

EVALUATION OF CLINICAL PERFORMANCE TOOL

Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Kylee Cheek

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

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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:	Absence: (Refer to Attendance Policy)			
	Date	Number of Hours	Comments	Make-up (/Date/Time)
Care Maps				
Patient/Family Education	8/22/2024	5	H&V Online Orientation	8/23/2024
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	Faculty's Name			Initials
Lasater Clinical Judgment Rubric	Kelly Ammanniti			KA
vSim	Monica Dunbar			MD
Simulation Scenarios	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 uterine rupture r/t VBAC	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.		NA	NA	S	S	NA	S											
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	NA	S											
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	S	NA	NA	S											
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	S	NA	NA	S											
e. Identify stage of growth and development (Erikson's Stages) (List Below and explain reason for choice)*		NA	NA	S	S	NA	S											
Clinical Location Age of patient		NA	NA	FR M C OB 20	Bo ys and Gir ls Clu b	NA	FR M C ER 73											
		BS	BS	BS	BS	BS												

Comments:

Week 4e). The stage of growth and development was the infant stage; trust vs. mistrust. During my time at this clinical there five babies that were born, so there were in their (trust vs. mistrust) infancy stage according to Erkison. BS

Week 4- 1a-c: You were able to assist with the care of your patient using appropriate communication and assessment techniques. You did well with asking questions to the nurse or myself when needed. You were able to follow the nurse and assess a mother while they were laboring until she gave birth. BS/RH

Week 5 E.) The stage of growth and development for this age group was school-age. So according to Erikson they are in their industry vs inferiority stage. This is the stage the children find their sense of worth and role. 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 7e.) For this weeks clinical none of my patients fit into Erikson stages. This was because of all of my patients in the ER were older than 45 years old.

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies: f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		NA	NA	S	NA	NA	NA											
g. Discuss prenatal influences on the pregnancy. Maternal		NA	NA	S	NA	NA	NA											
h. Identify the stage and progression of a woman in labor. Maternal		NA	NA	S	NA	NA	NA											
i. Discuss family bonding and phases of the puerperium. Maternal		NA	NA	S	NA	NA	NA											
j. Identify various resources available for children and the childbearing family.		NA	NA	S	S	NA	NA											
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		NA	NA	S	S	NA	S											
l. Respect the centrality of the patient/family as core members of the health team.		NA	NA	S	NA	NA	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.		NA	NA	S	S	NA	S											
b. Perform nursing measures safely using Standard precautions.		NA	NA	S	NA	NA	S											
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	S	NA	NA	S											
d. Practice/observe safe medication administration.		NA	NA	S	NA	NA	S											
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	NA	NA	NA	S											
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	NA	S	NA	NA	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)*		NA	NA	S	S	NA	S											
		BS	BS	BS	BS	BS												

Comments:

*End-of-Program Student Learning Outcomes

Week 4 G.) A social determinant of health my patient had was unemployment. Since my patient was unemployed this put her at risk being able financially support this baby. This should be taken into consideration with helping her find some resources that could help with getting her the right equipment. **Yes, she will definitely need resources, especially now! BS**

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 G.) A social determinant of health that I saw this clinical was hygiene. There were a few kids who I could tell had a harder time managing their personal hygiene than other children. This can be a problem when it comes to flu season and other sickness with stopping the spread. **Yes, good example, Kylee. 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 G.) A social determinant of health that I saw during this clinical was age. The patient who had come in was about 73 years old, and due to his age the fall he had come in for left him with two lacerations on the head and a small brain bleed.

