EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Savannah Willis

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

7/18/24 KA

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

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	Labor Pain	S/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: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	N/A	N/A	S	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	S	S NI	N/A	S											
Clinical Location Age of patient		FTMC OB	None	Empathy Belly	B&G Club	None	LC/FRMC OB – 1 day											
		RH	MD	MD	MD	MD												

Comments:

Week 2 1e: My patient was in the middle age stage of growth an development and caring for her family. She was going to be getting married and having her second child which in this hospital stay. This is the correct growth and development stage, but remember we want Erikson's stages such as trust v. mistrust, or in your patients case generativity v. stagnation. RH
Week 2: 1a, b, c: You did well this week while caring for your laboring patient. She was very anxious and you as well as the nurse were able to assist her to relax a little more and assist with pain control per her birth plan. RH

*End-of-Program Student Learning Outcomes

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Week 4 1e: I am 20 years old and therefore in early adulthood. I am not thinking about children and currently working on preparing a foundation for myself before I add others in. This assessment was not required for the empathy belly but I do appreciate your information. MD

Week 5 1e: I was at the boys and girls club where I worked with play age and school aged children because I was working with kindergarten through 6th grade with ages of 5-11. This is a correct age range, however, we need Erikson's stages. Please provide the accurate stage for this group. 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 - I took care of a 1 day old infant in the OB department this week and they were in the infancy stage of life with a conflict of trust or mistrust. They determine trust in caregivers based on if that person meets their needs and gives them attention.

*End-of-Program Student Learning Outcomes

Objective

1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*

Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies: f. Describe psychological changes in response to the expectant mother's pregnancy. **Maternal**		S	N/A	N/A	N/A	N/A	S											
g. Discuss prenatal influences on the pregnancy. **Maternal**		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	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	S											
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: 1g, h, k: we discussed the previous pregnancy of your patient and how it was different and that was contributing to some of her anxiety. We also discussed how it is different having a child at different stages in life. You were able to discuss the progression of your patient's labor with the RN caring for her. RH

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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	S	N/A	S											
b. Perform nursing measures safely using Standard precautions.		S	N/A	N/A	S	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.		S	N/A	N/A	N/A	N/A	S											
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		S	N/A	N/A	N/A	N/A	S											
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	S	S	N/A	S											
		RH	MD	MD	MD	MD												

Comments:

Week 2 2g: My patient's primary social determinant of health was the community she had around her. She was not extremely close with her parents, and they were not in the same state so they could not come to see her, so she mainly relied on her fiancé's family. She was close to his mother, but I could tell that she wanted her own mom. Not having your ideal community around you can be difficult but she was happy to be able to get family support in other ways. I can imagine this being difficult, but it is still good that she had some familial support from her fiancée's family. RH

Week 2: 2d, e: you were able to witness the nurse administering medication to the patient and did some medication math to ensure the dose was correct. RH

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Week 4 2g: My social determinants of health would include not having an adequate support system to assist me with the empathy belly. I did not have anyone to help with chores or daily tasks and had this been real I would have been more fatigued and stressed out. Absolutely! It is so important to have a support person! MD

 Week 5 2g: As I touched on in my CDG, I noticed issues with the children's financial stability, their community, and the education. I noticed some of them were cognitively behind, many of them stated how the Boys and Girls Club was their main source of food after school, some of them stated how they don't get to see their parents as much during school due to school, the club, and their parents jobs which means at home they may not have the most ideal or supportive situation. This is such an important SDOH. 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: This week I was working with the mother of the infant I was caring for and discovered that the father of the baby was currently in jail and will most likely not have rights to the infant. This can cause a lot of stress to the mother especially because she has 3 other children to care for. She was now living with one income and moved in with friends who were helping take care of her other children. Due to these circumstances, I had determined that her main social determinants of health had been community and income. The mother was provided with several resources to help her transition to home life easier and hopefully be more successful.

