

**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.

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SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
9/20/24	Risk for Prolonged Labor	KA

<b>Objective</b>																		
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		
<b>Competencies:</b>																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		N/A	N/A	N/A	S	S	N/A	S										
b. Provide care using developmentally appropriate communication.		N/A	N/A	N/A	S	S	S	S										
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		N/A	N/A	N/A	S	S	N/A	S										
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	N/A	S	S	N/A	S										
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		N/A	N/A	N/A	S	S	S	S										
<b>Clinical Location Age of patient</b>		N/A	n/a	n/a	Fisher 31	Fisher ED	Clyde HV EMS Bellv	NA										
	KA	KA	KA	KA	KA	KA	KA	KA										

**Comments:**

Week 5 – 1e - Intimacy vs. Isolation: My patient was at a moment in her life where she was about to meet her baby, so I chose this because it has to do with her developing her loving relationship with her husband as well as their baby they created together. Nice job! KA

Week 5: 1a, b, c- You did a great job providing holistic and developmentally appropriate care to your patient this week. You were able to assist with assessments and interventions to assist your laboring patient. RH

\*End-of-Program Student Learning Outcomes

Week 6 – 1e – Intimacy vs. isolation: I would use this one again this week because majority of my care in the ED was with an older woman who going through a tough time. She had recently been diagnosed with cancer and on top of that they thought that she had pneumonia. She was of course upset because this was affecting her ability to be at home with her family as well as her new grand baby who she was so excited to see and she just felt so far away from her family at this time. **Good job! KA**

Week 6 – 1a – You did a nice job describing the woman with pneumonia you had the opportunity to care for this week while on clinical. **KA**

Week 7 – 1e – Identity vs. Role Confusion: I chose this because I was around children who were in middle school and this is around the time they begin to develop into their true selves. This is the time where they are finding who they are, who they want to be, and who they want to associate with so I felt that this was appropriate for the age group that I was with today. **Good job! KA**

Week 7 – 1a, b, & c – You did a great job utilizing the techniques you learned through your training to complete hearing and vision screenings on the middle school children this week. You asked appropriate questions and communicated with the students utilizing your knowledge in growth and development. **BS**

Week 7 – 1b – You did a nice job discussing how you utilized the concepts of growth and development to communicate with the children at the school when completing hearing and vision screenings. **KA**

Week 7 – 1e – Great job identifying the growth and developmental stage for the students. You were able to describe behaviors and observations that supported the students being in that stage. **KA**

<b>Objective</b>																		
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		
<b>Competencies:</b>		N/A	N/A	n/a	S	N/A	n/a	S										
f. Describe psychological changes in response to the expectant mother's pregnancy. <b>Maternal</b>		N/A	N/A	n/a	S	N/A	n/a	S										
g. Discuss prenatal influences on the pregnancy. <b>Maternal</b>		N/A	N/A	N/A	S	N/A	N/A	S										
h. Identify the stage and progression of a woman in labor. <b>Maternal</b>		N/A	N/A	N/A	S	N/A	N/A	S										
i. Discuss family bonding and phases of the puerperium. <b>Maternal</b>		N/A	N/A	N/A	S	N/A	N/A	S										
j. Identify various resources available for children and the childbearing family.		N/A	N/A	N/A	S	S	N/A	S										
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		N/A	N/A	N/A	S	S	S	S										
l. Respect the centrality of the patient/family as core members of the health team.		N/A	N/A	N/A	S	S	N/A	S										
	KA	KA	KA	KA	KA	KA	KA	KA										

**Comments:**

Week 5: 1f, g, h- You did a great job having conversation with your nurse and your peers about the progression of your patient's labor. You also were able to investigate some of the patient's prenatal care and how that impacted her labor. RH

Week 6 – 1k – You discussed how the patient did not necessarily have any specific cultural beliefs that impacted her care but that her right for autonomy impacted the treatment process. KA

Week 7 – 1k – You did a great job describing the culture, beliefs, behaviors, and values that were displayed at the school during hearing and vision screenings and the impact they had on the students. KA

