EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Ava Lawson

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Con

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

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

Absence: (Refer to Attendance Policy)

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

Conferences with the Faculty
Lasater Clinical Judgment Rubric
vSim
Simulation Scenarios

7/18/24 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**
9/27/24	Neonatal Abstinence Syndrome	RH

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Makeup	**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.		NA	~~NA~~ S	NA	NA	S	NA											
b. Provide care using developmentally appropriate communication.		NA	NA	S	NA	S	NA											
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	~~NA~~ S	NA	NA	S	NA											
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	NA	NA	S	NA											
e. Identify stage of growth and development **(Erikson's Stages)(List Below and explain reason for choice)***		NA	S	S	NA	S	S											

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

Clinical Location Age of patient		None	Lactation	hearing & vision	NONE	Firelands OR	BG Club											
		RH	RH	RH	RH	RH												

Comments:

1e: The stage of growth and development is infancy because the patients are newborn babies who are only a few hours/days old. This should be trust v. mistrust due to the age being infancy. This week it is okay, but be sure to put the conflict they are facing in their growth and development stage. RH

Week 3: I changed 1a and 1c to "S" due to you addressing these topics in your CDG this week. You explained how the baby was not properly latching to mom and how mom had tried multiple times but was not successful. After some assessment of mom, you were able to provide some education to her about breastfeeding versus pumping and bottle feeding. RH

Week 4 1e: The stage of growth for the kids in this clinical would be adolescents or identity vs role confusion. This is because the kids that I delt with were in high school, ages 14-18. Good job! RH
Week 4 – 1a, b, & c – You did a great job utilizing the techniques your learning through your training to complete hearing and vision screenings on the high school students this week. You asked appropriate questions and communicated with the students utilizing your knowledge in growth and development. KA

Week 6: The stage of growth for these infants would be trust v. mistrust because they are newborns. RH
Week 6: 1b, c, d- You used great communication with your patient while doing an assessment. You were calm and answered all questions that she asked you. You were able to identify the correct newborn assessment pieces while the RN assessed the infant. RH

Week 7 1e: The stage of growth for these kids would be industry vs inferiority because most of the kids were between the ages of 6-11 or school aged.

***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**		NA	NA	NA	NA	S	NA											
g. Discuss prenatal influences on the pregnancy. **Maternal**		NA	NA	NA	NA	S	NA											
h. Identify the stage and progression of a woman in labor. **Maternal**		NA	NA	NA	NA	S	NA											
i. Discuss family bonding and phases of the puerperium. **Maternal**		NA	NA	NA	NA	S	NA											
j. Identify various resources available for children and the childbearing family.		NA	S	NA	NA	S	NA											
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		NA	S	~~NA~~ S	NA	S	S											

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

l. Respect the centrality of the patient/family as core members of the health team.		NA	S	~~NA~~ S	NA	S	NA											
		RH	RH	RH	RH	RH												

Comments:

Week 3: great job supplying resources on pumping and using bottles for breastmilk as well as providing resources on various positions to try to assist babe with latching to mom. RH
Week 4 – 1k – You did a nice job discussing with the school nurse about cultural beliefs of the school system you performed hearing and vision screening in. She discussed the emphasis of community and you were able to observe different aspects of the school that supported this culture. KA

Week 6: 1j- we discussed multiple resources that were available to new mothers while at firelands throughout our day. RH

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

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

g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) **(List Below)***		NA	S	S	NA	S	S											
		RH	RH	RH	RH	RH												

Comments:

2g: Some social determinants of health for patients seeing an LC would be if they do not have transportation to their follow up appointments then they will not get a follow up lactation appointment. Also if they do not have the money for breastfeeding supplies then it may alter their supply or ability to feed their baby. Some cultural elements may also affect their breastfeeding journey such as different things they have to do or eat after birth. Many people see breastfeeding as "free" but it can become costly. Most health insurance companies will provide a pump at low cost or for free to a mother, however, that does not include the bags or containers to put the milk in. Some mothers must go on special diets because babe has a sensitive stomach, and these foods can be more expensive as well. Great thought process! RH

Week 3: I changed 2b and 2f to "S" due to you using standard precautions with interactions with the patients (hand sanitizer before and after interaction, gloves, etc) and because you were able to use information from the mother to assist with the plan of care and/or educational topics provided to her. RH

Week 4 2g: Some social determinants of health for this week would be that students from lower-income families might lack access to regular eye and hearing exams, as well as the necessary treatments or corrective devices. The stability of a family's economic situation can impact their ability to afford healthcare services, including hearing and vision care. Proximity to healthcare facilities and the availability of transportation can impact regular visits for hearing and vision check-ups. Strong support from family, friends, and school communities can encourage students to seek and adhere to necessary treatments but some students might not have a good support system at home. Good observations. RH
Week 4 – 2c – You were organized throughout the screening and assisted others quickly and efficiently when needed. You helped answer each other's questions and worked as a cohesive unit. Nice job! KA