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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	S	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	S	N/A	S											
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		S	N/A	S	S	N/A	S											
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		S	N/A	S	S	N/A	S											
		RH	MD	MD	MD	MD												

Comments:

In the afternoon my patients water broke and they rushed her to the labor ward. When the nurse was stripping her room she found an empty Twisted Tea can which is alcohol. It was against the hospital policy to bring in alcohol and posed a dilemma for the RN assigned to that nurse. The RN spoke to the patient and their visitors but I was told to stay out of the room for privacy and fear of escalation. This can be a case of the mom challenging nonmaleficence if she was the one to consume the alcohol. Alcohol has the potential to harm the fetus and therefore is advised to be avoided during pregnancy. Though this would have been a good experience to witness, the nurse is correct that it could escalate quickly and the less people in the room, the better. RH

Week 4 3d: In regards to ethics surrounding the empathy belly, it may be seen as offensive to pretend to be pregnant in public. This could be seen as deceiving others and is highly frowned upon in most cultures. However, this clinical provides you with the feeling of being pregnant to assist in knowing what patients go through so the gain is better than the loss. I agree! MD

Week 5 3d: I felt a slight ethical dilemma in the beginning of the clinical when I noticed a lot of parents were dropping off their children and leaving immediately without waiting to know if their child made it inside safely. That is definitely a huge issue. What if something happened to the child? MD

Week 7 3d: This week I learned that the FRMC OB department has scheduled times for visitation and does not allow the visitors to swap places or go in and out of the room. There was a mother on the floor who had a lot of people there to support her and they wanted to go in and out of the room but due to the strict visitation times and limits they could not do this. This resulted in a distressed mother who was getting upset and a distressed family waiting outside who took every opportunity to try to get into the OB department, even attempting to get workers such as housekeeping and dietary to let them in. This type of strict visitation can be seen as a dilemma because some visitors may be coming from very far away and they often get turned away. However, this is a great way to monitor who is in the department and keep excess traffic to a minimum, while keeping the rooms comfortable regarding space and a safe work environment.

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Objective																		

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	N/A	N/A	N/A	N/A	S											
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	S	N/A	S											
e. Analyze the involved pathophysiology of the patient's disease process. **(noticing, interpreting, responding)**		S	N/A	N/A	N/A	N/A	S											
		RH	MD	MD	MD	MD												

Week 2: 4d: education on options for mom to progress labor were discussed with you and her nurse. This included walking the hallways or sitting on a bosu ball to encourage labor to progress. RH

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

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Student Name:	Savannah Willis				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	Great assessment details!
	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	There is no goal statement on the care map

Potential complications and s/sx: super detailed, great job! |
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	0	
	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	Good attention to detail regarding personalization of interventions to patient
	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	

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	Criteria	3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	Complete			Not complete	3	

Reference

An in-text citation and reference are required.

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

The care map will be graded "unsatisfactory" if both in-text citation and reference are not included.

Total Possible Points= 45 points 45-35 points = Satisfactory 34-23 points = Needs Improvement* < 23 points = Unsatisfactory* ***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.** *****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. ***** **Faculty/Teaching Assistant Comments:**	**Total Points:** 42/45 **Faculty/Teaching Assistant Initials:** RH

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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)**		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: 4h: we discussed the benefits of using Cytotec to induce labor and how oftentimes this does not mean the patient will deliver that day, but that the process had started. RH

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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.		NI	N/A	S	S	N/A	S											
b. Evaluate own participation in clinical activities.		NI	N/A	S	S	N/A	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.		N/A	N/A	N/A	N/A	N/A	S											
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		S	N/A	N/A	N/A	N/A	S											
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.		N/A	N/A	S	S	N/A	S											
		RH	MD	MD	MD	MD												

Comments:

Week 2 (5a and b): This week during clinical I was not very enthusiastic about being there with newborns. OB has not been a desired specialty for me and I've found it difficult to become enthusiastic when I am very unfamiliar with the environment and have no experience with infants. I have never been near an infant and it was intimidating to be in a position to be caring for one. I had the option between choosing a mom and choosing a baby and I chose the mom due to my doubts in being able to successfully care for a newborn. I also refused to hold the newborn that was in the nursery because I have no experience with them and was worried about things that could

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have happened if I had held them. For example, not holding them right, not providing proper support, them slipping out of my arms, or them crying because they did not like me. I appreciate your honesty and self reflection of these competencies. I do hope that you become more comfortable in the OB setting as the semester progresses. It can be very intimidating when it is something so unfamiliar. I want to reassure you we are here to guide and support you through this course and we will not purposely put you in a situation that makes you so uncomfortable that you are unable to perform your tasks. If holding a newborn is nerve-wracking for you, maybe when the time comes, you should sit in a chair that way you are more stable and are more comfortable than standing. I will say, though you said you were not enthusiastic, you did not appear to have a poor attitude on clinical. You were interacting with the patient appropriately, interacting with the nursing staff and your peers with a good attitude. Enthusiasm does not necessarily mean you are bouncing off the walls with excitement, but it can be that you show up with a good attitude and a willingness to learn. RH

