

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

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

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Fall

**Date of Completion:**

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

**Faculty eSignature:**

**DIRECTIONS FOR USE:**

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

**METHODS OF EVALUATION:**

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

**Absence: (Refer to Attendance Policy)**

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

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

7/18/24 KA

## PERFORMANCE CODE

### SATISFACTORY CLINICAL PERFORMANCE

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

### UNSATISFACTORY CLINICAL PERFORMANCE

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

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

### OTHER

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

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

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SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
9/27/24	Acute pain related to spinal headache	RH

<b>Objective</b>																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
<b>Competencies:</b>																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		N/A S	N/A	S	N/A	S	N/A	S	S									
b. Provide care using developmentally appropriate communication.		N/A	N/A	S	N/A	S	N/A	S	S									
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		N/A S	N/A	N/A	N/A	S	N/A	S	S									
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	N/A	N/A	S	N/A	S	S									
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	N/A	S	N/A	S	N/A	S	S									
<b>Clinical Location Age of patient</b>		Lactation	No clinical	BV	No Clinical	OB Firelands	No clinical	MIDTERM	ER FTMC, St Mary's									
		RH	RH	RH	RH	RH	RH	RH										

**Comments:**

1e week two. I would select trust versus mistrust because the baby was just born the day before. This means the baby will go through the stages of trust and mistrust. It will learn who it trusts and who it does not feel that connection with. **Very nice! RH**

**Week 1: I changed 1a to "S" because you addressed this in your CDG this week. You explained how the baby had a high palate and how baby was having a difficult time latching to mom for feedings. You also discuss mom's history with breastfeeding and her knowledge deficit as it was her first time breastfeeding. I also changed 1c to "S" as you addressed that with your CDG as well. You explain how education was provided for syringe feeding the baby and how this helped with the feeding. RH**

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

1e Week three: I did not have clinical this week

1e week four: I would select identity vs role confusion because the group I worked with were adolescents and during this stage they are learning how to be more independent and they are figuring out who they are as a person. **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**

1e week five: I did not have clinical this week.

1e week six: I would select trust vs mistrust because one of my patients was the baby who was only one day old which means she is not used to the world and is learning who to trust and feel safe around vs who or what makes her feel unsafe. **RH**

**Week 6: 1b, c, d- You used great communication with your patient while doing an assessment. You were calm and answered all questions that the mom asked you. You were able to recall the newborn assessment and perform it well. RH**

1e week seven: no clinical this week

1e week eight: One patient I seen in the ER would fall under industry vs. inferiority. The patient was a six-year-old which means this child is learning new skills and is in school working with other children.

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

**Comments:**

Week 1: were there no resources available to mom or baby while you did this clinical experience? If not, then leave 1j as "N/A", but if resources were provided and available, this should be changed to an "S" 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

Week 6: 1i, j- I changed both of these to “S” because we did discuss the importance of mother/baby bonding. We also discussed some of the resources available to the families that deliver at Firelands. Some of the resources were in the discharge packet we reviewed and some were at the ward clerk desk at the front of the unit. RH

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

**Comments:**

2g week two . One social determinant of health for this was the patient was not properly educated on some specifics of what to expect once her baby was born. She had explained that she did not know when she needed to feed the baby. This was also her first baby, so she did not know a lot about breast feeding. It did seem as though the family had a good support system. **Good job identifying this! Some new moms do not have the education prior to birth to know what to expect and breastfeeding can be intimidating to some. RH**

**Week 2: I changed 2b to “S” due to you using standard precautions while caring for patients this week. This includes “foam in and foam out” as well as using gloves. RH**

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

2g week three: I did not have clinical

2g week four: One social determinant of health for the specific age group I was with which was adolescents, would be social support. The kids are in school which means their peers will play a big role in their lives. There have been a lot of issues with bullying among adolescents and it is important they feel safe and they know they have someone to depend on. **Good observation. 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**

2g week five: I did not have clinical this week.

