

SEVALUATION 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
8/30/2024	Risk for impaired parenting	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:	N/A	S	N/A	N/A	S	S	S											
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.	N/A	S	N/A	N/A	S	S	S											
b. Provide care using developmentally appropriate communication.	N/A	S	N/A	N/A	S	S	S											
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.	N/A	S	N/A	N/A	S	S	S											
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)	N/A	S	N/A	N/A	N/A	S	S											
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*	N/A	S	N/A	N/A	S	S	S											
Clinical Location Age of patient	N/A	Fisher Titus, ER	No Clinical	No clinical, Screening	Hearing and Vision Screening	Fisher Titus ER												
		BS	BS	BS	BS	BS												

Comments:

Week 2E: The patient was in stage one, trust vs mistrust. I chose this stage because this is where the infant is dependent on the mother for everything that they need. When you give them the things that they need they form trust in knowing their needs will be met. **Yes, nice job! BS**

Week 2- 1 b, c, d: **Used great communication with caregiver while doing assessment on baby this week. Was calm and able to answer questions that were being asked. You were able to identify some safety risks the patient had in going home (lack of safety items for care of baby). We had discussions of options to provide to the mother when she arrived such as where baby could sleep if there was no crib available. RH/BS**

Week5E: This week the stage of development I saw was initiative vs guilt. The children were in the first grade and they seemed very eager to do the hearing and vision screenings and some of the kids came in saying they know what to do without us having to tell them. They showed a lot of initiative by doing this and some got upset when they felt they did anything wrong. This shows the guilt side of this stage. **Good explanation, Essence. BS**

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 first graders this week. You asked appropriate questions and communicated with the students utilizing your knowledge in growth and development. KA**

Week 6-2E: This week the stage of development that I was generativity vs stagnation. This is ages 40 to 65. One of the patients I cared for was 65 and she talked about her daughter a lot. I think this is a good example of generativity because her having and raising her daughter was a way that she was making her mark on the world and contributing to the next generation. **Good example! BS**

Week 6- 1a- **Nice job describing one of the patients you cared for at the FTMC ER and the care you provided to them. BS**

Week 7- 2E: this week the stage of development I saw was trust vs mistrust. I think that this was really tested for the infant I cared for this week because of the situation with her mother. Being cared for and protected by the parents promotes trust but when things happen and the parent is not caring for the infant and protecting them and meeting their needs mistrust is promoted instead.

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

Comments:

Week 2- 1j: you were able to provide community resources to the mother upon discharge of baby including help me grow and the options for WIC. 1l: You treated the caregiver with respect and offered as much information as we legally could to them, since they were not biological mother or father. RH/BS

Week 5 – 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- 1k- You did a nice job discussing some potential cultural implications that should be considered when planning care for patients. BS

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

Comments:

Week 2G: A social determinant of health that I noticed for my patient would be housing. This could influence patient care because if they are living in an inadequate living environment they could not be getting things they need and in turn end up sick and not able to get care. **BS**

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

Week 2- 2b: use of standard precautions when handling baby. 2c: You did well with your newborn assessment and asked for assistance when needed, but you were able to do most of it on your own. Good job! RH/BS

Week 5- 2g- You received a U in this competency for not leaving a response, which is required every week you have a clinical experience. Please comment below as to how you will prevent this in the future. BS

Week 5-2g : I understand that I received a U for this competency because I did not leave a response. I will prevent this from happening in the future by remembering that I must answer every yellow competency question every week that I have any clinical experience. BS

Week 6-2G: A social determinant of health that I noticed for a patient this week would be the support system because she had a neighbor that came over to help her husband when she got injured. This shows that she has a support system and can be very beneficial to her when it comes to receiving the care she needs because she has someone else to help her if her husband just so happens to not be there when something happens. Good example. This is a very common issue for the elderly. BS

Week 7-2G: A social determinant of health that I noticed this week was mental health because the patient had a long history of mental health issues and this can affect whether or not a person seeks care for health issues because of the fact that some mental illnesses make it to where people cannot function properly to do anything to care for themselves or go get help that they may need to care for themselves.