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

Week 6 2g: Some social determinants of health for any new family welcoming a new baby would be economic stability. Financial resources affect access to healthcare, baby supplies, and nutritious food for the mom and baby. Job security can impact parental stress levels and care quality. Education also plays a factor on the care of their new baby as it influences understanding of infant care, developmental needs, and available resources. Parents with higher education may be more informed about healthcare options. Mental Health can also affect new families. Maternal mental health issues, like postpartum depression, can be exacerbated by SDOH, affecting bonding and caregiving. Good observations! RH

Week 6: 2b- you used standard precautions when caring for mother and baby. RH
Week 6: 2d, e- you performed medication administration with correct technique and performed all your checks. RH

Week 7 2g: Two main social determinants of health that can affect the children at the Boys and Girls Club are socioeconomic status and access to healthcare. Children from lower socioeconomic backgrounds may face challenges like limited access to nutritious food and safe recreational spaces, which can impact their physical and mental health. This may lead to higher stress levels and lower overall well-being, affecting their development. Access to healthcare is a crucial social determinant for children at the Boys and Girls Club. Limited access can lead to untreated health issues, such as chronic conditions or mental health challenges, which can impact their daily functioning and academic performance. Additionally, when children can't access preventive care, they may miss important vaccinations and health screenings, increasing their vulnerability to illness.

Objective																		
3. Summarize the legal, moral and ethical issues related to care of children and the childbearing family. (2,6,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	**Final**
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Act with integrity, consistency, and respect for differing views.		NA	S	S	NA	S	S											
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		NA	S	S	NA	S	S											
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		NA	S	S	NA	S	S											
d. Critique examples of legal or ethical issues observed in the clinical setting. **(List Below)***		NA	S	S	NA	S	S											
		RH	RH	RH	RH	RH												

Comments:

3d: Some ethical issues regarding breastfeeding would be that patients might not be fully informed about their breastfeeding options or the potential consequences of their choices. There can also be a fine line between supporting breastfeeding and pressuring mothers to breastfeed. Legal challenges can occur if employers do not provide adequate time for breastfeeding or pumping milk for their employees. This can alter a mother's supply and then affect her breastfeeding journey. Employers must provide a space and time for a mother to either breastfeed or pump at work. This is such a great benefit for mothers, however, the workplace can make it seem like a burden, in which mothers then stop because they do not want to seem like a burden to their coworkers. RH

Week 4 3d: Schools are required to identify and support students with disabilities, including hearing and vision impairments. Failure to provide necessary accommodations can lead to legal cases and not giving the student their highest learning potential. In cases where a student's hearing

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

or vision issues indicate potential abuse or neglect, school staff may be legally required to report their concerns to appropriate authorities. This can create problems for the student in their home life if abuse is not the case. Maybe their family is just not very wealthy and they cannot afford to see a doctor. Great description of legal requirements! RH

Week 6 3d: Some examples of ethical issues that could arise on the OB unit could be patient autonomy. Respecting a mother's choices regarding her birth plan can conflict with medical recommendations. For instance, insisting on certain interventions against a patient's wishes raises ethical dilemmas. Discrimination can cause unequal treatment based on race, socioeconomic status, or other factors can create ethical issues. The ethical implications of discharging mothers too early or failing to address mental health needs can impact both maternal and infant health outcomes. RH

Week 7 3d: One common issue is bullying, where children might engage in harmful behavior towards peers, raising ethical concerns about the club's responsibility to maintain a safe environment. Additionally, if staff members display favoritism or mishandle conflicts, it can lead to trust issues and diminish the goal of inclusivity.

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

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

Week 3: I changed 4d and 4e to “S” because you were able to use patient centered care when caring for mother and babe as well as you identified some reasoning as to why babe was not latching properly in your CDG this week (fast delivery, lots of mucus, full belly). RH
Week 4 – 4b – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You then helped alphabetize and document the information further on the required ODH documentation forms. This was a terrific help to the school nurse. KA
Week 4 – 4d – You did a nice job educating the high schoolers as needed on the screening process and ensuring they were able to perform it correctly so the results would be valid. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. KA

Week 6: 4d- we discussed many educational topics for the mother of your infant while on clinical. This included the hotline for the detox center as well as the detox center itself. We also said the healthcare provider who was prescribing her methadone may have some additional resources and educational topics for her. RH

***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)**	3	
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

***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**	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Reference

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

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

*****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *****

Faculty/Teaching Assistant Comments:

Total Points: 45/45

Faculty/Teaching Assistant Initials: RH

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

Comments:

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

Week 6: 4g- you were able to identify why we were administering ibuprofen and Tylenol to the mother and how it would assist with her pain and swelling. RH

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

Objective																		
5. Collaborating professionally with members of the health care team, childbearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Make up	**Final**
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Demonstrate interest and enthusiasm in clinical activities.		NA	S	S	NA	S	S											
b. Evaluate own participation in clinical activities.		NA	S	S	NA	S	S											
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	S	S	NA	S	NA											
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	S	NA	S	NA											
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	NA	S	NA											
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA	NA	NA	NA	S	NA											