2g week six: One social determinant of health for this patient would be stress. This patient has now two children to take care of and she is not able to function with the headache she has been having. This is causing the patient to become more stressed because she is unable to function normally due to the pain. She also had a blood patch done which means she is not able to lift anything more than the baby. This can also be stressful for her as she is used to doing more. **This can definitely be stressful. Though she can lift her baby, if the baby is in the carseat, that is much heavier than the baby alone so she would need assistance moving baby into and out of the car. RH**

**Week 6: 2b- you used standard precautions when caring for mother and baby. You also recognized that after baby has had a bath we do not need to use gloves, but prior to a bath we must use gloves when caring for the infant. RH**

**Week 6: 2c- you did well with the newborn assessment. You asked questions when you needed assistance but you led the assessment yourself. RH**

**Week 6: 2d, e- you performed medication administration with correct technique and performed all your checks. You performed a medication administration on baby (IM) as well as for a mother (PO). RH**

2g Week 7 : No clinical this week

2g Week 8: One social determinant of health for the St Mary’s school is social support for the students. There are several age groups of students that attend this school. They need social support to get through school and life. It is also important that they are social with one another and using communication. Bullying can occur at any point in school unfortunately which can be a big problem for these children. They need as much support as possible.

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

**Comments:**

3d week two. One thing I noticed was one nurse was very upset because a baby had not eaten since 1am and it was around 10am. They have charts that are supposed to be charted on and they had not been charting the correct information on it. The nurse explained that this can affect the care that is given to the patient because they are going off of the wrong information. **This can be a big problem because babies need nutrition and have no way of telling us what is wrong other than crying. Also, the saying "if it is not charted, it did not happen" comes into play here. That nurse is unable to chart that the baby was fed if the parents did not write down when the baby was fed. RH**

3d Week three: I did not have clinical this week

3d week four: I did not notice any legal or ethical issues during this clinical. I think it is great that they offer these screenings in school for these children. There were a few people that had mentioned they were unable to pay for glasses which is why they didn't have them during school. I think this is unfair because it affects their learning and everyday life. **This could be due to lack of insurance or extra funds at home. Typically, the school nurses have vouchers or coupons for parents to use if that is necessary. One legal thing that can happen is that if the students do not follow up with a professional for a screening, the nurses have to report that to the state and the state is aware the parents are not taking the child to the recommended screenings. RH**

3d week five: I did not have clinical this week.

3d week six: I did notice the patient had reported she did not have instant relief from the blood patch procedure that was done but it was charted that she did have instant relief from it. **This is definitely not okay. If that patient's chart was reviewed and the pain assessment did not line up with the notes the provider placed in the chart, it would cause flags based on all charting done on that patient. RH**

3d week seven: No clinical this week

3d week eight: A legal and ethical issue I observed in the ER is there were a few times I noticed some of the nurses would have the patient's information up on the computers and they would leave them open while they walked away.



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

Week 2: Did you not witness any examples of patient or family advocacy during this clinical? If not, leave 4c as "N/A", but if you did witness some type of advocacy, this needs to be changed to "S". 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

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

Week 6: 4d- You were able to educate the mother on importance of taking Tylenol/ibuprofen to assist with her pain rating and recovery. RH

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



Student Name: <b>D. Houghtlen</b>				Course Objective:			
Date or Clinical Week: <b>6</b>							
Criteria		3	2	1	0	Points Earned	Comments
<b>Noticing</b>	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	All criteria met. RH
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. RH
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
<b>Responding</b>	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. RH
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Make sure you are clear on your reassessment. You state "blood patch site reassessment" but do not state what the reassessment was. Was it WDL, was there drainage, was there redness, etc.
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	Complete			Not complete	3	

### Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement\*

< 23 points = Unsatisfactory\*

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

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

**Faculty/Teaching Assistant Comments:**

**Total Points: 45/45**

**Faculty/Teaching Assistant Initials: RH**

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
f. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	S	N/A	S	S									
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	S	N/A	S	S									
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	N/A	S	S									
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	N/A	S	S									
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	S	N/A	S	S									
		RH	RH	RH	RH	RH	RH	RH										

**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.

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

**Comments:**

Week 2: 5g Your CDG this week was great, it allowed me to see what type of visit you had with the lactation consultant and the patient. I wish you were able to go back in with the lactation consultant to watch baby latch with some assistance, but I understand the lactation consultant wanting to wait until family left. RH

Week 2 lactation comment: marked excellent in all areas. "Friendly, asked good questions" Rachel Figgins RN, CLC

