

**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

**Absence: (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make-up (/Date/Time)

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

7/18/24 KA

## 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.

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SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
9/10/2024	Risk for Thrombosis	MD

<b>Objective</b>																		
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		
<b>Competencies:</b>		NA	NA	S	S	S												
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	S	S												
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	S												
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	S	S	S												
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	S	S	S												
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	NA	S	S	S												
<b>Clinical Location Age of patient</b>		NA	NA	Firelands OB, 33	Boys & Girls Club	Lactation												
		BS	MD	MD	MD													

**Comments:**

1e. According to Erikson's Stages of growth and development, I believe my patient was in the Generativity vs. Stagnation phase. My patient and her husband were both in their 30's and had baby #2 on the 10<sup>th</sup>. They are both working-class people who are contributing to the world by bringing more children into it. She is expanding her family, helping them grow, and seems to have fulfillment in being a mother. MD

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

1e. Most of the kids I taught and did activities with during my time at the boys and girls club were school-aged. According to Erikson's psychosocial developmental theory, the kids are in the "industry" phase. Their sense of worth was influenced by the staff and the other children around them. The girls gravitated towards me and told me "I want to be just like you when I grow up" or "You smile a lot, it makes me want to smile more". During our activity of fire and water (sharks and minnows but the fire safety version) the children's successes and failures were extremely important to them, which is a trait in the industry phase. **Awesome! MD**

1e. One area of improvement could be my ability to engage in conversation with the family more. I asked questions about the baby's name, how many kids the parents have, or pets, but I could expand my questions further. Today I asked the lady who came in for her appointment if she had any dry or cracked nipples that could impair her ability to breastfeed. I wish I would have had more knowledge regarding breastfeeding and maternal care so I could have asked better questions and engaged in a more therapeutic conversation.

1e. According to Erikson's Stages of growth and development, I believe one of the moms who had lactation consulting was in the "Intimacy vs. Isolation" stage. When a mom breastfeeding she experiences a deep connection with her baby and also forms an emotional bond. This is strengthening the relationship between the mom and the baby, but also the mom and her partner. A mom also may feel isolated when dealing with the needs of her new baby. She may spend all of her time tending to the baby and spend less time with friends or family. If the mom and partner take turns caring for the baby, they may feel isolation in their relationship. It could also be possible that a mom may develop postpartum depression which can lead to withdrawal, social isolation, and sadness.

**Firelands OB 1a-c: You were able to assist with the care of your patient using appropriate communication and assessment techniques. You did well with asking questions to the nurse or myself when needed. You were able to follow the nurse and assess a mother while they were laboring until she gave birth. RH**

**Week 5- 1b- Nice job adjusting your communication techniques to provide developmentally appropriate communication to the various age groups at the Boys and Girls Club. 1e- You were able to discuss some of the differences you noticed while working with children of various ages at the Boys and Girls Club. BS**

<b>Objective</b>																		
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		
<b>Competencies:</b>																		
f. Describe psychological changes in response to the expectant mother's pregnancy. <b>Maternal</b>		NA	NA	S	NA	S												
g. Discuss prenatal influences on the pregnancy. <b>Maternal</b>		NA	NA	S	NA	S												
h. Identify the stage and progression of a woman in labor. <b>Maternal</b>		NA	NA	S	NA	S												
i. Discuss family bonding and phases of the puerperium. <b>Maternal</b>		NA	NA	S	NA	S												
j. Identify various resources available for children and the childbearing family.		NA	NA	S	NA	S												
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		NA	NA	S	S	S												
l. Respect the centrality of the patient/family as core members of the health team.		NA	NA	S	S	S												
		BS	MD	MD	MD													

**Comments:**

Firelands OB 1f-i: You were able to see two vaginal births as well as one cesarean delivery. In each of these instances, we discussed how the patient's body and mind changes through pregnancy, how important prenatal care is, how the progression of labor works (and varies based on number of previous births), and you were able to witness mother/baby bonding almost immediately after birth. RH

Objective																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children encompassing cultural sensitivity and diversity. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	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.		NA	NA	S	S	S												
b. Perform nursing measures safely using Standard precautions.		NA	NA	S	S	S												
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	S	S	S												
d. Practice/observe safe medication administration.		NA	NA	S	NA	NA												
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	S	NA	NA												
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	NA	S	NA	NA												
<b>g. Identify factors associated with Social Determinants of Health (SDOH) &amp;/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*</b>		NA	NA	S	S	S												
		BS	MD	MD	MD													

