

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

Absence: (Refer to Attendance Policy)

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

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

7/18/24 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
9/27/24	Risk for Respiratory Distress	KA

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	S	NA	NA	S	NA	S										
b. Provide care using developmentally appropriate communication.		NA	S	NA	S	S	NA	S										
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	S	NA	NA	S	NA	S										
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	S	NA	NA	S	NA	S										
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	S	NA	NA NI	S	NA	S										
Clinical Location Age of patient		NA	BELLEVEUE ELEMENT.	SIM LAB	B&G CLUB	FIRELANDS OB	NA	NA										
	KA	KA	KA	KA	KA	KA	KA	KA										

Comments:

WEEK 3 – 1E – According to Erikson's Stages of Development, the children that I had the pleasure to assess/screen were predominately 3rd Graders, which puts them in the "School-Age" Category! The conflict associated with this stage is "Industry v. Inferiority", and this stage is described as when one develops self-confidence in their

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

abilities. You were able to correctly identify the stage of growth and development as school age for the children you helped screen this week. You were able to support the children you interacted with being in the industry side of development. Nice job! KA

Week 3 – 1a-c: You did a great job explaining directions and helping the children with an appropriate level of understanding for their age. RH

Week 3 – 1b – You were able to discuss how you spoke to the children providing them with clear and concise directions which is in alignment with the growth and developmental stage. KA

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 5 – 1e – Please make sure to list the Erikson’s level of the patients/clients you are working with on the tool for each clinical experience. KA You did a great job describing the different age groups you worked with at Boys and Girls Club and how the younger children need more assistance and direction than the older children.

Week 6 – 1E – According to Erikson’s Stages of Development the babies that I got to work with were newborns, which would put them in the “Infancy” category. The conflict associated with this stage is “Trust v. Mistrust”, and this stage is described as when the basic needs of nourishment and affection will be met. Nice job! KA

Week 6: 1b, c, d- You used great communication with your patient while doing an assessment. You were calm and answered all questions that she asked you. You were able to identify the correct BUBBLELE assessment and perform it well. 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:																		
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		NA	NA	NA	NA	S	NA	S										
g. Discuss prenatal influences on the pregnancy. Maternal		NA	NA	NA	NA	S	NA	S										
h. Identify the stage and progression of a woman in labor. Maternal		NA	NA	NA	NA	S	NA	S										
i. Discuss family bonding and phases of the puerperium. Maternal		NA	NA	NA	NA	S	NA	S										
j. Identify various resources available for children and the childbearing family.		NA	S	NA	NA	S	NA	S										
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		NA	S	NA	NA	S	NA	S										
l. Respect the centrality of the patient/family as core members of the health team.		NA	NA	NA	NA	S	NA	S										
	KA	KA	KA	KA	KA	KA	KA	KA										

Comments:

Week 3 – 1j: you had a good conversation with the school nurse about referrals to healthcare providers for hearing and/or vision screenings and how they have some resources available to families who cannot afford to take their children. RH

Week 3 – 1K – You did a great job identifying cultural beliefs, behaviors, and values that you observed while completing hearing and vision screenings in the Bellevue school district. KA

Week 6: 1j- we discussed multiple resources that were available to new mothers while at Firelands throughout our day. RH

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

Comments:

WEEK 3 – 2G – A Social Determinate of Health that I recognized were some children being screened not only failed their current vision screening but had a history of failing their vision screenings due to either not having the finances for glasses or not having productive parents to schedule/contact an ophthalmologist to get them corrective lenses. **This is a great example of SDOH related to screenings. I know there are resources available for students in need however I wonder how often do families utilize the resources when needed. KA**

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

WEEK 5 – 2G – A social determinant of health that I recognized were that some of the children seem to have speech impediment or delayed speech patterns. I would associate this with either educational/supportive or socioeconomic in the sense that the children could either not have access to speech therapy or speech programs at school, not have the correct guidance and/or positive language/literacy being used in the home, or them not having access to healthcare to actually identify and resolve the speech problems. **Great thoughts! KA**