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

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

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

**Comments:**

6a week two . I was nervous for this clinical and unsure of what to expect which made me a bit timid at first. I would like to improve on this by opening up more at the start of the clinical experience. I was able to open up once I got comfortable, but I would like to be more open as soon as I start clinical. **This is a good goal. It can be intimidating at first because this semester is full of specific populations to care for and it is different from a medical surgical experience. RH**

6a week three: I did not have clinical this week

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

6a week four: One area for improvement for this clinical that I noticed was I did not feel as prepared for the vision portion. I felt like I should have done more research a few days before so I could have been more confident. I kept mixing up which eye to start with and had to have a few students do it again, but I was able to get it down eventually. I will improve on this by doing more research before the next clinical and any skills I may need to perform. **Good goal. RH**

**Week 4 – 6h – You did a great job displaying your ACE attitude while on clinical and stayed over to help the school nurse finish organizing her screening documentation. Wonderful job! Thank you for your kindness and commitment! KA**

6a week five: I did not have clinical.

6a week six: One area for improvement for me is that I was giving the baby I had an IM and the medication did not come out when I was giving it. I will improve on this by watching videos on injections for babies and hope by the next clinical I will be able to give an injection and feel successful about it. **It has been a while since we have done IM injections on a real person so review is always great. You did all the proper steps, I think you were nervous because it was a baby and you did not want to push the syringe hard enough to get the fluid out. RH**

6a week seven: No clinical this week

6a week eight: One area for improvement for me would be I would like to feel more comfortable with using the IV pumps. I was able to program a pump during clinical to run fluids through and it took me a few minutes to do it. The nurse helped walk me through it when I felt stuck but I'd like to be able to do it on my own! I am going to try to stay after some time or set up time to use the pumps at school I think this will help me feel more comfortable.

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

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

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

\* Course Objectives

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

\* Course Objectives

Comments:

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

<b>Simulation Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/12 & 9/19	Date: 9/23	Date: 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	U	S	S										
Faculty Initials	RH	RH	RH										
Remediation: Date/Evaluation/Initials	S 9/20 RH	NA	N/A										

\* 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): Houghtlen, Schnellinger

GROUP #: 9

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/19/2024 1000-1130

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (1, 2, 5) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E        A        <b>D</b>        B</li> <li>• Recognizing Deviations from Expected Patterns:           E        A        <b>D</b>        B</li> <li>• Information Seeking:           E        A        D         <b>B</b></li> </ul>						<p>Hand hygiene, patient identified. VS, heart and lung sounds assessed. Pregnancy history obtained. BP reassessed prior to administering Procardia. Charge and medication nurses staying outside the patient room during entire assessment. Not introducing self and not assisting. Patient identified, begins to CO of being dizzy and lightheaded. Charge nurse and medication nurse not very involved, should be in the room helping.</p>
<p><b>INTERPRETING: (2, 4) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E        A        <b>D</b>        B</li> <li>• Making Sense of Data:       E        A        <b>D</b>        B</li> </ul>						<p>Interpreted need for fetal monitor. Fetal strip interpreted- good variability, accelerations, contraction time, and frequency. UA results interpreted. BP interpreted as WNL. Indication for Procardia interpreted.</p> <p>Notices boggy uterus and excessive bleeding. Notices BP and HR improving following methylergonovine. Uterus noted to be firm. Charge nurse and assessment nurse stay outside patient room until they are asked to assist.</p>
<p><b>RESPONDING: (1, 2, 3, 5) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       E        A        D         <b>B</b></li> <li>• Clear Communication:       E        A        D         <b>B</b></li> <li>• Well-Planned Intervention/ Flexibility:           E        A        <b>D</b>        B</li> <li>• Being Skillful:           E        A        D         <b>B</b></li> </ul>						<p>Fetal monitor applied. Patient assisted to left side. Urine sample collected. Call to HCP, (remember to gather necessary information prior to calling). Assessment nurse left patient room to phone the provider. Charge nurse should be attentive to what is going on, get a report from the assessment nurse, and make the phone call. Additional assessment data gathered. Call to HCP with additional assessment information and UA results. Orders received for fluid, Acetaminophen, Procardia, orders read back. Pain assessed- rated 4-5/10. Prenatal care encouraged. Call back to HCP by assessment nurse. Orders for US to verify dates, patient education. US complete, date verified confirming 33 weeks. Call to HCP to question Procardia due to lack of history of hypertension. Indication determined. IV fluid initiated. Prenatal and dietary education provided. Four calls to the provider all made by the assessment nurse. Charge nurse and medication nurse hesitant to get involved in scenario.</p> <p>Assessment nurse notices PPH and begins to massage fundus and calls HCP. Team members – should come in to help and assist- this is an emergency. In this situation, the priority for the assessment nurse</p>