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

Comments:

Week 2D: an ethical issue that I noticed was them deciding to get social work and CPS involved with the infant due to the mother having very little prenatal care and using drugs and tobacco during her pregnancy as well as her leaving the baby in the hospital just a few hours after being born. The nurses talked about getting them involved due to the situation but not wanting to upset the mom to where the situation is escalated, and anyone could end up being harmed. I think that the situation was handled very well. They were able to get social work involved and social work was able to educate the caregiver. **This is one of the uncomfortable situations we can get into in the nursing profession. It sounds like it was handled well. BS**

Week 2- 3b: You did well with not providing information to caregiver that was protected by HIPAA. This was a difficult situation and we could only say so much to the caregiver as they were not the legal guardian. RH/BS

Week 5- 3d- You received a U in this competency for not leaving a response, which is required every week you have a clinical experience. If you have a clinical where you don't feel you actually witnessed a legal/ethical issue, discuss one that could come up in that particular situation. Please comment below as to how you will prevent this in the future. BS

Week 5-3d: I understand that I received a U for this competency because I did not leave a response. I will prevent this from happening in the future by remembering that every yellow competency questions every week that I have clinical. I will also discuss legal/ethical issues that could have happened in the situation if I feel that I didn't witness any during my clinical experience going forward. BS

Week 6- 3D: I did not witness any legal or ethical issues but an example of one that could have come up in this situation is a patient refusing care that would really be beneficial for them to have. This is an issue because we know that they really need the care, but they also have the right to refuse anything that they don't want to do from there you have to figure out how to handle the situation going forward in a way that helps them patient and also doesn't cause any further legal or ethical issues. **Yes, another good issue. Some people are dead set against certain treatments or interventions, even things that could save their lives, not realizing that some issues are easily resolved with certain interventions. BS**

Week 7-3D: A legal or ethical issue that I witnessed this week was use of drugs during pregnancy. The baby I cared for this week was a NAS baby and the mother had been on 4-5 different drugs during her pregnancy until she found out she was pregnant at 32 weeks. I think this is an ethical issue because she was not intentionally taking drugs during most of her pregnancy. She did not know she was pregnant and once she found out she immediately stopped and wanted to detox. I think this shows that had she known she was pregnant she would not have used during pregnancy but there also is the side where even though she did not know she was pregnant if she were never doing the drugs in the beginning, she would not have a baby with NAS.

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

Week 2- 4a- Great job utilizing the nursing process and your clinical judgment to develop and implement a priority care map for your newborn patient. BS

Week 2- 4b, c, d: We did paper charting for this clinical and your charting was well done. We had a lot of patient advocacy issues with this patient and you got to witness and participate in a social services consult, and child protective services investigation prior to the discharge of your patient. You were able to maintain a professional attitude while interacting with caregiver and mother as well. RH/BS

Week 5 – 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. 4d – You did a nice job educating the first graders 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- 4a- Great job listing some priority nursing interventions that were performed for your patient in the FTMC ER. BS

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

Student Name: S. Byrd		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 2							
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 impaired parenting.
	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	Several high-priority nursing problems were identified. Risk for impaired parenting was appropriately selected as the top priority problem. All relevant assessment data was highlighted pertinent to the priority problem. Three 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)	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	Nursing interventions related to the top priority were listed. Interventions were appropriately prioritized. Each listed intervention included a frequency with rationales. All listed interventions were individualized and realistic to the patient situation.
	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	An evaluation of abnormal findings was provided along with a determination to continue the plan of care.
	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: Essence, great work with your care map related to risk for impaired parenting. See comments provided throughout the rubric. Let me know if you have any questions. Keep up the hard work! BS

(Please know the correct way to cite your source would be (Doenges, Moorhouse, & Murr 2022)

Total Points: 45/45

Faculty/Teaching Assistant Initials: BS

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

Comments:

Week 2- 4i: you were able to chart and identify when the baby was eating per the caregivers charting and we could relate this to the RN.