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 You discussed how economic stability and education were SDOH aspects that impacted the children at Boys and Girls Club that you observed while on clinical. KA

WEEK 6 – 2G – A social determinant of health that I recognized were specific to a baby that was born in Firelands OB Unit. The baby was born with drugs and alcohol in its system, which would reflect a knowledge and education deficit for the mom and how she should have managed her health and pregnancy better! **Great thoughts. This could also be seen as a lack of information of available resources to help treat and manage drug and alcohol addiction in general/during pregnancy. KA**

Week 6: 2b- you used standard precautions when caring for mother and baby. RH

Week 6: 2c- you did well with the newborn assessment. You asked questions when you needed assistance but you were able to perform the assessment yourself. RH

Week 6: 2d, e- you performed medication administration with correct technique and performed all your checks. RH

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

Comments:

WEEK 3 – 3D – An ethical issue I witnessed was that there were a handful of Spanish speaking students who were due to receive their vision/hearing screenings and the elected translator for said school was out for the week. This allowed a fellow FRMC Student the opportunity to translate the directions/procedure to the students who were non-English speakers. **Interesting. It makes you wonder how they were being communicated to throughout the day and if they receiving the necessary information without the interpreter present. KA**

Week 5 – 3d – This should be addressed for all clinical experiences. If you did not have an actual legal ethical concern list a potential concern related to that population. KA

WEEK 6 – 3D – An ethical issue I witnessed was that with the NAS Baby, children services needed to be involved due to the baby ultimately being addicted to drugs, however, since the mother has been actively involved in rehab and detoxification since she realized she was pregnant, they weren't officially scheduled to take her baby. **Great example. What ethical dilemma(s) does this example encompass? 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)		NA	NA	NA	NA	S	NA	S										
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		NA	NA S	NA	NA	S	NA	S										
c. Summarize witnessed examples of patient/family advocacy.		NA	S	NA	NA	S	NA	S										
d. Provide patient centered and developmentally appropriate teaching.		NA	S	NA	NA S	S	NA	S										
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA	S	NA	S										
	KA	KA	KA	KA	KA	KA	KA	KA										

Week 3 - 4b: You correctly documented on all student sheets for their hearing/vision results. RH

You discussed the binder the school nurse utilized to collect the hearing and vision data and how this information is then reported to the Ohio Department of Health. KA

Week 3 - 4d: You were able to teach the students how to correctly perform their screenings with appropriate language for their understanding. RH

Great job discussing how you provided a clear explanation of the hearing screening and assisted the students in making sure the headphones were on correctly. KA

Week 5- 4d- You were able to provide developmentally appropriate education to the children at the Boys and Girls Club. Nice job! BS You did a nice job discussing how you educated the children about what it is to be nurse and how to use a stethoscope. KA

Week 6 – 4a – You have satisfactorily completed your care map. Please see comments on the rubric for details. KA

Week 6: 4b- you were able to properly document your newborn assessment in Meditech with limited assistance. RH

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

Student Name: Davondre Harper		Course Objective: 5a					
Date or Clinical Week: 6							
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 identifying abnormal assessment findings, lab/diagnostics, and risk factors for your patient. If the patient is havinf retractions/accessory muscle breathing this should be in the assessment findings section versus the risk factors. The cesarean birth would be considered a risk factor versus an assessment finding. Also, I would include the patients congenital heart screen results if the ultrasound showed a narrow ductal arch. 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 a nice job listing the patients nursing priorities and highlighting the priority that was the highest. You would also want to include a risk for infection as being a concern for a newborn. Your goal was appropriate. When listing complications, you should choose 3 complications related to your highlighted nursing priority and then list 3 sign and symptoms for each. The second complication listed is good but should just be listed as "aspiration" versus the title of your nursing priority. Other complications to consider would be hypoxemia, pneumonia, hyperthermia, hypothermia, and dehydration. These were all condition you listed as the signs and symptoms. Remember the signs and symptoms are things the nurse assesses the patient for. So for the complication of aspiration you could have listed tachypnea, advantageous lung sounds, coughing/choking during feeding.
	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)	0	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	0	
Res	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a very nice job with your nursing interventions. You were very thorough. Your nursing interventions were