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

Week 7– 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 values the school deems important and you were able to observe different aspects of the school that supported this culture. 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	N/A	N/A	S	S	S	S										
b. Perform nursing measures safely using Standard precautions.		N/A	N/A	N/A	S	S	S	S										
c. Perform nursing care in an organized manner recognizing the need for assistance.		N/A	N/A	N/A	S	S	S	S										
d. Practice/observe safe medication administration.		N/A	N/A	N/A	S	S	N/A	S										
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		N/A	N/A	N/A	S	S	N/A	S										
f. Utilize information obtained from patients/families as a basis for decision-making.		N/A	N/A	N/A	S	S	N/A	S										
<b>g. Identify factors associated with Social Determinants of Health (SDOH) &amp;/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*</b>		N/A	N/A	N/A	S	S	S	S										
	KA	KA	KA	KA	KA	KA	KA	KA										

**Comments:**

**Week 5 – 2g - One of my social determinants of health for my patient was that she had a good support system. She had her mom and husband in the room with her so they could support her during her labor. It is important to have a support person there to be there for you as well as for her to know that she was not alone during this experience. This was also her first baby so having that support can be very beneficial. Great thoughts. SDOHs can have a positive impact as well on a patient's health as you observed. KA**

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

Week 5: 2a, c- You were able to participate in conversation about evidence based nursing practice in relation to the prolonged labor of your patient and various interventions that were being done for her. RH

Week 5: 2d- You were able to observe the nurse administer some medications to the patient as well as the healthcare provider insert the epidural and dose the epidural. RH

Week 5: 2e- You were able to draw up a medication from a vial and do medication math to ensure it was the correct dose. You did not administer it but we did discuss proper technique of how to administer it to the patient. RH

Week 6 – 2g – One of the social determinants of health I noticed was some of the patient I had were very worried about cost. I had a patient who came in and was extremely edematous and was going to need dialysis, and his main concern was about if he could afford it. This should not be something anyone has to worry about when it comes to their health so that made me feel very upset for him. We provide care to anyone whether they are able to pay for care or not, but the funny thing is we do not always consider the long term impact of the cost of medical care for the patient after they return home. KA

Week 7 – 2g – One of the social determinants of health that I noticed with this group of children was not a lot of them were bringing their glasses or contacts to school with them. This was therefore affecting their ability to learn and also properly take the vision portion of the testing. What this can do is impact their ability to read from a further or closer distance so they may not be receiving the education that they are supposed to properly. Nice job! KA

Week 7 – 2c – You were organized throughout the screening and assisted others quickly and efficiently when needed. You worked alongside your fellow students and operated as a cohesive unit. Nice job! BS

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

**Comments:**

Week 5 – 3d - A legal or ethical issue that I encountered was not for my patient, but for a baby of a mother who had abused substances during her pregnancy. This baby was to undergo blood testing, but the mom was refusing this. Then, the baby’s bilirubin levels came back abnormal so the nurse was sort of stuck on what she was supposed to do because the mom was refusing the baby getting poked. The mom ended up saying yes to this, but it could have gone different had she said no. **Great observation! KA**

Week 6 – 3d – A legal or ethical issue that I encountered during my time in the ER was actually quite positive. I noticed that the ER had TV monitors on display above the nurses station and my first thought was “Oh someone could easily get a picture or read those if they were actually on” but the thing was that they WERE on. They had privacy screens so that way no one could see them unless they were behind the desk. The same thing went for the WOW’s that the nurses had. I thought this was a very good idea in order to protect the patients that come down there! **Great example. Both of these situations would be potential legal concerns that were adjusted to prevent the legal issue from being a concern anymore. KA**

Week 7 – 3d – A legal and ethical issue that was encountered was toward the end of the clinical time when we had a question about a student. The question that was asked had to do with the child’s physical appearance which was not intended to offend anyone. However, due to the rules at this school, the nurse was unable to reveal anything about this child’s current health status. This was a good learning moment for us because it also shows us that privacy is not only valued in the hospital setting, but in schools as well. **Wonderful example. KA**

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	N/A	N/A	S	<del>N/A</del> S	N/A	S										
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	<del>N/A</del> S	S										
c. Summarize witnessed examples of patient/family advocacy.		N/A	N/A	N/A	S	S	N/A	S										
d. Provide patient centered and developmentally appropriate teaching.		N/A	N/A	N/A	S	S	<del>N/A</del> S	S										
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	S	S	N/A	S										
	KA	KA	KA	KA	KA	KA	KA	KA										

Week 5 – 4a – You satisfactorily completed your care map. Please see the comments on the rubric for further details. KA

Week 5: 4b- she did not actually chart as patient was in labor the entire day, but she did observe and discuss what needed to be charted with RN. RH