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

g. Consistently and appropriately post comments in clinical discussion groups.		NA	S	S	NA	S	S											
		RH	RH	RH	RH	RH												

Comments:

Week 2: Lactation comment- marked excellent in all areas. Hannah Alexander RN, CLC

Week 6: 5a- you showed great enthusiasm on clinical this week and the nurses commented on how nice it was to see students who were eager to learn. RH

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

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

h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		NA	S	S	NA	S	S											
i. Demonstrates growth in clinical judgment.		NA	S	S	NA	S	S											
		RH	RH	RH	RH	RH												

Comments:

6a: Some areas for improvement would be that I need to start asking more questions. I was sort of afraid to ask questions during the in-patient visits because I did not want to interrupt anything but if I don't ask then I will never know the answer to my question. I also would like to be more involved in the future. I tried to stay out of the way for this clinical but in the future, I will try to be more hands on in the clinical setting. It can be intimidating to get up close and personal with a new mom who is trying to have assistance breastfeeding. I think you made a great point that if you do not ask, you will not know, and it is better to ask and have an answer. It also may have been a question the mother wanted to ask but was afraid to. RH

Week 4 6a: This week's clinical went pretty well for me, I feel like I was super involved and made conversation with some students. I feel like during my hearing portion, some of them got a little confused because I went through the directions quickly so an improvement for me would be to take my time so I can get an accurate screening. I was finding myself repeating the directions because I had said them so fast the students didn't catch all of it. I will use this as a learning opportunity that I need to slow down and take my time to perform accurate assessments. This is a good goal! Slowing down may help them comprehend what to do better. RH

Week 6 6a: This week's clinical went good for me and I got to see a lot of new things. I was a little nervous to be hands on with the babies because I did not want to do anything wrong or possibly harm them. I was also nervous to ask the nurses questions because they seemed extremely busy. In the future, I will try to be more hands on. I just need to be confident in my skills and not be nervous to ask questions

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

because they were all in our shoes at one point too. Asking questions while the nurse is performing that task is the best time to ask so they can clarify or show you exactly what your question is asking them. They also may show you other related things in regard to your questions. RH

Week 7 6a: This week clinical went decently well. I feel like we could have been more prepared with additional activities for the kids after our activity was over with because they definitely got bored after we were done. I also did not really expect our activity to go as quickly as it did. Next time we will have additional activities planned in case we finish faster than expected or we will think of simple games to play to keep the kids entertained.

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

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

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

* Course Objectives

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

Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	

* Course Objectives

Comments:

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2024
Simulation Evaluations

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Simulation**												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/19	**Date: 9/23**	**Date: 10/3**	**Date: 10/7**	**Date: 10/17 & 10//18**	**Date: 10/24 & 10/31**	**Date: 11/4**	**Date: 11/5 & 11/6**	**Date: 11/15**	**Date: 11/19**	**Date: 11/22**	**Date: 11/22**	**Date:**
Evaluation	S	S											
Faculty Initials	RH	RH											
Remediation: Date/Evaluation/Initials	NA	NA											

* Course Objectives

Comments:

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Lawson, Shirley, Willis
GROUP #: 8
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/19/2024 0830-1000

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Patient identified. Mona CO abdominal pain and is questioned about it. VS obtained. FSBS. Mona CO being dizzy and lightheaded. BP assessed. Fundus assessed. Bleeding noticed. Notices low BP.
• Focused Observation:	E	**A**	D	B	
• Recognizing Deviations from Expected Patterns:	E	**A**	D	B	
• Information Seeking:	E	**A**	D	B	
INTERPRETING: (2, 4)*					Interpreted the need for urine sample and apply the fetal monitor. Fetal monitor strip interpreted- correctly identified accelerations. UA results interpreted. Interprets bleeding and boggy fundus. Interprets to be low. BP reassessed following medication administration.
• Prioritizing Data:	E	**A**	D	B	
• Making Sense of Data:	E	**A**	D	B	
RESPONDING: (1, 2, 3, 5) *					Asking good questions about contractions, when they began, how often, etc. VS obtained. Urine sample obtained and sent to lab. Fetal monitor applied. Patient assisted to left side. UA results received. Call to provider (remember to acquire background prior to phoning). Orders received for fluids, acetaminophen, Procardia. Orders received for fluid, acetaminophen, Procardia. Orders read back. Additional information acquired from patient regarding pregnancy history and prenatal care, PCP, pain rating. Acetaminophen prepared and administered, IV fluid initiated. Call back to provider with additional assessment information. Questions Procardia, alternative indication explained. Order for US to verify gestation received and read back. Procardia prepared, patient identified, medication administered. Pain reassessed with improvement. Education provided about gestational diabetes and foods to avoid.
• 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	

	Fundus immediately massaged while team initiates VS. O2 applied. Call to provider to report PPH. Order received for methylergonovine, order read back. Medication prepared. Call to provider with question about medication. Patient identified and medication administered. Patient reports improvement of symptoms. VS reassessed with improvement noticed.
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	**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: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy Reflecting: Evaluates and analyzes personal clinical performance with minimal

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	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: _____