Pondering	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	individualized, realistic, and included rationale. When prioritizing your interventions make sure all assessments are first, followed by other nursing actions and medications, and last are your education interventions. You did a nice job prioritizing with the exception of your assessing lung sounds intervention that was placed just before education. Also all interventions were timed except your education interventions. When time these interventions consider by discharge, on admission, daily, and prn. KA
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	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 did a nice job reassessing your highlighted findings. All assessment findings except the patient's GI distress was reevaluated. You also noted you were continuing your plan of care. KA
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	

Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

*****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation.*****

Faculty/Teaching Assistant Comments: You satisfactorily completed your care map. Please be mindful that your in-text citation and reference match in the future. Your in-text citation was for our textbook but the reference was for Skyscape. Review comments above for areas to improve on in the future when writing care maps. KA

Total Points: 38/45

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

Comments:

Week 6: 4g- you were able to identify why we were administering ibuprofen and Tylenol to the mother and how it would assist with her pain and swelling. RH

Objective																		
5. Collaborating professionally with members of the health care team, childbearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Demonstrate interest and enthusiasm in clinical activities.		NA	S	NA	S	S	NA	S										
b. Evaluate own participation in clinical activities.		NA	S	NA	S	S	NA	S										
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	S	NA	S	S	NA	S										
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	NA	S	NA	S										
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	NA	S	NA	S										
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA																
g. Consistently and appropriately post comments in clinical discussion groups.		NA	S NI	NA	S	S NA	NA	S										
	KA																	

Comments:

Week 3 – 5a: You were positive and energetic with all interactions with staff and students. RH

Week 3 – 5c: You communicated well with both school nurses and teachers who were present. RH

Week 3 – 5g – Davondre, you did a great job responding to all the questions related to your hearing and vision experience in your CDG this week. Thank you for sharing you thoughts and observations. You included a reference but I could not include an in-text citation. Make sure to include both of these in your pasts in the future to be satisfactory. Keep up the overall great work! KA

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

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

Week 5 – 5g – Davondre, you did a nice job responding to the CDG questions on your Boys and Girls Club clinical experience. You were thoughtful with your responses and shared your observations from the experience. You included an in-text citation and reference to support your responses. Remember that your in-text citation should include the author and year along with the page number if using a direct quotation. For your in-text citation it should look like this (Linnard-Palmer & Coats, 2020, p 200).

Overall you did a nice job! KA

Week 6: 5a- you showed great enthusiasm on clinical this week and the nurses commented on how nice it was to see students who were eager to learn. RH

Week 6: 5d- you charted your assessment findings appropriately in Meditech. RH

Week 6 – 5g – You completed your care map this week versus responding to the CDG questions therefore this competency is NA. 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)*		NA	S	NA	S	S	NA	S										
b. Accept responsibility for decisions and actions.		NA	S	NA	S	S	NA	S										
c. Demonstrate evidence of growth and self-confidence.		NA	S	NA	S	S	NA	S										
d. Demonstrate evidence of research in being prepared for clinical.		NA	S	NA	S	S	NA	S										
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA U	S	NA	S	S	NA	S										
f. Describe initiatives in seeking out new learning experiences.		NA	S	NA	S	S	NA	S										
g. Demonstrate ability to organize time effectively.		U	S	NA	S	S	NA	S										
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		NA	S	NA	S	S	NA	S										
i. Demonstrates growth in clinical judgment.		NA	S	NA	S	S	NA	S										
	KA	KA	KA	KA	KA	KA	KA	KA										

Comments:

Week 2 – 6e – Your clinical tool was not submitted by Friday at 0800. Please make sure to make a comment on how you will prevent receiving a U in this competency in the future. KA

Week 2 – 6e – I will ensure that my clinical tool will be submitted by Friday at 0800 moving forward! I will make sure that not only are there alarms set on my phone prior to the submittance date/time but also attempt to have my clinical tool submitted a day in advance to ensure it is submitted within an adequate time. Great idea! KA

Week 3 – 6a – An area that could use improvement would be my social skills with little humans. I felt as if I did decent while giving them directions, however, there were some children who understood what was being asked and there were some who needed it to be re-explained. I would say a way that I can improve this skill would be to utilize a more basic/universal terms that can be understood by any young child. I also feel as if there were external factors that influenced how well the child understood what was asked (i.e., excitability, distractibility, etc). **Great thoughts. You could also utilize what you learned in growth and development and role play communication techniques, but as with many skills practice will improve this in time. KA**

WEEK 5 – 6A – An Area that could use improvement would be again my social skills with little humans. I definitely felt as if I did way better this go around when talking to the kiddos however, the age groups kind of set me off being that I started with the older kids, so I felt really confident talking to them and then when I got to the younger kids, they didn't seem to be as social and weren't really initiating conversations. However, there was this one little who was super sweet and super cute, and he was talking to me the whole time and that's when I knew that I could talk to both age groups, but the younger kids were more standoffish than the older kids were extremely hyperactive, energetic, and talkative. **Remember to list a goal to improve this area of improvement. Are you planning on doing anything different other than practice? I am glad this area is improving the more you work with children. KA**

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

WEEK 6 – 6A – An area for improvement for me would be to get more involved when it comes to the care of a newborn. I've had previous personal experiences with newborns in my family but not when it comes to healthcare. I would say a goal to improve this would be to be more vocal and adamant on wanting to take on nursing tasks for said baby when I am at clinicals. I just don't want to step on those nurses toes but if I don't speak up, they won't know or offer. **Great goal and observation. Always be proactive for your clinical education. Like you said the staff and faculty do not always know what you need/want if you do not ask for the experience. KA**

Midterm – Davondre, you are satisfactory in all competencies at midterm for this semester with the exception of 5f which is NA. Please seek out opportunities to practice you SBAR during the second half of the semester. ER and OB clinical should provide excellent opportunities to complete this competency. You have had a variety of clinical experiences working with the maternal child population and have had the opportunity to practice and strengthen your nursing and communication skills. Continue to work hard as you enter the second half of the semester and finish strong. Keep up the terrific work! KA

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:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
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
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)	Meditach (*1,2,3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	S	S	S	S	S	S	S	S	
Faculty Initials	KA	KA	KA	KA	KA	KA	KA	KA	KA	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	

* Course Objectives

Comments:

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2024
Simulation Evaluations

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/12 & 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: 8/27
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: SCENARIO: Empathy Simulation

STUDENT NAME: Davondre Harper

OBSERVATION DATE/TIME: 8/27/24

REFLECTING: (6)* <ul style="list-style-type: none"> Evaluation/Self-Analysis: E A D B Commitment to Improvement: E A D B 	<p>You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.</p> <p>Great job.</p> <p>I enjoyed seeing your pregnancy photo!</p>
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<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p>Simulation Objectives:</p> <ol style="list-style-type: none">1. Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)*2. Describe how patient-centered care is dependent on past medical history, cultural history, social history, and pregnancy/birth history. (1, 2, 4)*3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)* <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>Comments</p> <p>You are satisfactory for this simulation. KA</p>
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*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: 3

