

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Paige Knupke

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

7/18/24 KA

Absence: (Refer to Attendance Policy)

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

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

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	Post-Partum Hemorrhage	RH

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	N/A	S	N/A	S	N/A	S	S									
b. Provide care using developmentally appropriate communication.		S	N/A	S	N/A	S	S	S	S									
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	N/A	N/A	N/A	S	N/A	S	N/A									
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	N/A	N/A	N/A	S	N/A	S	N/A									
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	N/A	S	N/A	S	S	S	S									
Clinical Location Age of patient		Lactation- RH	N/A RH	Bellevue Hearing and RH	N/A RH	FTMC OB- 20 yr old and RH	Boys & Girls club RH	MIDTERM RH	Empathy Belly & St. Mary catholic fair									

Comments:

Week 2 1e- Erikson's stage of growth and development is "intimacy vs. isolation." I chose this stage because individuals with a strong sense of self are ready to share their lives and invest in others. I cannot think of a better way to express commitment and love to others than by growing your family. **Good job! RH**

Week 2: 1a, c- You did a great job with your CDG describing the visit you were in with the lactation consultant. You were able assist with assessing the baby's latch and how well they were feeding. You were also able to assist with providing further information to the patient for the health of the baby. **RH**

Week 3: N/A

Week 4: Erikson's stage of growth and development of the adolescent is "identity vs. role confusion." I chose this stage because at this stage the adolescents are redefining themselves and experimenting in different roles. They still are developing confidence and working on their self-esteem. This was noticeable during the screening. They wanted the independence of setting themselves up to be screened, yet after the screening they still needed reassurance about how they did. **Good job! RH**

Week 4 – 1a, b, & c – You did a great job utilizing the techniques your learning through your training to complete hearing and vision screenings on the high school students this week. You asked appropriate questions and communicated with the students utilizing your knowledge in growth and development. KA

Week 5: N/A

Week 6 : For the mother's infant, the Erikson's stage of growth and development is "trust vs. mistrust." I chose this stage because it is imperative for the infant to develop trust due to being a neonate and 2 days old. The infant must be able to trust that their basic needs will be met by the mother. **RH**

FTMC OB Objective 1 B, C, D-This week you did an awesome job with providing developmentally appropriate care, appropriate assessment techniques, and developing safety measures to support your patient. MD

Week 7: Erikson's stage of growth and development of school-age children is "industry vs. inferiority." I chose this stage because children develop a sense of accomplishment through the ability to cooperate and compete with others. For growth they must continue to develop skills and knowledge that allow them to contribute to society and grow. **Good job! RH**

Week 7- 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 8: Erikson's stage of growth and development this week was again school-age children which is "industry vs. inferiority." I chose this stage because school age children are referred to as "the middle years," and they tend to have tremendous emotional and cognitive development but slower physical growth, which all the children had.

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

Comments:

Week 2: 1j: you described the various types of resources provided to the mother during this visit such as a pediatric dentist. RH

Week 4 – 1k – You did a nice job discussing with the school nurse about cultural beliefs of the school system you performed hearing and vision screening in. She discussed the emphasis of community and you were able to observe different aspects of the school that supported this culture. KA

FTMC OB Objective 1i-This objective was met utilizing conversation and working with the postpartum mom and newborn. Great job! MD

Week 7: 1j- I changed this to “S” because Boys and Girls club is a resource for families in the area as they offer a variety of opportunities for the students including food, learning activities, child care, and assistance with school work. RH

*End-of-Program Student Learning Outcomes

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

Comments:

Week 2 2g- A social determinate of health that influences the patient care is being in a working class. While the mother had 12 weeks of maternity leave the father stated he is only off for 7 days. The mother was worried about the father going back to work because she will have to breast feed and take care of the baby and herself alone which she felt challenging. This can affect the care of herself and the baby if it becomes so much. **This can be challenging for new moms. Some families will have other family members, like mom or grandma, come over and assist for additional days once dad has returned to work. Some businesses do offer paternity leave, however that is not common in the United States.** RH

