

**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
9/13/2024	Risk for infection (Impaired skin integrity)	BS

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.		N/A	N/A	S	S	N/A	S											
b. Provide care using developmentally appropriate communication.		N/A	N/A	S	S	N/A	S											
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		N/A	N/A	S NI	S	N/A	S											
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	S	S	N/A	S											
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		N/A	N/A	S	S	N/A	S											
Clinical Location Age of patient		No Clinical	Empathy OB Department	FRMC OB Department	Boys and Girls club	No Clinical	FRMC ED. 79											
		BS	BS	BS	BS	BS												

Comments:

Week 4- 1e: I chose the first stage because this would be trust vs. mistrust and it defines the ages 0-2 years old. The OB department is where the baby first comes into the world and starts to trust their parent(s). **Please include patient age above. BS**

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

Week 4- 1a-b: you were a little quiet with your patient, which is okay, but be sure to engage in conversation with them while caring for them so you can build a good caregiver/patient relationship as they will look to you for guidance when they have questions or concerns. 1c: you were able to do the BUBBLE assessment with a lot of guidance, I would recommend practicing this prior to your next clinical so you can gain some confidence in your abilities. You did so well explaining what we were going to do prior to going in the room, but once in the room you became very nervous. You know your stuff, you just have to build some confidence in yourself. BS/RH

Week 5: I will improve upon my postpartum assessment skills by going over the BUBBLE assessment before the next OB clinical. BS

Week 5 – 1e: I chose the third stage: school age because it would be industry vs. inferiority and it defines the ages 5-9, which were the ages we worked with. At the boys and girls club, the children are developing their self-confidence and deal with authority (teachers) on a daily basis. BS

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 7: 1e: I chose the eight stage: Integrity vs. reflection because my patient was 79 years old. This is time that my patient will be looking back on their life and assessing what they have achieved or may have feelings of loss or regret. This can help this age group face death without fear.

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies:		N/A	N/A	S	N/A	N/A	N/A											
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		N/A	N/A	S	N/A	N/A	N/A											
g. Discuss prenatal influences on the pregnancy. Maternal		N/A	N/A	S	N/A	N/A	N/A											
h. Identify the stage and progression of a woman in labor. Maternal		N/A	N/A	S	N/A	N/A	N/A											
i. Discuss family bonding and phases of the puerperium. Maternal		N/A	N/A	S	N/A	N/A	N/A											
j. Identify various resources available for children and the childbearing family.		N/A	N/A	S	S	N/A	N/A											
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		N/A	N/A	S	S	N/A	S											
l. Respect the centrality of the patient/family as core members of the health team.		N/A	N/A	S	S	N/A	S											
		BS	BS	BS	BS	BS												

Comments:

Week 4- 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. BS/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.		N/A	N/A	S	N/A	N/A	S											
b. Perform nursing measures safely using Standard precautions.		N/A	N/A	S	N/A	N/A	S											
c. Perform nursing care in an organized manner recognizing the need for assistance.		N/A	N/A	S	N/A	N/A	S											
d. Practice/observe safe medication administration.		N/A	N/A	S	N/A	N/A	S											
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		N/A	N/A	S	N/A	N/A	S											
f. Utilize information obtained from patients/families as a basis for decision-making.		N/A	N/A	S	N/A	N/A	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)*		N/A	N/A	S	S	N/A	S											
		BS	BS	BS	BS	BS												

Comments:

Week 4-2g: One of my patient's was a 20-year-old woman living with her 1-year-old, boyfriend, and mom, and then she had just given birth to a little girl. She is a young mother with 2 children, she will also need to take some time off of work to care for her newborn, so there will be one less income in the house. **Yes, a lower income when their needs are going to be high is not ideal and could affect their access to healthcare and other things. BS**

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

Week 4- 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. 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. BS/RH

Week 5 2g: One thing I heard was how the club was struggling to staff people, and it was about half the amount of kids that they usually have. So, I was thinking that if they aren't able to keep the club open, what will happen with many of these kids? What if some kids relied on the meal that they are given? And what if the parents are not able to afford childcare? I also overheard a child who was talking about how his mom worked long hours and he wasn't able to see her a lot. This influences children because they don't have as strong a bond with their parent, and can impact them in the future, as an adult. **Yes, many of these kids, and their parents, count on them being fed before they go home. If the club were to close, it would definitely cause problems for some of these families. Good points. BS**

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

Week 7 – 2g: My patient lived at home by herself, while her daughter lived in a different state. My patient also had a blood disease where her normal hemoglobin was sitting at 6 all the time, so she is a frequent flyer at Firelands due to her getting blood transfusions. Since she doesn't have anyone at home with her, it is difficult to go back and forth to the hospital. There might be a time where she can't make it because she's so exhausted. Her blood pressure was 51/30 in the ER, which made her not able to walk.