**Comments:**

2g. One social determinant of health for my patient is social support/ support systems. My patient is in the process of moving and she is moving further away from her mom. Since she and her husband work, she relies on her mom frequently to watch her oldest daughter. Now she is going to have a newborn baby and be further away from her support systems. This can affect her job, which can affect her income. Moving from her support systems may also cause loneliness, stress, and even anxiety. **MD Firelands OB 2a: we all had a good discussion with the nurses and healthcare provider regarding the use of Cytotec on a mother who was being induced with a history of a VBAC. They provided information that it was contraindicated and how it was shown to increase risk of uterine rupture. RH**

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

2b: you utilized hand hygiene and proper precautions while on clinical this week. You also were able to watch the procedure for infection control in the operating room during the caesarian delivery. RH

2g. A social determinant of health for the kids could potentially be parental involvement or lack of social support. Some of the children attend school during hre dat, and then around 3 pm go straight to the boys and girls club. They stay until 6, then go home and start preparing for bed and school the next day. Parental engagement in their child's education and health can impact academic performance and overall well-being. This is a huge SDOH for the kids. MD

Week 5- 2g- You did a nice job discussing two social determinants of health that could affect the children at the Boys and Girls Club. BS

2g. One social determinant of health can be financial instability due to maternity leave. When a woman must take time off work, she may not get paid or may get paid significantly less. This can be an issue when trying to pay hospital bills, cribs, car seats, baby clothes, toys, diapers, formula, and much more. This can hinder the mom if she spends all of her money on her baby, she may have less food intake and not be receiving as many nutrients. The baby can be affected if the mom cannot finically provide for him or her.

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

**Comments:**

3d. One issue that frequently occurred was the visitation policy and how the families of the newborns did not respect it. The visitation rule is that you can only have 2 visitors in the labor and delivery unit, but once you transfer to the postpartum unit, you can have multiple members. In the L&D unit, the support person cannot be a child younger than 18 unless the child is a direct sibling of the baby. An issue that occurred was a father who tried to bring his daughter into the unit but was not allowed since the mom already had two support people her mother and husband. This caused anger for the family. I noticed three families became angry due to the visitation policy. The nurses wanted to allow more families but could not. This can be an ethical concern if you look at the situation from the "autonomy" perspective. The visitation policies undermine the patient's right to have multiple support systems during labor, but the policies are set for infection control and safety. **This is a great issue for sure! MD**

3d. I did not notice any legal or ethical issues during my time at the Boys and Girls Club. A possible issue would be if a parent had never come to pick up their child. At around 6pm there was only one kid left, and one of the staff had to take them to the office and call their parents. This could become a both legal or ethical issue due to the fact the child needs to be supervised until they are safely picked up, and they may have to alert authorities such as the police or child protective services for assistance. **Absolutely. This is so important! MD**

3d. One ethical or legal issue could be a lactation nurse having to respect the choices a mom makes for her baby. The nurse has to provide unbiased education and information. If a mom has a preterm baby and refuses to breastfeed or accept donor milk, it could be an ethical issue. A legal issue is if a mom tries to leave the hospital without having a proper car seat or proper supplies to ensure the safety of her baby. The nurse may have to contact CPS or other authorities to promote the safety of the baby.

<b>Objective</b>																		
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)		NA	NA	S	NA	NA												
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		NA	NA	S	NA	NA												
c. Summarize witnessed examples of patient/family advocacy.		NA	NA	S	NA	NA												
d. Provide patient centered and developmentally appropriate teaching.		NA	NA	S	S	S												
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	NA												
		BS	MD	MD	MD													

Firelands OB 4b: You were able to assess your postpartum mother and document her assessment and vitals with minimal assistance. RH

Week 5- 4d- You were able to provide developmentally appropriate education to the children at the Boys and Girls Club. Nice job! BS

Student Name: <b>Lindsey Steele</b>				Course Objective:			
Date or Clinical Week: <b>9/10/2024</b>							
Criteria		3	2	1	0	Points Earned	Comments
<b>Noticing</b>	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	All criteria met. MD
	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	
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	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	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
<b>Responding</b>	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