*End-of-Program Student Learning Outcomes

Week 3: N/A

Week 4: A social determinate of health would be education and access to health care. The screening gives insight and focus to students who may have specific needs for either corrective lenses or further hearing examination. Education and health care can heavily affect that because if they do not have the proper education or health care then they can get their eyes or hearing problem fixed that can really affect them now and in the future. **Health insurance can also be an issue. Some providers will not see patients if they do not have proper health insurance. RH**

Week 4 – 2c – You were organized throughout the screening and assisted others quickly and efficiently when needed. You helped answer each other’s questions and worked as a cohesive unit. Nice job! KA

Week 5: N/A

Week 6: A social determinate of health that could have the potential to influence the patient would be family and friend support. It is difficult to get through difficult times alone. It is important to have help with a newborn child so you can give yourself a break or give yourself some self-care to better care the child. My patient had told us she has an amazing support system and endless help with the baby so if she needs a break multiple people with help her so she can take care of herself most days. This will influence the care immensely in a positive way. **That is great that she has such a large support system! RH**

FTMC OB Objective 2 B, C, F-This week you did an awesome job performing standard precautions by performing hand hygiene and wearing gloves when appropriate.

You also performed nursing care in an organized manner, and you were able to gather information for the mother to obtain information on newborn. MD

FTMC OB Objective 2 D-This week you were able to administer medications. You followed the rights of medication pass and were able to verify the patient’s name and date of birth. Great job! MD

Week 7: A social determinant of health that I noticed was that some of the kids had speech problems or learning problems that made it a little bit harder to communicate. This could potentially affect their health because if they do not offer special classes or accommodations to these students or if they do not have the funds to go to a speech therapist or learning assistance then they can fall behind or even have trouble passing the grades they are in. **Good thought process on how it can impact them long term, not just right now. RH**

Week 7- 2g- You did a nice job discussing two social determinants of health that could affect the children at the Boys and Girls Club. BS

Week 8: A social determinant of health that I noticed was that some kids couldn’t tell me how exercise affects them in a good way. This could potentially be a problem for some of the children because they could have lack of education around them, or support and they will be late to start exercise and grow their bodies and promote healthy habits that start early.

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

Comments:

Week 2 3d- One of the ethical issues that was discussed during my time with the Lactation Nurse was promotion and education of breastfeeding while not downgrading one's choice to bottle feed. Avoiding suggestion that one method is better than the other protects and supports the autonomy of the patient while staying neutral about the opinion. **This can be a very touchy subject, great discussion to have with a lactation consultant! I am sure she had some great tips of how to approach the subject without imposing opinions onto mothers. RH**

Week 3: N/A

Week 4: I conducted the second portion of the vision screenings. An ethical issue observed and corrected was that a student needed special help to do the vision and hearing exam because they had trouble talking, so they used sign language to tell me the letters they saw, and I do not know sign language. We then corrected the issue by having the registered nurse stay by him the whole time and tell me the letters he was signing to me. **Some schools have interpreters for students who do not speak English or for students who use sign language. RH**

Week 5: N/A

Week 6: An ethical issue I observed was that they were needing to finish up with the birth certificate, but the father did not know if he wanted to be on the birth certificate or not. They advised that they could finish up the birth certificate and the dad could potentially sign it later but the mother was conflicted on whether she wants to give the baby the dad's last name as well, so she doesn't know if she wants the birth certificate finished right now. I think more education or support could've been provided to help her. **That is interesting, I wonder what they decided to do prior to discharge. RH**

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

FTMC OB Objective 3-This objective was met by you acting with integrity, providing privacy for the patient with HIPAA, and you performed at high standards with the code of conduct of the school. MD

Week 7: An ethical issue that I observed children being called out in front of everyone. To me, this was an example of an ethical example of discipline. Although discipline is the right thing to do, the child was embarrassed which can make the kids act out even more. **Very true! RH**

Week 8: An ethical issue that I observed was cliques and although I didn't observe any bullying, I observed some harshness even when we were just playing a game. On multiple occasions I had to tell some of the kids to be nice to each other because they were saying some kids were being too slow so they should just sit out because they wanted to win. Although the teachers and I caught it, that is a serious problem that could keep going and get bigger rather than just little comments as they are in school together.

