EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Josh Hernandez

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	8/30/34 KA

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: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	S	N/A	S	S												
b. Provide care using developmentally appropriate communication.		S	S	N/A	S	S												
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	S	N/A	S	S												
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	N/A	S	S												
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below and explain reason for choice)***		S	S	N/A	S	S												
Clinical Location Age of patient		Empathy	Hearing and Vision/school-aged	NO CLINICAL	Boys and girls club 5-9	OB Fisher Titus Age:Infant to Post-partum mom												
	KA	KA	KA	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

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

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. Great job identifying the growth and developmental stage for the third graders. You were able to describe behaviors such as wanting to keep their hair looking nice after wearing the headphones and supporting sports teams. KA

Week 3 – 1a-c: Went above and beyond this week while explaining directions and assisting the students with their hearing/vision screenings. Thankfully you were able to speak in fluent Spanish for the Spanish speaking students who did not have their interpreter present this week. This was a huge help and you were able to calm some students down who did not know what was going on. You were also able to do so while speaking at a level at which they could understand what to do. Great job! RH
Week 3 – 1b – You did a nice job discussing how you utilized the concepts of growth and development to communicate with the third graders in a concise and direct manner not utilizing medical terms. Nice job! KA

Week 5: The stage of growth and development that I had during my clinical experience was the school aged kid. According to Erikson the school-aged child's falls into industry vs inferiority. During my Clinical at the boys and girls club I did notice that the kids felt really good about themselves when they accomplished tasks correctly such as when me and my classmates project was too make a stethoscope and there was kids that wanted to take the lead and felt like they did not need any help with making the project. After learning about all the different stages of Erikson one let them try and help there other classmates and assist when they wanted help but this project help aid the child in feeling like they were contributing to making this project a success and could do it correctly. This project helped fulfill the industry side of Eriksons view rather than have the kids feel inferior to failing and not being able to accomplish this task. Great job and excellent description! KA

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
Week 5 -1e – You did a great job describing the different age groups of school-aged children that you had the opportunity to work with this week at boys and girls club. You did a nice job highlighting how the attention span and ability to listen was shorter in the younger children versus the older children. KA

Week 6: For this week in Clinical I attended Fishertitus OB department and I got to work with a Newborn Baby. According to Erikson stage of development the infant falls into the trust vs. mistrust category. During my clinical experience I got to see first hand how all the baby's that were there that day got this stage of Erickson's met. As the mom breastfeeded, changed diapers, and fed their baby which lets the infant know that they can trust on whoever is there caretaker to be there for them. Infants in the stage need a sense of security and with being cradled this bonding moment helps build the connection between mom and baby or caretaker and baby. If the baby does not feel safe and security with there person they are with then they will fall into the stage of mistrust in Erickson's model.

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

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**		N/A	N/A	N/A	N/A	S												
g. Discuss prenatal influences on the pregnancy. **Maternal**		N/A	N/A	N/A	N/A	S												
h. Identify the stage and progression of a woman in labor. **Maternal**		N/A	N/A	N/A	N/A	S												
i. Discuss family bonding and phases of the puerperium. **Maternal**		N/A	N/A	N/A	N/A	S												
j. Identify various resources available for children and the childbearing family.		N/A	~~N/A~~ S	N/A	S	S												
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		N/A	S	N/A	S	S												
l. Respect the centrality of the patient/family as core members of the health team.		N/A	N/A	N/A	S	S												
	KA	KA	KA	KA	KA													

Comments:

Week 3 – 1j: You were able to have a conversation with the school nurse about referrals to healthcare providers for hearing/vision screenings and how the school has some resources available to families who cannot afford to take their children. RH

Week 3 – 1k – You did a great job describing the culture, beliefs, behaviors, and values that were displayed at the school during hearing and vision screenings. You emphasized their advocacy of the students and provided examples how they advocated what was best for the students in regards to the screening process. KA

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

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	N/A	S	S												
b. Perform nursing measures safely using Standard precautions.		S	S	N/A	S	S												
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	S	N/A	S	S												
d. Practice/observe safe medication administration.		N/A	N/A	N/A	N/A	S												
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		N/A	N/A	N/A	N/A	S												
f. Utilize information obtained from patients/families as a basis for decision-making.		N/A	N/A	N/A	S	S												
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) **(List Below)***		S	S	N/A	S	S												
	KA	KA	KA	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. I agree this is a great example that brings up many other elements including advocacy, ethics, and legal concerns. KA

Week 5:A cultural determinant of health that I feel has potential to influence patient care would be the lack of support that some of these children have at home. When talking to some of the kids in the cafeteria in the boys and girls club it was very consistent that some of them felt like there parents either one of them or both worked long hours at work. In regards to care I feel as if this could affect them emotionally and physically in some ways. Emotionally this could lead to a child feeling as if there is not anyone they could talk when they have an issue going on leading to this causing physical harm such maybe a child doesn't feel good but doesn't know how to communicate to there parent or want to tell there parents because this can throw off there routines. A child told me that when he goes home he plays video games all day and doesn't really have a set bedtime which could cause sleep deprivation and issues performing well academically. You did a great job discussing support as an SDOH concern for children in your CDG this week! KA