SCENARIO: Pregnancy and PPH

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

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Mona CO pain at 5/10. Patient identified. VS. Begins assessment. FSBS 200. Mona CO feeling dizzy and lightheaded. Noticed HR. Notice abnormal bleeding. Notice boggy uterus.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interpreted the need to apply fetal monitor. Fetal monitor interpreted. UA interpreted. FSBS 200, interpreted ab above normal. HR interpreted as elevated. Interpreted the need for fundal massage. Noticed lower respiratory rate and the need to sit-up. Fundus reassessed.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Inquires about typical dietary choices. Urine sent to lab. Fetal monitor applied. Leopold's maneuver performed to determine fetal position. Patient repositioned to left side. Call to provider, report provided. Mona informs of the lack of prenatal car. US + for glucose, nitrates, leukocytes, THC. Orders received for acetaminophen, Procardia, fluids, US to verify dates. Orders read back. Medications and fluid prepared, patient identified. Fluids initiated and medications administered. Medication and dietary education provided to patient. Fundus immediately massaged when boggy uterus assessed. Good job remaining calm. Call to provider to report new findings. Peri-pad weighed- 600 g. Order received for methylergonovine, prepared and administered. Patient repositioned. Fundus reassessed to be firm.</p>

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: 3

SCENARIO: Shoulder Dystocia and Newborn Care

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

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Introduce self. Identify name/DOB</p> <p>Pain assessment: rating, description, location.</p> <p>Obtain vitals</p> <p>Perform sterile vaginal exam.</p> <p>Begins head to toe assessment. Asks about gestational age, medical history, weight gain</p> <p>Reassess mom after pain medication administration.</p> <p>APGAR 1 minute: heart rate (133), respiratory rate (43), cry, movement, color. Total: 9</p> <p>Perform newborn assessment including reflexes</p> <p>APGAR 5 minute: 9</p> <p>Delayed mom assessment after delivery- does not assess fundus</p>
<p>INTERPRETING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Interpret vitals as WDL</p> <p>Interpret fetal monitor as accelerations and connects that to baby wellbeing</p> <p>Interpret immediate delivery</p> <p>Identify all forms of thermoregulation for baby</p>

<p>RESPONDING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Offer pain relief techniques (deep breathing, position changes, pain medications) and techniques to progress labor.</p> <p>Educate on pain medication and how it is safe for baby. Educate that increased monitoring for mom and baby after administration</p> <p>Medication administration: nubain- ask name/DOB, scan patient and medication, use of subcutaneous needle rather than IM needle, correct IM technique, use of needle safety.</p> <p>Medication administration: PCN- did all checks at same time as nubain. Hung secondary bag below primary bag rather than primary bag below the secondary bag. *timeout for assistance, faculty assistance with correct placement of primary and secondary bags for proper flow*, program pump correctly.</p> <p>Education provided to patient in regards to shoulder dystocia prior to delivery to prepare mother.</p> <p>Call healthcare provider. SBAR organized but slow</p> <p>Call for help, McRoberts, suprapubic pressure, roll to hands and knees, evaluate for episiotomy, rotational maneuvers, remove posterior arm</p> <p>Immediately dry baby off and wrap in blanket, place baby under the warmer, put hat on baby</p> <p>Medication administration: erythromycin ointment (educate mom on what is for), vitamin K (educate mom on what vitamin K is for and why important to administer. Vitamin k admin: correct dose, correct needle, use of needle safety. Apply ointment to baby's eyes</p> <p>Offer skin to skin with baby/mother</p> <p>Call healthcare provider to update on delivery. SBAR used, organized</p> <p>Education provided to mom of expectation of bleeding and when to report to healthcare provider</p>
<p>REFLECTING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Team remediated on IV pump and IV fluids and how to hang correctly. Identified all types of thermoregulation. Used good SBAR while calling healthcare provider.</p>

SUMMARY COMMENTS: * = Course Objectives

Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.

E= Exemplary

A= Accomplished

D= Developing

B= Beginning

Scenario Objectives:

- 1. Select physical assessment priorities based on individual patient needs. (1, 2)***
- 2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)***
- 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)***
- 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)***
- 5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)***
- 6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)***

You are Satisfactory in this simulation! RH

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. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.

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. Is hesitant or ineffective in using nursing skills.

Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date: _____