Week 2: 5e: Good job looking through her chart to see what other information you could find related to her past medical history. This was helpful when trying to figure out why she had so much anxiety about this birth compared to her previous birth. 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

Boys and Girls Club Objective 5G-Great job with your CDG! You met all of the requirements for a satisfactory CDG! MD

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

Comments:

Week 2 (6a): I need to improve my confidence with infants immensely. To improve my confidence, I found an older baby doll and have practiced infant care, position changes, bathing, and feeding with it to hopefully be more confident in my nursing capabilities at the next OB clinical. I know how to do the interventions, but I was not very confident with completing them on a living infant. (6c): I think from having no experience with infants and pregnant moms to working with and talking to a pregnant mom about how her pregnancy was going and what she was thinking was a good improvement, but I did not improve with my confidence with infant care during clinical. I

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Week 4 6a: I could improve my methods or aiding pregnant women in their activities of daily living. Using the empathy belly helped me realized what I can do to help pregnant women. For example my next clinical in OB I can improve my patient care by helping them with their socks and shoes, putting the objects they use most close to them, offer to do tasks for them, and always assure them they are doing a great job. Awesome! MD

Week 5 6a: This week I could have improved on my ability to interact more with groups of children. I was okay when it was a one on one conversation but it was difficult to interact with a group of children while being on the same page without many different conversations happening at once. For the future when addressing a group I could attain the attention of everyone and ask a broad question to start a conversation and attempt to keep interruptions to a minimum. That is a great way to develop interactions and see what the child knows! Keeping attention can be hard with this age group. MD

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 6a: Although I made a big improvement in initiation and performing care for a newborn, I could improve my ability to perform a newborn assessment. I performed newborn care well and my confidence in working with a newborn increased significantly but when performing the newborn assessment with the nurse I noticed I would forget a couple interventions and need to either go back to redo them or needed a reminder about how to do them for example I had to be reminded about Babinskis test and ROM for an infant.

*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	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: 9/10
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: SCENARIO: Empathy Simulation

STUDENT NAME: OBSERVATION DATE/TIME:

REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	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. Great job. I enjoyed seeing your pregnancy photo!

SUMMARY COMMENTS:	Comments
E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric	**You are satisfactory for this simulation.**
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.	

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Patient identified. Mona CO abdominal pain and is questioned about it. VS obtained. FSBS.
• Focused Observation:	E	**A**	D	B	Mona CO being dizzy and lightheaded. BP assessed. Fundus assessed. Bleeding noticed. Notices low BP.
• Recognizing Deviations from Expected Patterns:	E	**A**	D	B	
• Information Seeking:	E	**A**	D	B	
INTERPRETING: (2, 4)*					Interpreted the need for urine sample and apply the fetal monitor. Fetal monitor strip interpreted- correctly identified accelerations. UA results interpreted.
• Prioritizing Data:	E	**A**	D	B	
• Making Sense of Data:	E	**A**	D	B	Interprets bleeding and boggy fundus. Interprets to be low. BP reassessed following medication administration.
RESPONDING: (1, 2, 3, 5) *					Asking good questions about contractions, when they began, how often, etc. VS obtained. Urine sample obtained and sent to lab. Fetal monitor applied. Patient assisted to left side. UA results received. Call to provider (remember to acquire background prior to phoning). Orders received for fluids, acetaminophen, Procardia. Orders received for fluid, acetaminophen, Procardia. Orders read back. Additional information acquired from patient regarding pregnancy history and prenatal care, PCP, pain rating. Acetaminophen prepared and administered, IV fluid initiated. Call back to provider with additional assessment information. Questions Procardia, alternative indication explained. Order for US to verify gestation received and read back. Procardia prepared, patient identified, medication administered. Pain reassessed with improvement. Education provided about gestational diabetes and foods to avoid.
• Calm, Confident Manner:	E	**A**	D	B	
• Clear Communication:	E	**A**	D	B	
• Well-Planned Intervention/ Flexibility:	E	**A**	D	B	
• Being Skillful:	E	**A**	D	B	
					Fundus immediately massaged while team initiates VS. O2 applied. Call to provider to report PPH. Order received for methylergonovine, order read back. Medication prepared. Call to provider with question about medication. Patient identified and medication administered. Patient reports improvement of symptoms. VS reassessed with improvement noticed.

REFLECTING: (6) * • Evaluation/Self-Analysis: E **A** D B • Commitment to Improvement: E **A** D B	Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate 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: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy Reflecting: Evaluates and analyzes personal clinical performance with minimal 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: _____