	<p>is to massage the fundus while the charge nurse or medication nurse (whoever is free) makes the phone call. Other nurse offers to help and comes in to take over phone call. Order received, medication prepared and administered. BP and HR reassessed with noted improvement. Pads weighed- 600g. Education provided by all three team members</p>
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E A D B</li> <li>• Commitment to Improvement: E A D B</li> </ul>	<p>Team discussion of the scenarios. Discussed the importance of teamwork and SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)*</li> <li>2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)*</li> <li>3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)*</li> <li>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)*</li> <li>5. Implement appropriate nursing interventions upon</li> </ol>	<p><b>You are Unsatisfactory for this scenario. BS</b></p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment Is ineffective in seeking information; relies mostly on objective data; has difficulty interacting with the patient and family and fails to collect important subjective data</p> <p>Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data In 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: Except in simple and routine situations, is stressed and disorganized, lacks control, makes patients and families anxious or less able to cooperate Has difficulty communicating; explanations are confusing; directions are unclear or contradictory; patients and families are made confused or anxious and are not reassured Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient’s response Is unable to select and/or perform nursing skills</p> <p>Reflecting: Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

<p style="color: red;">completion of nursing assessment. (1, 2, 5)*</p> <p style="color: red;">*Course Objectives</p>	
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## Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Houghtlen C, Schnellinger A

GROUP #: 9

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/19/2024 1000-1130

<b>CLINICAL JUDGMENT COMPONENTS</b>	<b><u>OBSERVATION NOTES</u></b>
<p style="color: red; margin: 0;"><b>NOTICING: (1, 2, 5) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:            <b>E</b>        A        D        B</li> <li>• Recognizing Deviations from   Expected Patterns:            E        <b>A</b>        D        B</li> <li>• Information Seeking:            E        <b>A</b>        D        B</li> </ul>	<p style="color: red; margin: 0;">Introduction, patient identified. Patient CO abdominal pain rated 5/10. VS initiated. Charge nurse gathers pregnancy history information.</p> <p style="color: blue; margin: 0;">Patient identified. Patient CO feeling lightheaded and dizzy. BP measured. Notices low HR. Notices boggy uterus and bleeding.</p>
<p style="color: red; margin: 0;"><b>INTERPRETING: (2, 4) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:                E        <b>A</b>        D        B</li> <li>• Making Sense of Data:            E        <b>A</b>        D        B</li> </ul>	<p style="color: red; margin: 0;">Interpreted the need to place fetal monitor on patient. Monitor waveforms interpreted- contractions q 2 min, FHR 145.</p> <p style="color: blue; margin: 0;">BP interpreted as being low. Interprets HR as being high due to falling BP. Interprets uterus firming up as indication of medication effectiveness.</p>

<p><b>RESPONDING: (1, 2, 3, 5) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner: E     <b>A</b>     D     B</li> <li>• Clear Communication: E     <b>A</b>     D     B</li> <li>• Well-Planned Intervention/ Flexibility: E     <b>A</b>     D     B</li> <li>• Being Skillful: E     <b>A</b>     D     B</li> </ul>	<p>Patient questioned about pregnancy/prenatal care. Prenatal care encouraged. Gestational diabetes history discussed. Questions regarding contractions- duration, frequency. Fetal monitor applied. Urine sample sent to lab. Patient assisted to left side. Call to lab for UA results. Call to HCP with report, pertinent information relayed to HCP. Orders received for IV fluids, acetaminophen, Procardia, and US to verify dates. Medications prepared, patient identified, allergies confirmed. IV fluid initiated, acetaminophen and Procardia explained and administered.</p> <p>Measures BP in response to patient CO dizziness and lightheadedness. Peri area assessed, fundus immediately massaged, requests charge nurse to assist. Call to HCP to report hemorrhage. Orders received for methylergonovine. Medication prepared and administered. Uterus massaged until firm. Patient states feeling better. BP HR reassessed- found to be normalizing. Pads weighed- 600 g. Call to HCP to report blood loss volume and resolution of hemorrhage and symptoms. Patient education provided regarding lochia color and what to expect over the next few weeks.</p>
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: <b>E</b>     A     D     B</li> <li>• Commitment to Improvement: <b>E</b>     A     D     B</li> </ul>	<p>Team discussed the scenarios. Team met all expectations of the scenario and preformed well. Teamwork and communication were very good. Work was efficient and team worked together well to complete all tasks and objectives. Very nice job.</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <p><b>6. Implement appropriate nursing interventions and test to</b></p>	<p><b>You are Satisfactory for this scenario! BS</b></p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information 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 most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or</p>

