

**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.

SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
9/20/24	Neonatal Hypothermia	RH

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	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:		NA	NA	S	S	NA												
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	S	NA												
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	NA												
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	S	S	NA												
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	S	S	NA												
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	NA	S	S	NA												
Clinical Location Age of patient		No clinical	No clinical	lactation	FRMC OB	No clinical												
		RH	RH	RH	RH													

Comments:

1E wk 4:

The patient was in Erikson stage of Identity vs Role confusion. The patient was a newly young mother. She had probably just graduated high school. Her grandmother was in the room with her. It seemed that her grandmother asked more questions than the patient did. The labor nurse had asked the patient (before her lactation session) how long she had breast fed before to her coming in and the patient stated "I don't know." The grandmother stated "it was 14 min on one breast and 10 minutes on the other breast." I understand things such as unprotected sex, condoms may break, birth control may fail but she is new to the adult world and she is a young mother now. This is what I would describe as the Identity vs Role confusion. **Good job making connections to the stage of growth and development. RH**

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

Week 4: 1a, c- you had a very detailed CDG about your assessment techniques and how you and the lactation consultant used developmentally correct communication during the assessment. You also state that you were able to educate mother, grandmother, and baby's father on various breastfeeding techniques. Great job. RH

Week 5 : 1E

The stage of growth and development would be Infancy – “Trust vs Mistrust.” The newborn that I was taking care of was less than 24 hrs old. The baby needed TLC with basic needs such as nourishment because of being born at 36 weeks, newborn was 4lb 14 oz (2200g), and the mother used cocaine and THC during pregnancy. The baby struggled with thermoregulation due to a low temperature <97.7 F and hypoglycemia. The staff nurse was unsure if the hypoglycemia was causing hypothermia or vis versa. I have learned a lot with newborns yesterday. Before we left clinical yesterday, the HCP ordered an NG for feedings because baby had a hard time feeding due to the circumstance. Per Stanford Medicine Children's Health, “Almost every drug and medicine pass from the mother's bloodstream through the placenta to her unborn baby. If the mother uses substances that affect her nervous system, they will also affect the baby's. At birth, the baby has become used to getting the drug. But because the drug is no longer available, the baby may have symptoms of withdrawal. (Stanford Medicine Children's Health, 2024)”

Neonatal abstinence syndrome. Stanford Medicine Children's Health. (n.d.).

<https://www.stanfordchildrens.org/en/topic/default?id=neonatal-abstinence-syndrome-90-P02387>. Great assessment and observation of your patient! RH

Week 5 – 1a – You did a wonderful job providing holistic care to the baby you were assigned to this week. KA

Week 5 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. You actively assessed your patient for signs and symptoms of withdrawal and reported any findings of concern to the nurse. KA

Week 5 – 1d – You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process whenever returning the newborn to the parents from the nursery. KA

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

Comments:

Week 4: 1k- it sounds like your patient was young and unsure of what to expect in regards to breastfeeding, but her grandmother was there to assist and support her. Way to identify this and make note that it is important to educate all supportive members of the family, not just the mother, so she has some assistance when discharged. RH

Week 4: 1h- I changed this to "NA" because you did not have a patient in labor to discuss the various stages of labor the patient was in. I will leave 1f, g, and i all as "S" but please self-evaluate to ensure you did do these while on your lactation clinical. RH

The lactation nurse and I had good conversation about family bonding, psychological changes, parental influences. KM 9/18/24.