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

Comments:

Week 4 D.) An issue that I observed that could be considered ethical would be having a VBAC. Since the patient had a previous birth only 14 months ago as a C-section, it started to raise concerns on how to move forward with the current pregnancy. **Yes, good one. This is going to be one busy momma! BS**

Week 5 D.) An ethical issue I observed at this clinical site was the staff having to cut back on their employees due to financial issues. I view this as an ethical issue due to the fact that these workers are trying to help these kids and provide them with a safe place. **Yes, this is a very beneficial place for those who utilize the club. I would find it very challenging to do this day to day, especially short-handed. BS**

Week 7 D.) An ethical issue I observed at this clinical site was whether or not they should put in pacemaker for a patient who is 25 years old. Since he just started to have syncope episodes and they hadn't figured out what was the cause of his passing out episode. They were going to discharge him, and right before he was discharged he went asystole. This caused an conversation between the staff on what would be the right call for someone his age and getting a pacemaker.

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Develop and implement a priority care map and/or plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	NA	S	NA	NA	NA											
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		NA	NA	S	NA	NA	NA											
c. Summarize witnessed examples of patient/family advocacy.		NA	NA	S	NA	NA	S											
d. Provide patient centered and developmentally appropriate teaching.		NA	NA	S	S	NA	S											
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	NA	S											
		BS	BS	BS	BS	BS												

Week 4- 4a- Nice work, you are satisfactory for your care map. BS 4b- You were able to watch the nurses document this week and assist with vitals while in the labor unit. 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: K. Cheek				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 abnormal observation and assessment findings based on your patient experience this week. Abnormal lab/diagnostic findings were also provided. Nice job reviewing and including pertinent risk factors related to your priority problem of risk for uterine rupture r/t VBAC.
	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	Five high priority nursing problems were identified. Risk for uterine rupture r/t VBAC was appropriately selected as the top priority problem. All relevant assessment data was highlighted pertinent to the priority problem. Two potential complications were identified, each supported with signs and symptoms to monitor for
	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)	2	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	2	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	Nursing interventions related to the top priority were listed. Interventions were appropriately prioritized. Each listed intervention included a frequency and most had rationales. All listed
	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	interventions were individualized and realistic to the patient situation. I would suggest to include monitoring VS during labor (prior to birth), fetal monitoring as labor progresses
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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	
Re fle cti ng	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Good job on your evaluation. A better, more specific way to phrase “anxiety lessened” would be “Patient states anxiety at x/10.”
	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

Total Points: 42/45 Satisfactory!

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

Comments:

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 cart related to your patient for your care map this week. BS/RH

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

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

Objective																		
6. Critique own strengths and areas for improvement modifying behaviors accordingly to achieve personal and professional goals. (7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Recognize areas for improvement and goals to meet these needs.(List Below)*		NA	NA	S	S	NA	S											
b. Accept responsibility for decisions and actions.		NA	NA	S	S	NA	S											
c. Demonstrate evidence of growth and self-confidence.		NA	NA	S	S	NA	S											
d. Demonstrate evidence of research in being prepared for clinical.		NA	NA	S	S	NA	S											
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	NA	S	S	NA	S											
f. Describe initiatives in seeking out new learning experiences.		NA	NA	S	S	NA	S											
g. Demonstrate ability to organize time effectively.		NA	NA	S	S	NA	S											
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"-attitude, commitment, and enthusiasm during all clinical interactions.		NA	NA	S	S	NA	S											
i. Demonstrate growth in clinical judgment.		NA	NA	S	S	NA	S											
		BS	BS	BS	BS	BS												

Comments:

*End-of-Program Student Learning Outcomes

Week 4 A.) An area of improvement I have would be to get a better understanding of the medications. I will do this by reviewing over our medication list before my next OB clinical. This will help me understand more as to how these drugs are used in real life situations. **Good idea. Repeated exposure will help you to retain information. BS**

Week 4- 6f: you were very willing to be put in a situation that made you uncomfortable or a situation you were unfamiliar with so you could learn, this was much appreciated by me and the nurses commented on how nice it was to have students who were willing to learn. BS/RH

Week 5 A.) An area for improvement would be making sure to do an activity where all the kids can make and do their own project. Since the kids were all so eager to try this activity it started a few arguments, which could have been avoided with each student having their own separate project. For the next clinicals I will make sure to collaborate with my team members and come up with a more effective plan and activity. **It can be difficult trying to maintain control in an environment like this, but you guys did a nice job. 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 7 A.) An area for improvement would be making sure to stay busy. This clinical was different from other clinicals I have been to. Since my nurse only had 2 patients there was not a lot for me to do during the time being. I was able to see other procedures on other patients, but other than that I felt like I was standing around a lot. So next clinical experience I will make sure to keep asking if they have any tasks for me to do.