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

Week 2: 4d- you described the teaching to the mother about baby feeding at the breast versus using the breast to pacify themselves. Good educational topics were discussed with mom. Good job RH

Week 4 – 4b – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You then helped alphabetize and document the information further on the required ODH documentation forms. This was a terrific help to the school nurse. KA

Week 4 – 4d – You did a nice job educating the high schoolers as needed on the screening process and ensuring they were able to perform it correctly so the results would be valid. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. KA

FTMC OB Objective 4 C, D, and E-You were able to discuss advocacy for the patient, provide appropriate education for the patient, and analyze pathophysiology about the patient. MD

FTMC OB Objective 4D-This week you provided outstanding education for your patient! It was specific to her needs and you delivered the information in a caring and compassionate manner! You were also able to answer questions and seek clarification when needed! Awesome job! MD

Week 7- 4d- You were able to provide developmentally appropriate education to the children at the Boys and Girls Club. Nice job! BS

Student Name:				Course Objective:			
Date or Clinical Week:							
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	
	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 need a goal statement on your care map and there was not one listed on your final copy.
	5. State the goal for the top nursing priority.	Complete			Not complete	0	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	
	15. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	
Reference An in-text citation and reference are required. The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both. The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.							
Total Possible Points= 45 points 45-35 points = Satisfactory 34-23 points = Needs Improvement* < 23 points = Unsatisfactory* *Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. ***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *** Faculty/Teaching Assistant Comments:						Total Points: 42/45	
						Faculty/Teaching Assistant Initials: RH	

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

Comments:

FTMC OB Objective 4 F and H-This week you did an awesome job with correlating diagnostic tests and medical treatment for the patients you took care of. MD

Objective																		
5. Collaborating professionally with members of the health care team, childbearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Demonstrate interest and enthusiasm in clinical activities.		S	N/A	S	N/A	S	S	S	S									
b. Evaluate own participation in clinical activities.		S	N/A	S	N/A	S	S	S	S									
c. Communicate professionally and collaboratively with members of the healthcare team.		S	N/A	S	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	S	NA	S	N/A									
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		N/A	N/A	N/A	N/A	S	NA	S	N/A									
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	N/A	S	NA	S	N/A									
g. Consistently and appropriately post comments in clinical discussion groups.		S	N/A	S	N/A	S	S	S	S									
		RH	RH	RH	RH	RH	RH	RH										

Comments:

Week 2 lactation comment: Marked excellent in all areas. Rebecca Smith RN, CLC

FTMC OB Objective 5 A, B, and C-You did an amazing job with being interested and enthusiastic in clinical, participating and communicating professionally during this clinical experience! MD

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

Week 7- 5a- You were active and engaged while providing education to the K-6 grade children at the Boys and Girls Club. BS

Objective																		
6. Critique own strengths and areas for improvement modifying behaviors accordingly to achieve personal and professional goals. (7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Recognize areas for improvement and goals to meet these needs. (List Below)*		S	N/A	S	N/A	S	S	S	S									
b. Accept responsibility for decisions and actions.		S	N/A	S	N/A	S	S	S	S									
c. Demonstrate evidence of growth and self-confidence.		S	N/A	S	N/A	S	S	S	S									
d. Demonstrate evidence of research in being prepared for clinical.		S	N/A	S	N/A	S	S	S	S									
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		S	N/A	S	N/A	S	S	S	S									
f. Describe initiatives in seeking out new learning experiences.		S	N/A	S	N/A	S	S	S	S									
g. Demonstrate ability to organize time effectively.		S	N/A	S	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.		S	N/A	S	N/A	S	S	S	S									
i. Demonstrates growth in clinical judgment.		S	N/A	S	N/A	S	S	S	S									
		RH	RH	RH	RH	RH	RH	RH										

Comments:

Week 2 6a: An area of improvement this week would be to not be afraid to get too close while learning in clinical. Although I asked if the patient was comfortable with me being in there, I didn't want to get too close and personal while she was showing the lactation nurse her breast feeding. She then told me I could get closer to ensure I can see what was going on with the baby. For next clinical I will get closer for my learning experience by getting more comfortable with the patients and ask if everything I do is okay instead of assuming it could not be. **It can be intimidating with this semester because we are assessing women differently than we did in previous courses. It is important to remember that we are doing what we are supposed to and we are there to assist the patients. Good job recognizing your hesitation and trying to make an effort to improve for next time. RH**