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

Comments:

Week 4-3d: There was an issue when a mom was dilating pretty fast and they didn't know if there was time for an epidural, even though she was wanting it and in a lot of pain. They did end up doing it in the end and she delivered safely. **This must have been quite scary for the mother to be! BS**

Week 5-3d: One issue would be when I heard that they were having problems with staffing the club. I noticed how there were only 2 people with about 50 kids, and I think it can be an ethical issue when you have that many kids. There could be an accident or a student might go missing. There are a lot of things that could happen. These children were also very rowdy and hard to control at times. **Yes, the loss of some of their funding has definitely brought about changes at the club. And I agree, it IS rowdy some times. BS**

Week 7-3d: One issue that I observed would be when the patient who came in c/o anxiety and depression, needed to leave because she had an "important" meeting. She signed an AMA and left. I thought this would be an ethical issue because she was not treated and it makes you feel guilty about letting a patient go back into the world without help, even though it's their right to leave. She wasn't homicidal or suicidal so they couldn't keep her against her will.

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

Week 4- 4a- You were satisfactory for your care map, nice job. In the future, please consult the care map guidelines and ask any questions you need to for clarification. 4b: you were able to chart your full head to toe assessment as well as postpartum vital signs this week with little assistance. BS/RH

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

Student Name: H. Castro				Course Objective: 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.			
Date or Clinical Week: Week 4							
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	Nice job listing observation and assessment findings based on your patient experience this week. Lab/diagnostic findings were also provided. Nice job reviewing and including pertinent risk factors related to your priority problem of risk for infection.
	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	1	Good job listing nursing priorities for your patient, however, of the priorities you have listed, impaired skin integrity would be higher priority compared to risk for infection. With impaired skin integrity and with risk for infection, your assessment findings of incision WNL, epidural site, IV intact, and vital signs should all be highlighted, as they are all relevant to both problems. We would also want to include the WBC value, if available.
	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	1	
	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	2	A few points off here: assess vital signs should be your top priority in this case; if altered tissue perfusion is a priority there should be an intervention to assess it; same with anxiety and altered urinary
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	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	elimination. There is an intervention to monitor WBC- this should have been listed in your assessment findings and later re-evaluated in your evaluation (and if there was only one value available you would have just stated that in the evaluation).
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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	0	In this section, you should re-evaluate each item highlighted in your assessment findings and labs/diagnostics. The two statements you have listed here are not evaluations, they are goals.
	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: Hannah, for future care maps please be sure to consult the care map guidelines available on the Edvance360. If you have any questions related to this care map, or any in general, please don't hesitate to ask. BS	Total Points: 36/45 Satisfactory! Faculty/Teaching Assistant Initials: BS

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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)		N/A	N/A	S	N/A	N/A	S											
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	S	N/A	N/A	S											
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	S	N/A	N/A	S											
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	S	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)		N/A	N/A	S	N/A	N/A	S											
		BS	BS	BS	BS	BS												

Comments:

Week 4- 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. BS/RH

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

Comments:

Week 3- This (empathy belly) was a simulation so no need to rate these competencies this week. BS

Week 4- 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 chart related to your patient for your care map this week. BS/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**

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

Comments:

Week 4 – 6a: I think some areas of improvement would be when I did the mommy assessment on my patient. I froze up when trying to remember the acronym BUBBLE-LE and my instructor had to take over to show me. I think it was like that because it was my first time, so hopefully next time I can do it without issue. **Good observation, Hannah. The first time we do something new it can be challenging. With time and practice, most things become second nature before long. BS**

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

Week 4- 6f: You were nervous, but willing to be put in situations that made you uncomfortable this week to learn something new, great job putting yourself out there. The nurses on the floor all commented on how nice it was to have students who wanted to learn new things. BS/RH

Week 5 – 6a: I felt like an area of improvement would be my communication with the children, I felt like I couldn't think of things to ask them. Then I got very overwhelmed when all of them were asking me questions at the same time while we were doing the activity. **Being in that situation can be overwhelming, but you made it through. Practice in these challenging situations makes you a stronger, more resilient person. I'm sure you were nervous, but you did it anyway, and the next time (whenever that may be), it will be easier! BS**

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

Week 5- 6e- You received a U in this competency for not having your completed tool turned in on time. Please comment below regarding how you will prevent this from happening in the future. BS

Week 5- 6e – I will prevent this in the future by making sure I am doing the clinical too correctly and making sure it's in by 0800 every Friday.

Week 7 – 6e: An area for improvement would be speaking up to do things because the nurse was taking FSBS and VS, and I could have been doing that for her. I was hesitant and didn't want to get in her way of doing her job. On the other hand, once I got more comfortable with my preceptor I felt comfortable to speak up and do things like hang IV fluids or help someone on the bedpan. Some goals for next clinical would to be more hands-on.

***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	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
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	BS	BS	BS	BS	BS	BS	BS	BS	BS	
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	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: 9/5
Evaluation	S	S	S										S
Faculty Initials	BS	BS	BS										BS
Remediation: Date/Evaluation/Initials	NA	NA	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): Castro, Felder

GROUP #: 6

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2024 1500-1630

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES				
NOTICING: (1, 2, 5) * <ul style="list-style-type: none"> Focused Observation: E A D B Recognizing Deviations from Expected Patterns: E A D B 	Mona CO abdominal pain rated 5/10. VS. Contractions 5-6 min. apart. Assess VS. Asks questions about pregnancy/gestation.				