Week 6- 4f, g, h- You were able to discuss some diagnostic procedures and medications involved in the care of your ER patient. BS

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

Comments:

Week 2- 5a: Though we had a low census for the day, you were enthusiastic and eager to assess and care for the newborn. 5d, e: paper charting was reviewed and done correctly per your assessment. You also were able to navigate the EHR when looking for additional information about your patient. RH/BS
 Week 5- 5g- You received a U in this competency for not having a reference and in-text citation for your CDG this week. Please respond below regarding how you will prevent this in the future. BS

Week 5-5g: I understand that I received a U for this competency because I did not have a reference or use an intext citation. I will prevent this from happening in the future by making sure that I double check my post before submitting it to make sure that I have an intext citation and a reference for all of my CDG post from here on. **BS**

Week 6- 5a- You were able to learn about a new way of disposing of narcotic medications during your time in the FTMC ER. Good job! 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)*	N/A	S	N/A	N/A	S	S	S											
b. Accept responsibility for decisions and actions.	N/A	S	N/A	N/A	S	S	S											
c. Demonstrate evidence of growth and self-confidence.	N/A	S	N/A	N/A	S	S	S											
d. Demonstrate evidence of research in being prepared for clinical.	N/A	S	N/A	N/A	S	S	S											
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.	N/A	S	N/A	N/A	S	S	S											
f. Describe initiatives in seeking out new learning experiences.	N/A	S	N/A	N/A	S	S	S											
g. Demonstrate ability to organize time effectively.	N/A	S	N/A	N/A	S	S	S											
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.	N/A	S	N/A	N/A	S	S	S											
i. Demonstrates growth in clinical judgment.	N/A	S	N/A	N/A	S	S	S											
		BS	BS	BS	BS	BS												

Comments:

Week 2A: I think that I can improve by being more confident in my abilities going into clinical and not starting out so shy at the beginning of the day. I will work to improve this going forward by saying positive affirmations before clinical and working to improve my confidence and decrease my anxiety before clinical. **This will come with practice. Soon you won't think twice about being around and interacting with your patients. BS**

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

Week 5A: I think I could improve by learning to be a little more patient . I had a situation where a student refused the hearing test and I kind of caught myself getting a little flustered and frustrated that no matter how much I tried to convince the student they kept telling me no. I can improve this going forward by taking a breath and remembering that they are children and they don't fully understand why they need the screening and telling myself they are not just saying no to be difficult intentionally. **Good realization, Essence. Interacting with children can be frustrating, but as you mention, we must remember that we may be dealing with someone who doesn't understand what we are saying/asking. BS**

Week 6- 6A: I think that I could improve by not passing judgement on people. I did catch myself passing judgement toward one of the patients due to her appearance. I will improve this going forward by remembering that I never know anyone else's situation outside of the hospital setting and I should never pass judgment because I don't know what they may be going through or dealing with outside of the hospital and I wouldn't want anyone passing judgment on me the way that I did to that patient. **Great realization, Essence. It can be easy to judge some people, but as you mention, often times we do not get the whole picture or understand the details that influence some people's behavior. It's best to keep an open mind. BS**

Week 7-6A: I think that I could improve by taking more initiative. I found that I was kind of standing waiting to be told what to do more this week instead of just taking the initiative to do things. I can improve this going forward by remembering that I do not have to ask to do things. I know what I can and cannot do as a student nurse so I will take the initiative to do the things that I know need to be done that I know I can do without having to be told first.

