

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024**

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U” the following week. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.**

METHODS OF EVALUATION:

- Care Maps
- Patient/Family Education
- Preparedness for Clinical/Clinical Performance
- Online Clinical Discussion Groups
- Administration of Medications
- Nursing Skills Completion of Clinical Performance Tool
- Written Reports of Clinical Experiences
- Documentation
- Conferences with the Faculty
- Lasater Clinical Judgment Rubric
- vSim
- Simulation Scenarios

Absence: (Refer to Attendance Policy)

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

Faculty’s Name	Initials
Kelly Ammanniti	KA
Monica Dunbar	MD
Rachel Haynes	RH
Brian Seitz	BS

7/18/24 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe; accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded “U.” A “U” in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the “U”, the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available

Grey shaded weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.

SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
8/28/24	Impaired Parenting	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	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:		S	N/A	N/A	N/A	N/A	S											
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	N/A	N/A	N/A	N/A	S											
b. Provide care using developmentally appropriate communication.		S	N/A	N/A	S	N/A	S											
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	N/A	N/A	N/A	N/A	S											
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	N/A	N/A	N/A	N/A	S											
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	N/A	N/A	S	N/A	N/A											
Clinical Location Age of patient		FT OB, N/A	No clinical	No clinical	Boys and girls club	No clinical	FRMC L&D											
		RH	MD	MD	MD	MD												

Comments:

Week 2: (1E) My patient is in the trust vs. mistrust stage. As a brand new infant, they rely on someone to care for them, otherwise without someone to feed, bathe, change them and provide safety a baby would die. An infant has no means to care for themselves, and initially the one who cares for them is the one they bond with. In my patient's case I worry based on comments made that this child may now grow to feel safe, or always be cared for properly. I feel this baby may grow to have mistrust. This could greatly affect this child in the future. **Great job! RH**

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

Week 5 (1e); The stage of development that we saw for the majority was school aged, industry vs. inferiority. In this stage children are learning to interact with society. The kids are getting a chance in an environment that is not as structured as school, but with some structure to learn how to interact with others. Great job! MD

Week 5- 1b- Nice job adjusting your communication techniques to provide developmentally appropriate communication to the various age groups at the Boys and Girls Club. 1e- You were able to discuss some of the differences you noticed while working with children of various ages at the Boys and Girls Club. BS

Week 7 (1e) – I only monitored mom during this clinical, and left right after the baby was born.

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

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

Objective																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children encompassing cultural sensitivity and diversity. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Engage in discussions of evidenced-based nursing practice.		S	N/A	N/A	N/A	N/A	S											
b. Perform nursing measures safely using Standard precautions.		S	N/A	N/A	N/A	N/A	S											
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	N/A	N/A	N/A	N/A	S											
d. Practice/observe safe medication administration.		N/A	N/A	N/A	N/A	N/A	N/A											
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		N/A	N/A	N/A	N/A	N/A	N/A											
f. Utilize information obtained from patients/families as a basis for decision-making.		S	N/A	N/A	N/A	N/A	S											
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*		S	N/A	N/A	S	N/A	S											
		RH	MD	MD	MD	MD												

Comments:

Week 2, (2G) : The baby that I was assigned to mother had left 4 hours after delivering, leaving the child with the support person at the hospital. Mother had also stated that she had no clothing, car seat, or crib for baby. Mother knew she was pregnant but also did not seek prenatal care. Not having the appropriate items needed to care for the baby is a safety concern for this baby. CPS did visit the home and felt the home was suitable for the baby to go home. Lack of preparation from the mother is concerning. **This was the main talking point of our clinical day because it is a huge safety concern for the baby. Good job. RH**

***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. RH

Week 5 2G: I was unsure if are to address this area with the boys and girls club clinical, but I feel there could be some social determinants of health for some of the children. Especially for the ones that had not been picked up. I am not sure if this could be a regular situation for certain children, but parents or guardians frequently not picking up children timely could make them feel they are not important. I am not aware of the circumstances, but I hope it was an isolated incident. I hope it is too! Children should feel like they are always important and a priority! MD

Week 5- 2g- You did a nice job discussing two social determinants of health that could affect the children at the Boys and Girls Club. BS

Week 7 (2g)- Social determinants of health for this mom were that she was young in general. The mother also had poor living conditions and was without utilities from time to time. This mother also did not have custody of another child at this time. This patient often lacked transportation to get to the hospital calling EMS to transport. This mother also had a history of substance abuse. During labor there seemed to have been many people coming from all over to try to come for the delivery but nobody seemed to be there prior when needed. The mom had a grandmother that she had lived with prior, but the grandmother had passed away. The grandmother was the one who helped this young mother stay on a good path and without the grandmother this young mother seems to be struggling.