Week 3: N/A

Week 4: Due to the adolescents being in high school and a lot of them were 15-18, I assumed that there would be no confusion on identifying right from left. Given that this may be a stressful situation for some, I recognized the need to improve on my communication and instead of assuming, I handed them the headphones with the red on the right for correct placement, as well told them to put them just like that. In the future, I will not just assume and from the start I will try to make it less stressful for them and make sure I am handing them exactly the way they need to put them on, as well as explain to them to put the headphones on just like that from the beginning and not after they put them on incorrect. **Good job finding a way to change what you were doing to better accommodate the students. RH**

Week 5: N/A

Week 6: An area of improvement this week would be being a little bit too gentle. Be gentle with patients is always the right thing to do, but I needed to discontinue an IV. Since I was being so gentle I could not even get the tape off. I eventually realized that in that scenario I could not be so gentle and needed to get the tape off and get it out of her hand due to being infiltrated. I will continue to work on this and for next clinical, I will work on using a little bit more force when it is needed. **I understand the need to be gentle with the removal of the tape and catheter, but sometimes when pulling slowly at the tape it can be more uncomfortable than taking it off quickly. RH**

FTMC OB Objective 6-You have done very well obtaining this competency this week! You were able to demonstrate growth in all areas including decision making, being prepared for clinical, being professional, seeking out learning experiences, being organized, using an ACE attitude, and growing throughout the clinical experience. AWESOME job! MD

Week 7: An area of important this week would be to pick an activity that is more fun. Although the kids enjoyed the activity to an extent, they were wanting to talk and do other things more. For next clinical or another experience like this, I will search up education games on my topic that I had so the kids can do a game instead of a sitting down activity to be more activity. **Games are always a fun way to learn. RH**

Week 7- 6d,e- You were prepared for your activities at the Boys and Girls Club and acted professionally at all times. BS

Week 8: An area of improvement this week would be to be more authoritative with the kids. The groups towards the end of the day got rowdier than the other groups so it was hard to hear as well as they kept going when it wasn't there turn and running around. I had to get more stern towards the end to keep them from running all over or hurting themselves, but I should've been more authoritative the start. For next clinical or next opportunity, I will be more authoritative from the start so the kids don't get to the point of being too rowdy, hurting themselves and not listening.

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

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills														
	Adult Head to Toe Assessment (*1, 2, 5, 6)	Breastfeeding and Bottle Feeding	Breast Assessment (*1, 2, 3, 4, 5, 6)	Circumcision Care (*1,2,6)	Broselow Tape (*1,2,3,5)	Leopold's (*1, 2, 3, 5, 6)	APGAR (*2, 3, 4, 5, 6)	Breast Self-Exam (*1, 4, 5, 6)	Pediatric Vital Signs (*1,4,5)	Pediatric Lab Values (*1,4,5)	C-Section Care (*1, 2, 5, 6)	Health Literacy (*2,5,6)	Safety (*1,2,3,5,6)	Postpartum Assessment (*1, 2, 6)	Newborn Bath and Cord Care (*2, 4)
	Date: 8/20	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (*1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditech (*1,2,3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/22	Date: 10/21
Evaluation	S	S	S	S	S	S	S	S	S	
Faculty Initials	RH	RH	RH	RH	RH	RH	RH	RH	RH	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/19	Date: 9/23	Date: 10/3	Date: 10/7	Date: 10/17 & 10/18	Date: 10/24 & 10/31	Date: 11/4	Date: 11/5 & 11/6	Date: 11/15	Date: 11/19	Date: 11/22	Date: 11/22	Date:
Evaluation	S	S	S										
Faculty Initials	RH	RH	RH										
Remediation: Date/Evaluation/Initials	NA	NA	NA										

* Course Objectives

Comments:

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): **Knupke M, Pulizzi C, Swinehart A**