***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 (*1, 2, 3, 4, 5, 6)	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 Thermometer (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditation (*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	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: 9/19
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): 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) *				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
●	Focused Observation:	E	A D	
	B			

● Recognizing Deviations from Expected Patterns: E A D B ● Information Seeking: E A D B	
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

B	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

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME:

OBSERVATION DATE/TIME:

REFLECTING: (6)*

You reflected on many aspects of your time wearing the

● Evaluation/Self-Analysis: E A D B	empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.
● Commitment to Improvement: E A D B	Great job.
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. BS

*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): Baum (M), Cheek (A), Hernandez (C)

GROUP #: 5

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/26/24 1330-1500

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
NOTICING: (Link to Course Objectives) *					Introduce self. Identify patient name/DOB Pain assessment: rating, location, timeframe, description Obtain vitals Ask about contractions. Frequency, duration, strength. Feel fundus during contraction Assess legs for edema and cap refill Ask questions about pregnancy including prenatal care, diet, gestational diabetes Obtain cervical exam prior to nubain administration Reassess pain after nubain administration. Reassess vitals. Reassess cervical exam Assess emotional state of patient based on stage of labor Immediately following labor, check fundus and bleeding. Fundus is firm APGAR 1 min: cry, tone, color, heart rate, respirations. Total: 9
INTERPRETING: (Link to Course Objectives) *					Interpret fetal monitor as early decelerations (actually accelerations). After discussion with healthcare provider identify correctly as accelerations. Interpret vitals as WDL Identify change on fetal monitor to decelerations and is caused by head compression. Identify stage of labor based on second cervical exam
RESPONDING: (Link to Course Objectives) *					Discussion of pain management options other than epidural Turn patient to left side Education provided to mom about epidural and how it can still be an option if patient wants.

B ● Well-Planned Intervention/ Flexibility: E A D B ● Being Skillful: E A D B	Call healthcare provider. Good SBAR. Discuss nubain administration and fetal monitor. Medication administration: nubain- see if patient has questions, provide education on medication, check allergies, scan pt and medication, check name/DOB, verify correct dose, correct needle size used, needle safety engaged. Make sure needle is inserted to the hub rather than only halfway. Educate patient on NPO/ice chips only. Medication administration: PCN- explain this is for GBS+ status, check name/DOB, check allergies, scan medication, hang secondary bag above primary bag, cleaned hub prior to hooking up secondary tubing, program pump correctly. Call healthcare provider for update on labor. Good SBAR. Education provided to mom about medications that will be administered to baby. Education provided about Hepatitis B vaccine in the hospital. Call healthcare provider informing patient is ready to deliver Encourage deep breathing Call for help, McRoberts position, suprapubic pressure, remove posterior arm, rotational maneuvers, roll to hands and knees, evaluate episiotomy Immediately dry baby, wrap baby up, place on warmer, put hat on baby Medication administration: vitamin K- correct technique drawing up medication, use of actual IM needle but would not want to use that on newborn as needle is too long (should use subcutaneous needle but still do IM injection), verify baby and mom bands, use of needle safety. Educate on thermoregulation of baby.
REFLECTING: (Link to Course Objectives) *	Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss

● Evaluation/Self-Analysis: E A D B ● Commitment to Improvement: E A D B	for infant. Team remediated on correct needle size for IM injection on infant. Team discussed all interventions done and education provided to mom during simulation. Team reflected well on their performance.
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. 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)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)* 5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)* 6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)*	You are satisfactory for this scenario! RH Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success. Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Is hesitant or ineffective in using nursing skills. 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: _____