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	3	
<b>Reflecting</b>	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. MD
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	Complete			Not complete	3	

**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.

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:**

**Total Points: 45/45 Satisfactory MD**

**Faculty/Teaching Assistant Initials: MD**

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)		NA	NA	S	NA	NA												
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	NA												
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	NA												
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	S												
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	S												
		BS	MD	MD	MD													

**Comments:**

Firelands OB 4f-g: we had discussion about prenatal laboratory testing that is done for every pregnancy and how some of it is reportable to the health department. We discussed the importance of this testing and how it can impact the pregnancy and delivery for the baby and mother. We also discussed pain management and vaccine recommendations for mothers who are postpartum. RH

<b>Objective</b>																		
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.		NA	NA	S	S	S												
b. Evaluate own participation in clinical activities.		NA	NA	S	S	S												
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	NA	S	S	S												
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	S	S	S												
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	S	S	S												
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA	NA	S	S	S												
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	S	S	S												
		BS	MD	MD	MD													

**Comments:**

Firelands OB 5a, c, e: You were very excited throughout clinical and were positive throughout the day. You had professional discussions with staff and your peers throughout the day regarding patients and labor/delivery in general. This was nice for some in depth conversation with some content experts. You also were able to show that you could find information in the cart related to your patient for your care map this week. RH

Week 5- 5a- You were active and engaged while providing education to the K-6 grade children at the Boys and Girls Club. BS

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

Boys and Girls Club Objective 5G-Great job with your CDG this week! You satisfactorily met all of the requirements. One thing to take note would be that your in-text citation should be (Linnard-Palmer & Coats, 2020). Let me know if you have questions. MD

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

**Comments:**

6a. One area I could use improvement on is my communication with the patient's family. When I entered my patient's post-partum room, I always asked the family if they wanted anything to eat or drink, or if they needed anything. I had never taken care of a patient while there were 5+ members in the room. I was nervous and afraid the family would disapprove of someone so young helping to take care of a new mother. I can build my confidence and communication skills by looking up communication tips and asking my peers and instructors for tips before my next clinical. I will also use this clinical experience to learn from, reflect on, and build my communication skills.  
Great goal! Communication gets easier the more you do it! MD

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

Firelands OB 6f: you were very willing to be put in a situation that made you uncomfortable or a situation you were unfamiliar with so you could learn, this was much appreciated by me and the nurses commented on how nice it was to have students who were willing to learn. RH

6a. One area of improvement is I could have been sterner with the kids while playing the activity. I did not want to raise my voice too loud because many of them were prone to crying very easily. During our activity, the young kids tended to cry very easily if they got “tagged” or “became out” and a few of them also cheated to win. I found it difficult to correct them or quiet them down when they were becoming overly loud. I was afraid of making them cry or becoming upset. **How will you work on this for the next clinical experience? MD**

**Week 5- 6d,e- You were prepared for your activities at the Boys and Girls Club and acted professionally at all times. BS**

6a. One area of improvement could be my ability to engage in more in-depth conversations with moms taking care of their babies. I asked questions about the baby’s name, how many kids the parents have, or pets, but I could have expanded my questions further. Today I asked the lady who came in for her appointment if she had any dry or cracked nipples that could impair her ability to breastfeed. I wish I had had more knowledge regarding breastfeeding and maternal care so I could have asked better questions and engaged in a more therapeutic conversation. Another area of improvement was my inability to answer the mom's questions. She asked me what the difference was between the Spectra vs. Medela breast pump, and I was unable to answer. To improve these areas, I am going to do more preparation before my next clinical. I will conduct more prior research and ask my instructors for tips for more in-depth questions to ask.