Week 5: 4d- You were able to assist with education on potential for cesarean section if labor was not progressing as anticipated. RH

Week 6 – 4a – You discussed the priority nursing interventions for your patient with pneumonia and how she responded as each intervention was completed. KA

Week 7 – 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 great help to the school nurse. BS

Week 7 – 4b – You did a nice job describing how the nurses kept track of screening data in a binder and then utilized this recorded information to report the district's findings with the Ohio Department of Health. KA

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

Week 7 – 4d – You did a nice job educating the middle schoolers as needed on the screening process and ensured 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. BS

Week 7 – 4d – You did a nice job discussing how you taught the students the screening process for both hearing and vision to ensure the results were valid  
KA

Student Name: Kailee Felder		Course Objective: 4a					
Date or Clinical Week: 5							
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	You did a nice job including all pertinent assessment findings, lab/diagnostics, and risk factors for your patient. KA
	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	You did nice job including all your patient's nursing priorities and highlighting the patient's highest nursing priority. You included an appropriate goal statement for your chosen nursing priority. You highlighted associated data in the noticing section. I would highlight BMI >30 in your risk factors as well. You included relevant complications and signs and symptoms a nurse should monitor for with each complication. KA
	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	You did a great job including all relevant nursing interventions for your patients nursing priority. Your interventions were timed, individualized, realistic, and included rationale. You could improve on your prioritization of your interventions. All assessments would be first followed by other interventions and medications with education last. KA
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	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	You included your reevaluation of your assessment data along with modifying your care map by restarting the Pitocin and the potential for a cesarean birth. KA
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	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: Terrific job! You have satisfactorily completed your care map. Please see comments above for areas to think about in the future. KA**

**Total Points: 44/45**

**Faculty/Teaching Assistant Initials: KA**

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

**Comments:**

Week 5: 4f- you were able to identify that each cervical check has the risk to introduce infection and understand why they were done at specific times to prevent infection. RH

Week 6 – 4f – You discussed how the healthcare provider ordered an x-ray, CBC, CRP, and ABG's to aid in the diagnosis of pneumonia for the patient. KA

Week 6 – 4g – You reposted the patient was receiving pain medication, antibiotics, steroids, and a bronchodilator to help treat the signs and symptoms she had related to her pneumonia. KA

Week 6 – 4h – You discussed how the healthcare provider ordered medications as well as oxygen to manage the patient's respiratory condition and positively impact the patient's disease process. KA



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

**Comments:**

Week 5: 5a- You showed great interest and enthusiasm in OB clinical this week. You were willing to assist the nurses with all tasks for the opportunity to learn. RH

Week 6 – 5a – The ER nurse reported you were excellent in all areas. Jennifer Zebe, RN made the comment you were “Very helpful, will be an excellent nurse!” KA  
 You discussed how the vital signs machines in the ER had the capabilities to display the patient’s EKG rhythm so it could be monitored simultaneously with the patient’s vital signs. KA

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

Week 6 – 5g – Kailee, you did a terrific job responding to the CDG questions on your ER experience thoughtfully and sharing your clinical judgment related to the patient's disease process. You included a reference and in-text citation to support your thought process in your post. When in-text citing a direct quote make sure to include the page number or the paragraph number if there are no page numbers. You also need to include the year. Your in-text citation in your post this week should look like this (American Lung Association, 2024, pg X). Keep up the nice work! KA

Week 7 – 5g – You did a nice job responding to all the CDG questions on your clinical experience with hearing and vision screenings this week. You shared your viewpoint and were thoughtful with your responses. You supported your responses with and in-text citation and a reference. In the future try to utilizes resources that are not older than 5 years. Keep up the wonderful work! KA

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

**Comments:**

Week 5 – 6a - I think that I could improve upon being comfortable dealing with babies. Not that I'm afraid of them, it is more of the fact that it is someone else's child, and they are just so tiny, and I hate the thought of hurting or making them uncomfortable. On a better note, I thought that I did well with keeping up with what was happening with my patient in a sense that I tried to understand why certain things were happening and what we were doing about it. Don't forget to include a goal on how you are going to improve your weakness in the future. I will make sure to have you hold and care for a baby at Firelands when you are there. KA

\*End-of-Program Student Learning Outcomes

Week 6 – 6a – I think that I could improve upon my medication knowledge. I found myself not knowing enough about a medication I should have known, or just simply not knowing one at all. However, I used some of my time to look up some of the medications to get a better understanding so that is how I can improve on this in the future. You do not need to remember everything, but always know your resources to obtain the necessary information to provide safe nursing practice. Good job! KA