<p>monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)*</p> <p>7. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)*</p> <p>8. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)*</p> <p>9. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)*</p> <p>10. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</p> <p>*Course Objectives</p>	<p>calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses</p>
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## Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Stang (C), Houghtlen (M), Schnellinger (A)

GROUP #: 9

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/24 1000-1130

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (1,2,5) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E       A       D       B</li> <li>• Recognizing Deviations from Expected Patterns:           E       A       D       B</li> <li>• Information Seeking:           E       A       D       B</li> </ul>						<p>Introduce self, identify patient (name/DOB)</p> <p>Pain assessment: location, rating</p> <p>Obtain cervical exam prior to nubain administration</p> <p>Assess fundus after delivery: firm and midline. Obtain vitals after delivery</p> <p>APGAR 1 minute: heartrate (150), respirations (50), cry, color, tone. Total: 10</p> <p>Assess reflexes in newborn to ensure all are positive. Complete newborn assessment</p> <p>Repeat post-partum assessment after time has passed. Reassess pain after delivery. Does full post-partum assessment on mom (bowels, breasts, bladder, uterus, legs/edema, emotional state)</p>
<p><b>INTERPRETING: (2,4) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       A       D       B</li> <li>• Making Sense of Data:       E       A       D       B</li> </ul>						<p>Interpret fetal monitor and correctly identify frequency of contractions, interpret fetal monitor as accelerations</p> <p>Identify vitals are WDL</p> <p>Identify imminent delivery</p>
<p><b>RESPONDING: (1,2,3,5) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       E       A       D       B</li> <li>• Clear Communication:       E       A       D       B</li> <li>• Well-Planned Intervention/ Flexibility:           E       A       D       B</li> <li>• Being Skillful:           E       A       D       B</li> </ul>						<p>Call healthcare provider. SBAR organized.</p> <p>Offer pain management options. Education on pain medication ordered and how it would impact baby.</p> <p>Education provided on penicillin and why needs to be administered.</p> <p>Medication administration: nubain and PCN. Check name/DOB, verify allergies, scan patient, scan medications, hang secondary bag above primary bag, clean hub prior to hooking up secondary tubing. Hook up secondary tubing below the pump.</p> <p>Nubain admin: correct dose, verify name/DOB, use of subcutaneous needle rather than IM needle, correct IM technique used, use of needle safety.</p> <p>Baby is coming, does not call healthcare provider prior to attempting</p>

	<p>delivery</p> <p>Baby is coming: call for help, McRoberts, suprapubic pressure, rotational maneuvers, roll to hands and knees, evaluate for episiotomy, remove posterior arm</p> <p>Immediately after delivery dry off baby, put baby in warmer,</p> <p>Verify mom is okay with medication administration to baby (vitamin K and erythromycin)</p> <p>Medication administration: erythromycin ointment- applied appropriately, scan patient and medication. Vitamin K: correct dose, correct technique, correct location, use of needle safety. Use of adult IM needle for infant injection.</p> <p>Education on bleeding expectations for new mother. Education provided on post-partum depression/baby blues</p> <p>Does not place hat on baby</p> <p>Call healthcare provider with update on mother after delivery.</p> <p>Gather consent for circumcision on baby. Education provided on circumcision care on baby after procedure will be done.</p>
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E      A      D      B</li> <li>• Commitment to Improvement: E      A      D      B</li> </ul>	<p>Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Team remediated on correct needle size for IM injection on infant. Team remediated on correct needle size for adult IM injection. Discussion on importance of hat on baby. Team discussed all interventions done and education provided to mom during simulation. Team reflected well on their performance.</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p>	<p><b>You are Satisfactory in this simulation! RH</b></p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p>

**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)\***

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: 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. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. 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: \_\_\_\_\_