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 You discussed how the amount of support a child has can impact so many aspects of their lives as a SDOH for this population. Great observation. KA

Week 6:A Social Determinant of health that I did see from one of the moms during my clinical was stress. As I went through my clinical experience I did see a mom that worked through her whole pregnancy and was actually supposed to work that day but had been having contractions and blood pressure issues so the doctor wanted her to go to OB so she stated someone had to cover her job since she is a Veterinarian and had animals to see that day. When further discussing her job she explained it can be very strenuous physically. This could lead to some complications when it comes to her labor process because excess stress could potentially be bad for the baby. With all of the different hormone changes and things changing so rapidly at home, being a vet could cause emotional issues for mom that could lead to potential anxiety and depression.

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	N/A	S	S												
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		N/A	S	N/A	S	S												
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		S	S	N/A	S	S												
d. Critique examples of legal or ethical issues observed in the clinical setting. **(List Below)***		S	S	N/A	S	S												
	KA	KA	KA	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. Very interesting. That is a great example of justice. I believe a part of the screening process is to screen all students with their glasses if available but if they did not bring them to school is it better to screen them without them and have the potential to rescreen them or wait for them to bring them to school? Nice example. KA

Week 5: A ethical issue that I had seen during my time in the boys and girls club was one of them being bullying. I had seen that as I was talking to this group of kids at the cafeteria and as I wanted to get to know them there was this one girl in group that wasn't such nice things to these boys. I asked about who there favorite artist was and what sports they played and as one of the boys was trying to answer the girl said "no one asked you" and I tried to correct the situation by letting everyone know I would like to get to know everyone and it is okay to not like the same things as one another since I had seen that the boy got kind of quite after that comment the girl made. I feel that the act of bullying could make a child feel unsafe and less likely to participate in the boys and girls club. I think another potential ethical issue that could happen would be if a child is treated unfair and different from the rest of the group. Although I did not see this happening and every child regardless of anything were all treated with respect and were encouraged to be the person they could be. If this were to be an issue it would cause a barrier between the children and everyone would treating each other differently.

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

This is a great example. How could this turn into a potential legal situation if the bullying is not addressed and continues causing the child and others to feel unsafe at Boys and Girls Club? KA

Week 6: A ethical issue that could be potentially seen in a OB unit would be the right to autonomy. I feel for example there is a lot of invasive procedure that a nurse does in the OB unit such as a sterile vaginal exam. Since this is so routine to do one can forget to ask for permission and just go ahead and perform the procedure anyway which could lead the pending mother to want to take this to a higher up matter since she would feel like she didn't have a choice to such a invasive procedure. Another issue that could potentially be in the OB unit would be to administer the routine medications after delivery such as erythromycin and vitamin K without the parents' permission trying to act with beneficence to the infant.

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

Week 3 – 4b: You correctly documented on all student sheets for their hearing/vision results. RH
You did a nice job describing how the nurses kept track of screening data in a binder and then utilized this recorded information to report the district's findings with the Ohio Department of Health. KA
Week 3 – 4c: You were able to advocate for the Spanish speaking students and understand what they needed. You did a great job speaking with them in their language so they felt comfortable and able to complete the screenings. RH
Week 3 – 4d: You were able to teach the students how to correctly perform their screenings with appropriate language for their understanding. RH
You did a nice job discussing how you taught the students the screening process for both hearing and vision to ensure the results were valid KA

Week 5- 4d- You were able to provide developmentally appropriate education to the children at the Boys and Girls Club. Nice job! BS You discussed how you taught the children what a stethoscope was and helped them create stethoscopes of them own. Such a great idea! KA

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

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**		

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

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: • 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.

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:

Faculty/Teaching Assistant Initials:

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

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	N/A	N/A	S												
g. Correlate the pharmacotherapy in relation to the patient's disease process. **(noticing, interpreting, responding)**		U	N/A	N/A	N/A	S												
h. Correlate the medical treatment in relation to the patient's disease process. **(noticing, interpreting, responding)**		U	N/A	N/A	N/A	S												
i. Correlate the nutritional needs/diet in relation to the patient's disease process. **(noticing, interpreting, responding)**		U	N/A	N/A	N/A	S												
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. **(noticing, interpreting, responding)**		U	N/A	N/A	N/A	S												
	KA	KA	KA	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. 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.		U	S	N/A	S	S												
b. Evaluate own participation in clinical activities.		U	S	N/A	S	S												
c. Communicate professionally and collaboratively with members of the healthcare team.		U	S	N/A	S	S												
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		U	S	N/A	N/A	S												
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		U	S	N/A	N/A	S												
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		U	S	N/A	N/A	S												
g. Consistently and appropriately post comments in clinical discussion groups.		U	S	N/A	S	S												
	KA	KA	KA	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. KA