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

Firelands Regional Medical Center School of Nursing  
Maternal Child Nursing 2024  
Skills Lab Competency Tool

<b>Skills Lab Competency Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>														
	Adult Head to Toe Assessment (*1, 2, 5, 6)	Breastfeeding and Bottle Feeding	Breast Assessment (*1, 2, 3, 4, 5, 6)	Circumcision Care (*1, 2, 6)	Broselow Tape (*1, 2, 3, 5)	Leopold's (*1, 2, 3, 5, 6)	APGAR (*2, 3, 4, 5, 6)	Breast Self-Exam (*1, 4, 5, 6)	Pediatric Vital Signs (*1, 4, 5)	Pediatric Lab Values (*1, 4, 5)	C-Section Care (*1, 2, 5, 6)	Health Literacy (*2, 5, 6)	Safety (*1, 2, 3, 5, 6)	Postpartum Assessment (*1, 2, 6)	Newborn Bath and Cord Care (*2, 4)
	Date: 8/20	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

\* Course Objectives

<b>Skills Lab Competency Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>									
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (*1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditech (*1, 2, 3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/22	Date: 10/21
Evaluation	S	S	S	S	S	S	S	S	S	
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	
<b>Remediation:</b> 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

<b>Simulation Evaluation</b> Performance Codes: <b>S:</b> Satisfactory <b>U:</b> 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: 9/19	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:
Evaluation	S	S											
Faculty Initials	MD	MD											
Remediation: Date/Evaluation/Initials	NA	NA											

\* Course Objectives

Comments:

### Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): **Morgan, Plas, Steele**

GROUP #: **7**

SCENARIO: **Pregnancy and PPH**

OBSERVATION DATE/TIME(S): **9/19/2024 0700-0830**

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (1, 2, 5) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E       <b>A</b>       D       B</li> <li>• Recognizing Deviations from Expected Patterns:           E       <b>A</b>       D       B</li> <li>• Information Seeking:           E       <b>A</b>       D       B</li> </ul>						<p>Patient identified and questioned about pregnancy. VS. Notice accelerations on fetal monitor. FSBS 200. Notices contractions and accelerations on fetal monitor. Pain reassessed following acetaminophen administration.</p> <p>Report received. Patient CO being dizzy and lightheaded. BP assessed. VS. Notices abnormal bleeding.</p>
<p><b>INTERPRETING: (2, 4) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       <b>A</b>       D       B</li> <li>• Making Sense of Data:       E       <b>A</b>       D       B</li> </ul>						<p>Prioritized need for VS, fetal monitor, urine sample. Fetal monitor waveform correctly identified. FSBS interpreted as abnormal. Interpreted UA results with report to provider.</p> <p>Bleeding interpreted as PPH. Reassessment of BP interpreted as being low, which improves with fundal massage and medication administration.</p>
<p><b>RESPONDING: (1, 2, 3, 5) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       <b>E</b>       A       D       B</li> <li>• Clear Communication:       E       <b>A</b>       D       B</li> <li>• Well-Planned Intervention/ Flexibility:           <b>E</b>       A       D       B</li> <li>• Being Skillful:           E       <b>A</b>       D       B</li> </ul>						<p>Good communication with patient. Urine sample collected and sent to lab. Patient assisted to left side. Call to provider to provide UA results. When prompted, asks about pregnancy history (remember SBAR communication). Orders received for fluids, Procardia, acetaminophen, FSBS, and US to verify dates. Orders read back. New orders explained to patient. Patient questions the need for Procardia.</p> <p>Patient identified, allergies confirmed, medication prepared and administered. IV fluid initiated. Patient education provided regarding gestational diabetes, support groups. Peri-area assessed for bleeding.</p> <p>BP assessed in response to patient feeling dizzy and lightheaded. Bleeding noticed, fundus immediately massaged. Call to provider. Order received for methylergonovine. O2 applied. Reason for fundal massage explained to patient. BP reassessed. Methylergonovine prepared and administered. Orientation determined. Ensures patient is prepared at home and follow-up appointment confirmed. Education prepared regarding gestational diabetes and the need to continue monitoring.</p>
<p><b>REFLECTING: (6) *</b></p>						<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed</p>

<ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: <b>E</b>      A      D      B</li> <li>• Commitment to Improvement: <b>E</b>      A      D      B</li> </ul>	<p>the importance of SBAR communication when calling the provider, and with practice this will improve. Discussed the reason for using Procardia for a patient experiencing pre-term contractions. Team did a great job of providing education.</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)*</li> <li>2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)*</li> <li>3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)*</li> <li>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)*</li> <li>5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</li> </ol> <p>*Course Objectives</p>	<p><b>You are Satisfactory for this scenario! BS</b></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 Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</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: 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>



**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: \_\_\_\_\_