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	
Faculty Initials	KA	KA	KA	KA	KA	KA	KA	KA	KA	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	

* Course Objectives

Comments:

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2024
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 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/12 & 9/19	Date: 9/23	Date: 9/26 & 10/3	Date: 10/7	Date: 10/17 & 10/18	Date: 10/24 & 10/31	Date: 11/4	Date: 11/5 & 11/6	Date: 11/15	Date: 11/19	Date: 11/22	Date: 11/22	Date: 8/28
Evaluation													U
Faculty Initials													KA
Remediation: Date/Evaluation/Initials													

* Course Objectives

Comments:

Week 2 – Empathy Simulation – Survey not completed by Friday at 0800. Please complete survey. Once survey is completed you will be satisfactory for the simulation. Please make sure to make a comment on how you will prevent this in the future. KA

Week 3: A way I will prevent this issue from happening again is that I wrote myself a note in my calendar marking down what clinicals have surveys that need to be done.

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: **Josh Hernandez**

OBSERVATION DATE/TIME: **8/28/24**

<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 caring for the newborn simulator. Your responses were thoughtful and reflective on how you felt and you compared your experience to caring for a real newborn.</p> <p>Great job.</p> <p>I enjoyed seeing your 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>Simulation Objectives:</p> <ol style="list-style-type: none"> 1. Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)* 2. Describe how patient-centered care is dependent on past medical history, cultural history, social history, and pregnancy/birth history. (1, 2, 4)* 3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)* <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>Comments</p> <p>You are satisfactory for this simulation.</p>

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024
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: _____