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

Week 5 – 1j – You were able to actively contribute to the discussion on SDOH concerns for the mother of your patient and available resources such as medication assisted withdrawal and child protective services involvement in the process. 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
	8/23	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	NA												
b. Perform nursing measures safely using Standard precautions.		NA	NA	S	S	NA												
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	S	S	NA												
d. Practice/observe safe medication administration.		NA	NA	NA	S	NA												
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	NA	NA	NA												
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	NA	S	S	NA												
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	NA												
		RH	RH	RH	RH													

Comments:

2G wk 4: A SDOH would be economic stability because of the hospital bill(s). I am unsure if the patient had health insurance, but from my knowledge of health insurance, depending on your coverage they may only pay so much of medical expenses. Generally speaking, having a baby is expensive. **Having a baby is expensive, and after the hospital bills, the infant should be following up with a pediatrician for vaccines or well visits, and those bills can add up as well.** RH

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

Week 4: 2d, e- what medications did you correctly determine the dose of and what medications did you observe the nurse administer? If you did not calculate medications or observe a medication pass, please change these to “NA”, otherwise it can remain an “S”/ RH KM

Week 5 5G

A SDOH would be education access for the mother. The mother used drug substances while pregnant with the newborn. The newborn was born at 36 weeks weighing 4lb 14oz. The baby was going through withdrawals. Baby was tremoring, low body temp, and hypoglycemia. The nursing staff and HCP’s had to educate mom on the complications that baby had due to drug usage during hospital. The nursing staff had to call CPS. Great thought process, what resources could have been provided to her to assist with the education before/during/after pregnancy? RH AA, Prenatal care, effects of drug on baby after delivery, therapy, medication to help withdrawal KM

Week 5 – 2b – You were able to observe an NG placement on your newborn and the nursing interventions provided during and after the procedure to the newborn. KA
Week 5 – 2c – You did a wonderful job assisting with providing a baby bath to your classmate’s assigned newborn. You assisted with monitoring the newborn’s temperature before and after bath as well as helping to prevent hypothermia by utilizing appropriate warming techniques. KA

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

Comments:

3D wk 4: Examples would be the patient was 18 years old (some people may frown upon young moms), the mom and grandma wanted the nurses to “take away” the babies father’s key for access. The nurses had to educate on how that is not something they are able to do and suggested having a conversation with the babies father regarding their concerns. **This is an interesting situation. The nurse who is in charge of the bands for baby is to ask the mother who the second band is for and the mother chooses. If the nurse did not ask, then that can be a big legal issue to just assume the father is to get the band. Those bands are not to be removed once applied because that is the person who is able to stay for 24 hours a day to assist with care of the baby. RH**

3D wk 5: An example would be contacting CPS (this is legal and ethical) due to the mom using drugs while pregnant and baby was going through withdrawals. Health care professionals are one of the mandatory reporters. It was very sad to see but I hope the baby will be ok. The FRMC nursing staff was amazing and very dedicated to this baby. **This is a great experience to see the steps of what happens when babies are born into these situations. RH**

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	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	NA	S	NA												
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		NA	NA	NA	S	NA												
c. Summarize witnessed examples of patient/family advocacy.		NA	NA	S	S	NA												
d. Provide patient centered and developmentally appropriate teaching.		NA	NA	S	S	NA												
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	S	NA												
		RH	RH	RH	RH													

Week 4: 4a, b- I changed both of these to “NA” because you do not document on this clinical and you did not complete a care map for this clinical. RH

Week 4: 4d- you described you and the lactation consultant’s teaching strategies well in your CDG this week. RH

Week 5 -4b - You did a nice job documenting the newborn assessment in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessment accurately. KA

Week 5 – 4e – You witnessed discharge teaching for the mother and newborn couplet and how the patient is removed from the security system before discharge. 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)	3	3. Did baby who was preterm not have a blood glucose check? Baby did. The highest was in the 60's but that was after feeding.
	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	All criteria met RH
	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	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	11. interventions 4 and 5 have no frequency. Remember "once" is considered a frequency (80%)
	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	
Reflecting	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. RH
	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	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

Faculty/Teaching Assistant Initials: RH

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	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	NA	S	NA												
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	S	NA												
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	S	NA												
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S	NA												
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S	NA												
		RH	RH	RH	RH													

Comments:

Week 4: 4f, i, j- I changed these to "NA" because they do not relate to the lactation clinical in the fact that you are not digging into medical diagnoses and treatments for this clinical. You are there to assist about breastfeeding. If you have questions or want to discuss this to be changed back, please come see me. RH

Week 4: 4g, h- I left these as "S" because you do discuss in your CDG about the patient's medications and how that would relate to her medical diagnosis. you also discuss how this could impact the infant during pregnancy in various trimesters as well as how it would impact baby after birth. RH

Week 5 – 4f, g, h, I – You did a nice job assessing your patient and researching their medical history when developing your care map. You actively discussed on clinical how the patient's diagnostic tests, medications, medical treatments, and diet related to their current health status and potential complications that may require further intervention. KA

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

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

Comments:

Week 4: 5a- Lactation comments- Marked excellent in all areas. Rebecca Smith RN, CLC

Week 4: 5d- I changed this to “NA” because there should not have been any documenting for you on this clinical.

Week 4: 5e- did you actually access the electronic chart during this clinical? If so, then this can remain an “S”, but if not, please change this to “NA” RH

Week 5 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical and asked many questions to the nurses to learn as much as you could. You were able to observe a hearing screening and PKU testing, assist with providing a baby bath, observe newborn NG

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

placement, and assist a classmate with performing a newborn heart screen along with many other skills while on clinical this week! K KA

Week 5 – 5e – You did a nice job navigating the EMR and gathering information on your patient to ensure you could provide appropriate care throughout your clinical day.

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
	8/23	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	NA												
b. Accept responsibility for decisions and actions.		NA	NA	S	S	NA												
c. Demonstrate evidence of growth and self-confidence.		NA	NA	S	S	NA												
d. Demonstrate evidence of research in being prepared for clinical.		NA	NA	S	S	NA												
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA U	NA U	S	S	NA												
f. Describe initiatives in seeking out new learning experiences.		NA	NA	S	S	NA												
g. Demonstrate ability to organize time effectively.		NA	NA	S	S	NA												
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		NA	NA	S	S	NA												
i. Demonstrates growth in clinical judgment.		NA	NA	S	S	NA												
		RH	RH	RH	RH													

Comments:

Week 2: 6e was changed to a "U" due to not having your tool turned in on time. Please comment back how you will prevent getting a "U" in the future. If it is not addressed, it will continue to be a "U" until it is addressed. RH
 I will submit my tool on time in future – KM 9/10/24 RH

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

Week 3: 6e was changed to a “U” due to not addressing the previous week “U”. Please comment back how you will prevent getting a “U” in the future. If it is not addressed, it will continue to be a “U” until it is addressed. RH

I will address the “U” from previous week(s) to be professional and to learn from my mistakes. – KM 9/10/24 RH

6A week 4:

An area of improvement is submitting my clinical tool on time. I will do this by using my planner more frequently to ensure my assignments are submitted before their due dates. Good goal! RH

6A week 5

An area of improvement would be taking my time filling out my clinical tool. I will do this by careful reading on the boxes and answering appropriately. You did so much better with paying attention and filling out the tool appropriately. RH

***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: 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	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (*1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditech (*1, 2, 3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date: 8/21	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	RH	RH	RH	RH	RH	RH	RH	RH	RH	
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: 9/19	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: 9/12/24
Evaluation	S	S											S
Faculty Initials	RH	RH											RH
Remediation: Date/Evaluation/Initials	NA	NA											NA

* Course Objectives

Comments:

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

STUDENT NAME: Katelyn Morgan

OBSERVATION DATE/TIME: 9/12/24

<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 style="color: red;">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 style="color: red;">Great job.</p> <p style="color: red;">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>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 style="color: red;">Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>Comments</p> <p style="color: red;">You are satisfactory for this simulation.</p>

*Course Objectives

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>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 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>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>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>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>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. 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</p>

	<p>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>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed 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>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 members of the health team. (3, 5, 6)* 	<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 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>

5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*

*Course Objectives

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: _____