<ul style="list-style-type: none"> Information Seeking: E A D B 	<p>Report received. Mona CO not feeling well (hot, sweaty, dizzy). Nurse enter, remember to identify patient. Takes pulse, pulse ox, and RR but no BP. BP checked after fundus noted to be firming up.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> Prioritizing Data: E A D B Making Sense of Data: E A D B 	<p>Interpreted the need for fetal monitor and attempt to interpret waveforms. UA results received and interpreted. Interpreted need to check FSBS. FSBS 200- interpreted as abnormal. Identifies history of gestational diabetes. Identifies need for education about blood sugar management.</p> <p>Ask about lochia. Heavy lochia interpreted. Fundus interpreted as boggy. HR interpreted as high. Check BP and pulse ox after medication administration. Interpret fundus as being firm after 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>Urine collected and sent to lab. Fetal monitor applied. Patient moved to left side. Called report to healthcare provider (remember to gather all information prior to calling in order to give full report with all data). Orders from healthcare provider for IV fluids, Procardia, acetaminophen, and ultrasound for gestational age. Orders read back. Initiate IV fluids. Mona asks about Procardia and medication not administered. Acetaminophen administered with all correct rights. When HCP calls back, re-evaluate Procardia administration. Administers Procardia and explains use to Mona and why it is indicated. US report given to Mona. Education provided to Mona about THC in pregnancy (educate on various anxiety relief methods). Remember to educate on gestational diabetes and other healthy habits with pregnancy.</p> <p>Call provider and report heavy bleeding. Fundus assessed and found to be boggy. Order received for methylergonovine. Need to massage fundus explained to patient and significant</p>

	<p>other. Methylergonovine medication explained to patient and administered with correct technique. Remember to double check the dose administered and the needle size (used blunt tip).</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. 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.</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 	<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. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information</p> <p>Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Is hesitant or ineffective in using nursing skills</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are</p>

<p>management of the Postpartum Hemorrhage (PPH). (1, 2, 5)*</p> <p>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)*</p> <p>5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</p> <p>*Course Objectives</p>	<p>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</p>
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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME:

OBSERVATION DATE/TIME:

<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.</p> <p>Great job.</p>
<p>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)* 	<p>Comments</p> <p>You are satisfactory for this simulation. BS</p>

<p>2. Describe how patient-centered care is dependent on past medical history, cultural history, social history, and pregnancy/birth history. (1, 2, 4)*</p> <p>3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)*</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	
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*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse; O=Observer (Course Specific)

STUDENT NAME(S) AND ROLE(S): **Castro (M), Felder (A)**

GROUP #: **6**

SCENARIO: **Shoulder Dystocia and Newborn Care**

OBSERVATION DATE/TIME(S): **9/26/24 1500-1630**

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
NOTICING: (Link to Course Objectives) *						
• Focused Observation:	E	A	D	B		Introduce self.
• Recognizing Deviations from Expected Patterns:	E	A	D	B		Pain assessment: rating, Obtain vitals
• Information Seeking:	E	A	D	B		Did not obtain cervical exam information prior to administration of nubain
						APGAR 1 minute: heart rate (146), respirations (40), cry, tone, color. Total:

<p>INTERPRETING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Interpret vitals as WDL</p> <p>Interpret fetal monitor after nubain administration as decelerations, associates with head compression.</p> <p>Identify imminent delivery</p>
<p>RESPONDING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Offer pain medication based on pain assessment</p> <p>Call healthcare provider to clarify antibiotic dose</p> <p>Education provided on antibiotics and pain medication to mom.</p> <p>Medication administration: verify name/DOB, check allergies, scan patient and medications. Nubain- correct dose, incorrect needle size (used subcutaneous needle size when should be IM size), correct technique, engage needle safety. PCN- hang primary bag below secondary bag, clean hub prior to hooking secondary line to primary line, hook secondary tubing above IV pump, *timeout for assistance with IV pump*, unclamp secondary tubing.</p> <p>Call healthcare provider for update on fetal monitor</p> <p>Call healthcare provider when realize delivery is about to happen</p> <p>Call for help, McRoberts, suprapubic pressure, roll to hands and knees, rotational maneuvers, remove posterior shoulder, evaluate for episiotomy</p> <p>Immediately after birth dry off baby and wrap in blanket, place baby on warmer, put on hat/clothes</p> <p>Medication administration: vitamin k- draw up medication with needle rather than blunt tip and does not change needle prior to administration, use of correct needle size, use of needle safety but double checks safety with fingers (do not</p>

	<p>touch needle or safety with fingers due to risk for needle poke) applies ointment to baby eyes. Did not verify baby name/DOB prior to administer medications.</p>
<p>REFLECTING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Team remediated on correct needle size for IM injection on mother. Team remediation in debriefing on correct needle size. Discussion on how to program IV pump. Members looked up nubain and had discussion about what assessments needed to be done prior to administration (cervical exam) and when not to administer to mom (too far into labor)</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. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 	<p>You are Satisfactory in this simulation! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information.</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</p>

<p>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)*</p> <p>5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)*</p> <p>6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)*</p>	<p>to change treatments. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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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: _____