***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	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:
Evaluation	S	S	S										
Faculty Initials	BS	BS	BS										
Remediation: Date/Evaluation/Initials	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): **Byrd, Harper**

GROUP #: **3**

SCENARIO: **Pregnancy and PPH**

OBSERVATION DATE/TIME(S): **9/12/2024 1000-1130**

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Mona CO pain at 5/10. Patient identified. VS. Begins assessment. FSBS 200.</p> <p>Mona CO feeling dizzy and lightheaded. Noticed HR. Notice abnormal bleeding. Notice boggy uterus.</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 to apply fetal monitor. Fetal monitor interpreted. UA interpreted. FSBS 200, interpreted ab above normal.</p> <p>HR interpreted as elevated. Interpreted the need for fundal massage. Noticed lower respiratory rate and the need to sit-up. Fundus reassessed.</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>Inquires about typical dietary choices. Urine sent to lab. Fetal monitor applied. Leopold's maneuver performed to determine fetal position. Patient repositioned to left side. Call to provider, report provided. Mona informs of the lack of prenatal car. US + for glucose, nitrates, leukocytes, THC.</p> <p>Orders received for acetaminophen, Procardia, fluids, US to verify dates. Orders read back. Medications and fluid prepared, patient identified. Fluids initiated and medications administered. Medication and dietary education provided to patient.</p> <p>Fundus immediately massaged when boggy uterus assessed. Good job remaining calm. Call to provider to report new findings. Peri-pad weighed- 600 g. Order received for methylergonovine, prepared and administered. Patient repositioned. Fundus reassessed to be firm.</p>

<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the importance of SBAR communication when calling the provider, and gathering information prior to. Discussed that it is ok to ask for help or offer help to team members. Forgot to mention this in debriefing but good job providing patient education.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In simple, common, or familiar situations, is able to compare the patient’s data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments 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>

<p>5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</p> <p>*Course Objectives</p>	
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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Byrd (A), Harper (M)

GROUP #: 3

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/26/24 1000-1130

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
NOTICING: (Link to Course Objectives) *						
• Focused Observation:	E	A	D	B		Introduce self. Identify name/DOB
• Recognizing Deviations from Expected Patterns:	E	A	D	B		Pain assessment: rating, description, location.
• Information Seeking:	E	A	D	B		Obtain vitals
						Perform sterile vaginal exam.
						Begins head to toe assessment. Asks about gestational age, medical history, weight gain
						Reassess mom after pain medication administration.
						APGAR 1 minute: heart rate (133), respiratory rate (43), cry, movement, color. Total: 9
						Perform newborn assessment including reflexes

					<p>APGAR 5 minute: 9</p> <p>Delayed mom assessment after delivery- does not assess fundus</p>
<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 as accelerations and connects that to baby wellbeing</p> <p>Interpret immediate delivery</p> <p>Identify all forms of thermoregulation for baby</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 relief techniques (deep breathing, position changes, pain medications) and techniques to progress labor.</p> <p>Educate on pain medication and how it is safe for baby.</p> <p>Educate that increased monitoring for mom and baby after administration</p> <p>Medication administration: nubain- ask name/DOB, scan patient and medication, use of subcutaneous needle rather than IM needle, correct IM technique, use of needle safety.</p> <p>Medication administration: PCN- did all checks at same time as nubain. Hung secondary bag below primary bag rather than primary bag below the secondary bag. *timeout for assistance, faculty assistance with correct placement of primary and secondary bags for proper flow*, program pump correctly.</p> <p>Education provided to patient in regards to shoulder dystocia prior to delivery to prepare mother.</p> <p>Call healthcare provider. SBAR organized but slow</p> <p>Call for help, McRoberts, suprapubic pressure, roll to hands and knees, evaluate for episiotomy, rotational maneuvers,</p>

	<p>remove posterior arm</p> <p>Immediately dry baby off and wrap in blanket, place baby under the warmer, put hat on baby</p> <p>Medication administration: erythromycin ointment (educate mom on what is for), vitamin K (educate mom on what vitamin K is for and why important to administer. Vitamin k admin: correct dose, correct needle, use of needle safety. Apply ointment to baby's eyes</p> <p>Offer skin to skin with baby/mother</p> <p>Call healthcare provider to update on delivery. SBAR used, organized</p> <p>Education provided to mom of expectation of bleeding and when to report to healthcare provider</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 IV pump and IV fluids and how to hang correctly. Identified all types of thermoregulation. Used good SBAR while calling healthcare provider.</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>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. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</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</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)* 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)* 	<p>rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. 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: _____