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

Week 3 – 5a: You were positive and energetic with all interactions with staff and students. RH
Week 3 – 5c: You were able to communicate well with the school nurses and teachers who were present. RH
Week 3 – 5g – You did a nice job responding to all the CDG questions on your clinical experience with hearing and vision screenings this week. Josh you shared your viewpoint and were thorough with your responses. You supported your responses with and in-text citation and a reference. Keep up the wonderful work! KA

Week 5- 5a- You were active and engaged while providing education to the K-6 grade children at the Boys and Girls Club. BS
Week 5 – 5g – Josh, you did a nice job responding to all the CDG questions on your Boys and Girls Club clinical experience this week. You shared your viewpoint with thorough responses and supported your information with references and in-text citations. In your reference you only need to include the year in the parentheses and should put the statement "Retrieved on __Date___ from" before your web address. See example below. Great job and keep up the superb work! KA

Decker , E. (2023). *Why your child needs a support system and how to build one*. Building a Support System for Your Child | 700 Children's Blog. Retrieved on September 17, 2024 from: https://www.nationwidechildrens.org/family-resources-education/700childrens/2023/09/why-your-child-needs-a-support-system

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

***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. These are both good goals and great plans to accomplish them. KA

Week 5:An area for improvement that I would say I had was being able to try and get everyone's attention and get everything under control so that the kids could pay attention to me to demonstrate the project. I felt that if I got loud with them that would build a sense of distrust and maybe make them not like me because of it but when the teacher got a loud firm voice everyone seemed to quiet down really fast. An idea that I have is to look up various way a week prior to the St Marys project on ways I can get kids attention and I will at least gather 5 ideas to implement. This is a great idea. Assertive communication takes time and practice. There is a time and a place for it and never be afraid to use it in appropriate situations. KA

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

Week 6:An area for improvement that I would say I had was identifying the right needle sizes are for the infant. During clinical when asked about what needle size I would use during an IM injection for an infant I had told the instructor the size for an adult IM injection. I had learned that for infants the size for a subcutaneous injection would equal to the correct size for an IM injection for an infant. I see how this could lead to a safety issue when it comes to medication administration for an infant and needs to be taken serious. A week prior to my next OB clinical I am going to check pediatric medication administration 3 times to make sure this does not happen again.

***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	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: 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	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	S	S											U
Faculty Initials	KA	KA											KA
Remediation: Date/Evaluation/Initials	NA	NA											S

* 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.
You completed your survey on 8/30/24. Thank you for completing it so promptly and making a plan for ensuring everything if done in its entirety in the future. KA

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Josh Hernandez OBSERVATION DATE/TIME: 8/28/24

REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	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. Great job. I enjoyed seeing your photo!
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Simulation Objectives:** 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)* **Developing to accomplished is required for satisfactory completion of this simulation.**	**Comments** **You are satisfactory for this simulation.**

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Baum (C, Cheek (M), Hernandez (A)
GROUP #: 5
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/12/2024 1330-1500

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1, 2, 5) * • Focused Observation: E **A** D B • Recognizing Deviations from Expected Patterns: E **A** D B • Information Seeking: E **A** D B	Patient identified. Notices 33-week gestation and contraction-like pain. Patient CO pain in abdomen rated at 5/10. VS. Mona begins CO being dizzy and lightheaded. Asks questions to determine cause. Notices soft uterus. Notices low BP, bleeding
INTERPRETING: (2, 4)* • Prioritizing Data: E **A** D B • Making Sense of Data: E **A** D B	Prioritized the need for education related to food and drink choices. Prioritizes the need for FSBS-200: recognized as abnormal. Bleeding and low BP interpreted as abnormal. Prioritized the need to weigh peri-pad.
RESPONDING: (1, 2, 3, 5) * • 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	Fatal monitor applied. Patient repositioned to left side. Call to provider to report fetal strip. Urine sample collected and sent to lab. Asks about prenatal vitamins, home preparation/readiness for newborn. Asks patient about dietary preferences and suggests alternate foods, provides related education. Call to lab for UA results. Obtains FSBS. Call to provider about urine results. Orders receives for fluids, Procardia, acetaminophen, and US to determine gestational age. Orders read back. Mona is educated about the importance of prenatal care. IV fluids prepared and initiated. Medications prepared, patient identified, allergies confirmed, and medications administered. Call to provider to question Procardia. Fundus massaged while team member phones provider to report boggy uterus and heavy bleeding. Orders received for methylergonovine, monitor VS. Peri-pad weighed: 600g. Situation is explained to patient to keep informed. Methylergonovine prepared, patient identified, allergies confirmed, medication administered. BP reassessed after a few minutes. Call to provider to report fundus is now firm.

REFLECTING: (6) * • Evaluation/Self-Analysis: E **A** D B • Commitment to Improvement: E **A** D B	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. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* *Course Objectives	**You are Satisfactory for this scenario! BS** Lasater Clinical Judgement Rubric Comments: 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 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 Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families 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 Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses

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: _____