Week 7 – 6a – I think that an area I could improve upon involves my public speaking. Although I was only talking to little kids today, I still found myself uncomfortable at times, but I did eventually relax a little bit once we all got going. Ways that I can improve on this is by using calming techniques such as breathing to help myself relax when speaking. Great idea. I hope it helps! KA

Midterm – You have had a variety of opportunities during the first half of the semester to care for different patients in the maternal child population. All of your competencies have been satisfactorily completed at midterm with the exception of 5d being NA. You should have the opportunity to chart in the electronic medical record during your OB experience at FRMC during the second half of the semester. Terrific job up to this point! Keep up the excellent work as you enter the second half of the semester! KA

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

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

<b>Skills Lab Competency Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>														
	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	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

\* Course Objectives

<b>Skills Lab Competency Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>									
	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	KA	KA	KA	KA	KA	KA	KA	KA	KA	
<b>Remediation:</b> 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

<b>Simulation Evaluation</b> 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 & 9/19	Date: 9/23	Date: 9/26 & 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: 10/1
Evaluation	S	S	S	S									S
Faculty Initials	KA	KA	KA	KA									KA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA									NA

\* Course Objectives

Comments:

## Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Castro, Felder (A)

GROUP #: 6

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2024 1500-1630

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (1, 2, 5) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E        <b>A</b>        D        B</li> <li>• Recognizing Deviations from Expected Patterns:           E        <b>A</b>        D        B</li> <li>• Information Seeking:           E        A         <b>D</b>        B</li> </ul>						<p>Mona CO abdominal pain rated 5/10. VS. Contractions 5-6 min. apart. Assess VS. Asks questions about pregnancy/gestation.</p> <p>Report received. Mona CO not feeling well (hot, sweaty, dizzy). Nurse enter, remember to identify patient. Takes pulse, pulse ox, and RR but no BP. BP checked after fundus noted to be firming up.</p>
<p><b>INTERPRETING: (2, 4) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:               E        A         <b>D</b>        B</li> <li>• Making Sense of Data:           E        <b>A</b>        D        B</li> </ul>						<p>Interpreted the need for fetal monitor and attempt to interpret waveforms. UA results received and interpreted. Interpreted need to check FSBS. FSBS 200- interpreted as abnormal. Identifies history of gestational diabetes. Identifies need for education about blood sugar management.</p> <p>Ask about lochia. Heavy lochia interpreted. Fundus interpreted as boggy. HR interpreted as high. Check BP and pulse ox after medication administration. Interpret fundus as being firm after medication administration.</p>
<p><b>RESPONDING: (1, 2, 3, 5) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       E        A         <b>D</b>        B</li> <li>• Clear Communication:           E        <b>A</b>        D        B</li> <li>• Well-Planned Intervention/ Flexibility:                       E        <b>A</b>        D        B</li> <li>• Being Skillful:                   E        A         <b>D</b>        B</li> </ul>						<p>Urine collected and sent to lab. Fetal monitor applied. Patient moved to left side. Called report to healthcare provider (remember to gather all information prior to calling in order to give full report with all data). Orders from healthcare provider for IV fluids, Procardia, acetaminophen, and ultrasound for gestational age. Orders read back. Initiate IV fluids. Mona asks about Procardia and medication not administered. Acetaminophen administered with all correct rights. When HCP calls back, re-evaluate Procardia administration. Administers Procardia and explains use to Mona and why it is indicated. US report given to Mona. Education provided to Mona about THC in pregnancy (educate on various anxiety relief methods). Remember to educate on gestational diabetes and other healthy habits with pregnancy.</p> <p>Call provider and report heavy bleeding. Fundus assessed and found to be boggy. Order received for methylergonovine. Need to massage fundus explained to patient and significant other. Methylergonovine medication explained to patient and administered with correct technique. Remember to double check the</p>

	dose administered and the needle size (used blunt tip).
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>Evaluation/Self-Analysis: E     <b>A</b>     D     B</li> <li>Commitment to Improvement: E     <b>A</b>     D     B</li> </ul>	<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. 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><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)*</li> <li>2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)*</li> <li>3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)*</li> <li>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)*</li> <li>5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</li> </ol> <p>*Course Objectives</p>	<p><b>You are Satisfactory for this scenario! BS</b></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. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information</p> <p>Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful 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</p> <p>Responding: Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily 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>

## Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Castro (M), Felder (A)

GROUP #: 6

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/26/24 1500-1630

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (Link to Course Objectives) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E     <b>A</b>     D     B</li> <li>• Recognizing Deviations from Expected Patterns:           E     <b>A</b>     D     B</li> <li>• Information Seeking:           E     <b>A</b>     <b>D</b>     B</li> </ul>	<p>Introduce self.</p> <p>Pain assessment: rating,</p> <p>Obtain vitals</p> <p>Did not obtain cervical exam information prior to administration of nubain</p> <p>APGAR 1 minute: heart rate (146), respirations (40), cry, tone, color. Total:</p>
<p><b>INTERPRETING: (Link to Course Objectives) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E     <b>A</b>     D     B</li> <li>• Making Sense of Data:       E     <b>A</b>     D     B</li> </ul>	<p>Interpret vitals as WDL</p> <p>Interpret fetal monitor after nubain administration as decelerations, associates with head compression.</p> <p>Identify imminent delivery</p>
<p><b>RESPONDING: (Link to Course Objectives) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:     E     <b>A</b>     D     B</li> <li>• Clear Communication:       E     <b>A</b>     D     B</li> <li>• Well-Planned Intervention/ Flexibility:           E     <b>A</b>     D     B</li> <li>• Being Skillful:           E     <b>A</b>     <b>D</b>     B</li> </ul>	<p>Offer pain medication based on pain assessment</p> <p>Call healthcare provider to clarify antibiotic dose</p> <p>Education provided on antibiotics and pain medication to mom.</p> <p>Medication administration: verify name/DOB, check allergies, scan patient and medications. Nubain-correct dose, incorrect needle size (used subcutaneous needle size when should be IM size), correct technique, engage needle safety. PCN- hang primary bag below secondary bag, clean hub prior to hooking secondary line to primary line, hook secondary tubing above IV pump, *timeout for assistance with IV pump*, unclamp secondary tubing.</p> <p>Call healthcare provider for update on fetal monitor</p> <p>Call healthcare provider when realize delivery is about to happen</p> <p>Call for help, McRoberts, suprapubic pressure, roll to hands and knees, rotational maneuvers, remove</p>

	<p>posterior shoulder, evaluate for episiotomy</p> <p>Immediately after birth dry off baby and wrap in blanket, place baby on warmer, put on hat/clothes</p> <p>Medication administration: vitamin k- draw up medication with needle rather than blunt tip and does not change needle prior to administration, use of correct needle size, use of needle safety but double checks safety with fingers (do not touch needle or safety with fingers due to risk for needle poke) applies ointment to baby eyes. Did not verify baby name/DOB prior to administer medications.</p>
<p><b>REFLECTING: (Link to Course Objectives) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E      A      D      B</li> <li>• Commitment to Improvement: E      A      D      B</li> </ul>	<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 correct needle size for IM injection on mother. Team remediation in debriefing on correct needle size. Discussion on how to program IV pump. Members looked up nubain and had discussion about what assessments needed to be done prior to administration (cervical exam) and when not to administer to mom (too far into labor)</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li><b>1. Select physical assessment priorities based on individual patient needs. (1, 2)*</b></li> <li><b>2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)*</b></li> <li><b>3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</b></li> <li><b>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3,</b></li> </ol>	<p><b>You are Satisfactory in this simulation! RH</b></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. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information.</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 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>

<p>5, 6)*</p> <p>5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)*</p> <p>6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)*</p>	
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**Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation**

STUDENT NAME: Kailee Felder

OBSERVATION DATE/TIME: 10/1/24

<p><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: <span style="background-color: yellow; border: 1px solid black; padding: 0 2px;">E</span>    A    D    B</li> <li>• Commitment to Improvement: <span style="background-color: yellow; border: 1px solid black; padding: 0 2px;">E</span>    A    D    B</li> </ul>	<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><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p><b>Simulation Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)*</li> <li>2. Describe how patient-centered care is dependent on past medical history, cultural history, social history, and pregnancy/birth history. (1, 2, 4)*</li> <li>3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and</li> </ol>	<p><b>Comments</b></p> <p><b>You are satisfactory for this simulation.</b></p>

members of the health team. (1, 3, 5, 6)\*

**Developing to accomplished is required for satisfactory completion of this simulation.**

\*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: \_\_\_\_\_