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

Comments:

Week 2, (3A) : The ethical issue on my day at fisher titus was if a baby should be permitted to leave with mother just 24 hours after birth. All this after the mother had stated she had no car seat, clothes, or safe place for baby to sleep. Essentially the child did discharge just 24 hours after delivery, after social work was involved with concerns as well as CPS. **Thankfully CPS did a visit that day to ensure the mother did have the items for the baby prior to letting the hospital discharge the infant. RH**

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

Week 5 (3d): Some ethical/legal issues with the boys and girls club was the lack of assistance. Their funding had been cut significantly, but with the amount of help that the program had I felt was inadequate. That was a lot of kids, with a lot of energy I think they would benefit from more assistance with the program. **That definitely is a big ethical issue. Especially in terms of safety. MD**

Week 7 (3d)- Some legal issues are that this mother currently did not have custody of another child and CPS was involved with this case. This mother did have a history of drug use of methadone, but as of recent just had use of THC. This could have been harmful to this baby. CPS will investigate to determine if the baby can safely go home with the mother.

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)		S	N/A	N/A	N/A	N/A	N/A											
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		N/A S	N/A	N/A	N/A	N/A	N/A											
c. Summarize witnessed examples of patient/family advocacy.		S	N/A	N/A	N/A	N/A	S											
d. Provide patient centered and developmentally appropriate teaching.		S	N/A	N/A	N/A S	N/A	S											
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											
		RH	MD	MD	MD	MD												

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

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

Student Name: Lynnette		Course Objective:					
Date or Clinical Week: MCN 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	All criteria met. RH
	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	All criteria met. RH
	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	All criteria met. RH
	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	

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	All criteria met. RH
	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:

Total Points: 45/45

Faculty/Teaching Assistant Initials: RH

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

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

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

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

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

Boys and Girls Club Objective 5G-Great job with your CDG! You met all of the requirements for a satisfactory CDG! One thing to keep in mind is your in-text citation should be (Linnard-Palmer & Coats, 2021) If you have questions please reach out. MD

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

Comments:

Week 2 (6a): Area for improvement is auscultating newborn heart rate for 1 minute. I could do this by practicing in the lab when time is available. **We are always willing to open the lab if you request it! RH**

Week 5 (6a): areas for improvement, communicating with different age groups of children. Some require, instruction in different ways. I can review communication with different stages of growth and development and the best way for communicating with different age groups. **Great! MD**

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

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

Week 7(6a)- Areas for improvement, feeling more comfortable interacting with the mom in labor and not just going in with the nurse that was in charge of the patient. I could have interacted a little bit more. I think just not feeling confident in answering questions related to delivery is what kept me from going in alone. I will just continue to review content to feel more comfortable answering questions with correct response.

***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: 9/24
Evaluation	S	S											S
Faculty Initials	MD	MD											MD
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): **Knupke M, Pulizzi C, Swinehart A**

GROUP #: **10**

SCENARIO: **Pregnancy and PPH**

OBSERVATION DATE/TIME(S): **9/19/2024 1200-1330**

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>Assessment begins with VS. FSBS- 200. Patient CO feeling dizzy and lightheaded. Notices bleeding. Notices BP improving following methylergonovine.</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 need for fetal monitor. Interpreted need for FSBS. FSBS 200- interpreted as high. Fetal strip interpreted- accelerations. Prioritized assisting patient to left side. Prioritized BP when patient CO dizziness, interpreted as low. Prioritized the need for fundal massage. Notices fundus firming after methylergonovine.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Urine sample collected and sent to lab. Call to lab for UA results. Fetal monitor applied. Patient questioned about pregnancy history. FSBS obtained. Patient assisted to left side. Call to HCP with report (great job). Orders received for fluids, acetaminophen, Procardia, US to verify dates. Orders read back. Call to imaging regarding US. IV fluid initiated. Patient identified. Call to pharmacy to question indication for Procardia, explanation provided. Medications prepared, patient identified, allergies verified, medications administered. US confirmed 33 weeks gestation. Dietary education, THC cessation, support groups, and the importance of prenatal care discussed. BP assessed to be low. Bleeding discovered, fundus immediately massaged. Call to HCP to report PPH and request orders. Order received for methylergonovine. Medication prepared and administered appropriately. Mona's symptoms reassessed following medication administration. Patient education provided. Call to HCP to report resolution of symptoms and bleeding.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B 						<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did very well with each. Good use of resources when calling pharmacy regarding the actions of</p>

<ul style="list-style-type: none"> • Commitment to Improvement: E A D B 	<p>Procardia. Great job also with SBAR communication when phoning physician. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate 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)* <p>*Course Objectives</p>	<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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment 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: Focuses on the most relevant and important data useful for explaining the patient’s condition In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: 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 Shows mastery of necessary nursing skills</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses</p>

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME:

OBSERVATION DATE/TIME:

<p>REFLECTING: (6)*</p> <ul style="list-style-type: none">• Evaluation/Self-Analysis: E A D B• Commitment to Improvement: E A D B	<p>You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.</p> <p>Great job.</p> <p>I enjoyed seeing your pregnancy photo!</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p>Simulation Objectives:</p> <ol style="list-style-type: none">1. Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)*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)* <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>Comments</p> <p>You are satisfactory for this simulation.</p>

*Course Objectives

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: _____