GROUP #: **10**

SCENARIO: **Pregnancy and PPH**

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

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Assessment begins with VS. FSBS- 200. Patient CO feeling dizzy and lightheaded. Notices bleeding. Notices BP improving following methylergonovine.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (2, 4) *					Interpreted need for fetal monitor. Interpreted need for FSBS. FSBS 200- interpreted as high. Fetal strip interpreted- accelerations. Prioritized assisting patient to left side. Prioritized BP when patient CO dizziness, interpreted as low. Prioritized the need for fundal massage. Notices fundus firming after methylergonovine.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1, 2, 3, 5) *					Urine sample collected and sent to lab. Call to lab for UA results. Fetal monitor applied. Patient questioned about pregnancy history. FSBS obtained. Patient assisted to left side. Call to HCP with report (great job). Orders received for fluids, acetaminophen, Procardia, US to verify dates. Orders read back. Call to imaging regarding US. IV fluid initiated. Patient identified. Call to pharmacy to question indication for Procardia, explanation provided. Medications prepared, patient identified, allergies verified, medications administered. US confirmed 33 weeks gestation. Dietary education, THC cessation, support groups, and the importance of prenatal care discussed. BP assessed to be low. Bleeding discovered, fundus immediately massaged. Call to HCP to report PPH and request orders. Order received for methylergonovine. Medication prepared and administered appropriately. Mona's symptoms reassessed following medication administration. Patient education provided. Call to HCP to report resolution of symptoms and bleeding.
• 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	
REFLECTING: (6) *					Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did very well with each. Good use of resources when calling pharmacy regarding the actions of
• Evaluation/Self-Analysis:	E	A	D	B	

• Commitment to Improvement: E A D B	Procardia. Great job also with SBAR communication when phoning physician. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* *Course Objectives	You are Satisfactory for this scenario! BS Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Interpreting: Focuses on the most relevant and important data useful for explaining the patient’s condition In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Shows mastery of necessary nursing skills Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Knupke (A), Pulizzi (M), Swinehart (C)

GROUP #: 10

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/24 1200-1330

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
NOTICING: (1,2,5) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Introduce self, identify patient (name/DOB) Ask about contraction frequency Obtain vitals Ask about health history regarding pregnancy (gestational diabetes, weight gain, history of previous pregnancies, prenatal care) Continue head to toe assessment Pain assessment: type of pain, rating, Obtain cervical assessment prior to nubain administration Reassess pain after nubain administration Obtain vitals on mom post delivery APGAR 1 minute: color, cry, tone, heartrate (152), respirations (44). Total-9 Assess fundus on mom: firm and midline, perform remainder of post-partum assessment
INTERPRETING: (2,4) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interpret fetal monitor as accelerations and associate that with fetal wellbeing Interpret vitals as WDL

RESPONDING: (1,2,3,5) *					Education provided on risk factors of shoulder dystocia
• Calm, Confident Manner:	E	A	D	B	Call pharmacy to verify antibiotic compatibility with LR
• Clear Communication:	E	A	D	B	Medication administration: penicillin. Education provided on reasoning for administration. Hang secondary bag above primary bag, check name/DOB, verify allergies, scan patient and medications, program pump correctly. Scrub hub of tubing before hooking up secondary tubing.
• Well-Planned Intervention/ Flexibility:	E	A	D	B	Turn patient to left side for some pain relief.
• Being Skillful:	E	A	D	B	Educate patient on risks of shoulder dystocia prior to delivery
					Educate patient on pain management options.
					Medication administration: nubain. Correct dose, correct route, correct needle size, use of needle safety. Verify allergies prior to administration but did not verify name/DOB.
					Call healthcare provider. SBAR quick and to the point.
					Education provided on expected bleeding amount after birth, importance of follow up appointments
					Baby is coming: call for help, McRoberts, suprapubic pressure, rotational maneuvers, remove posterior arm, roll to hands and knees, episiotomy
					Call healthcare provider to inform patient is in labor
					Immediately after delivery: dry baby off, offer skin to skin with mom, place baby in warmer
					Medication administration: erythromycin ointment. Explain to mom why it is to be administered. Administered with correct technique.
					Medication administration: scan patient, scan medications, correct dose, correct route, correct location, use of correct needle size, use of needle safety.
					Put hat on baby, swaddle baby, and do skin to skin with baby
					Call healthcare provider (pediatrician) for update after delivery. Update on baby delivery and apgar scoring

REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	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 discussed all interventions done and education provided to mom during simulation. Team reflected well on their performance.
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: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Shows mastery of necessary 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.

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

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

Student eSignature & Date: _____