EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Melisa Fahey

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)
8/22/24	5	H&V Online Orientation	8/23/24 KA
9/24/24	4	Firelands ER Clinical	10/29/24

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

7/18/24 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

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

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Make up	**Final**
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.	N/A	N/A	N/A	N/A	S	N/A	S		S									
b. Provide care using developmentally appropriate communication.	N/A	N/A	N/A	N/A	S	N/A	S		S									
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.	N/A	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	N/A		N/A									
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below and explain reason for choice)***	N/A	N/A	N/A	N/A	S	N/A	S		S									
Clinical Location Age of patient	1st Week of School	No Clinical	No Clinical	No Clinical	FRMC OB	Missed FRMC ER	Hearing & Vision		BG Club, St Marv's									
	KA	KA	KA	KA	KA	KA												

Comments:

1e. Wk 5 Stage 6 Intimacy vs. Isolation is the stage I chose because I was caring for a mom and dad that were in their mid 20's and they were on their second child both little girls. They are in a place in their lives where intimacy has come to be a big part of their lives. This Mom and Dad have committed to each other and have a family to fill their days. They were very affectionate and thoughtful of each other the entire day. I saw several exchanges of love through hugs and kisses and they both showed the same for their tiny baby girl. This is one of the best times of their lives where they have each other and family to fill this time of their life. Terrific job! KA

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

Week 5 – 1a – You did a wonderful job providing holistic care to the mom you were assigned to this week.

Week 7, 1e. Stage 4 Industry vs. Inferiority. The children at the Hearing and Vision at Clyde School were very well behaved. The individuality that I saw with each child was in the way they dressed, the fact that boys had long nails that were painted black, girls with very short haircuts, strong opinions on how they wanted to peak at me hitting the button for the hearing screening because in their heads they thought it was devastating to fail the test, not realizing that it was more important to figure out if they could hear or not.

Week 8, 1e. Stage 4 Industry vs. Inferiority. The children at the B & G Club were definitely learning to their own individuality and really wanted to monopolize the students as we were speaking to the children about how to exercise. They were rushing up to us, finding it difficult to sit still and listen. It appeared as though the children were struggling to share time with each other with the Nursing students. They were trying to prove that each of them were worthy of our time. It was very chaotic.

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	N/A	N/A	N/A		N/A									
g. Discuss prenatal influences on the pregnancy. **Maternal**	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A									
h. Identify the stage and progression of a woman in labor. **Maternal**	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A									
i. Discuss family bonding and phases of the puerperium. **Maternal**	N/A	N/A	N/A	N/A	S	N/A	N/A		N/A									
j. Identify various resources available for children and the childbearing family.	N/A	N/A	N/A	N/A	S	N/A	N/A		N/A									
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.	N/A	N/A	N/A	N/A	S	N/A	S		S									
l. Respect the centrality of the patient/family as core members of the health team.	N/A	N/A	N/A	N/A	S	N/A	N/A		N/A									
	KA	KA	KA	KA	KA	KA												

Comments:

Week 5 – 1j – Your patient was having concerns with getting Medicaid and WIC set up for the baby before being discharged. You worked with the nurse to help ensure the patient had the referrals and resources needed. KA

***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.	N/A	N/A	N/A	N/A	S	N/A	S		S									
b. Perform nursing measures safely using Standard precautions.	N/A	N/A	N/A	N/A	S	N/A	N/A		N/A									
c. Perform nursing care in an organized manner recognizing the need for assistance.	N/A	N/A	N/A	N/A	S	N/A	S		S									
d. Practice/observe safe medication administration.	N/A	N/A	N/A	N/A	S	N/A	N/A		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	N/A	N/A		N/A									
f. Utilize information obtained from patients/families as a basis for decision-making.	N/A	N/A	N/A	N/A	S	N/A	N/A		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)***	N/A	N/A	N/A	N/A	S	N/A	S		S									
	KA	KA	KA	KA	KA	KA												

Comments:

2g. Wk 5 As far as it goes with my family that I cared for that have an interracial relationship and were in their mid 20's which are more than half my age, I was careful to be thoughtful that maybe our age differences could play a role in our beliefs regarding children. Being in nursing school I have been able to be more careful expressing my thoughts and beliefs knowing they are different from the people in their 20's and younger. I do need improvement when it comes to understanding that I need to improve

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

on what I feel are common conversations for small talk to engage with patients. It is great insight to recognize that different generations have different cultural thoughts and beliefs. This can definitely impact how rapport is built between the nurse and patient. Good thoughts! KA

Week 5 – 2b – You did a great job assessing and managing the patient's IV fluids and site and recognizing when it was infiltrated and required further intervention. You had the opportunity to DC the IV site of another patient and utilized good technique and appropriate precautions. KA
Week 5 – 2c – You did a wonderful job working you're your classmates as they provided a baby bath to a newborn and monitored the newborn's temperature before and after bath. KA
Week 5 – 2d – You did a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. You had the opportunity to pass multiple PO medications on your patient. Nice job! KA

Week7, 2g. With the children at the Hearing & Vision screening, since they were all different ages it was important to be age appropriate when speaking with them. One of the children seemed to be really struggling reading the letters on the screening machine. I could tell something did not seem right and that he knew the letters. I know someone that is dyslexic, so I had a feeling that was what was going on, so I asked him, "can you read the letters, just struggling to tell which letter is which?" The student said that he could see all of the letters, but that he was dyslexic. It felt good to recognize what was happening instead of just failing him.

Week 8, 2g. In regards to the St. Mary's clinical experience, the SDOH that my group recognized that we had to determine what each age and grade of the students were learning so we could discuss hygiene in their age appropriate way so they could understand what we were talking about. It was fun working with the children figuring out what was exciting for them in their learning process.

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

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

Comments:

3d. Wk 5 One example of an ethical issue that I observed was my family had a couple times that I observed them leaving their newborn on the nursing pillow on the bed without any immediate supervision. Dad was in the room, but further than a few arms lengths away if anything were to happen and mom was in the bathroom in both situations. I did bring it to the attention of my instructor because I was concerned for the safety of the newborn. You never know when the baby could move and possibly roll off the pillow, possibly suffocating or falling off the bed. I do need to figure out a way to approach these types of situations to educate and make people aware of what could happen. This is definitely a safety concern that could turn to a legal issue is the baby fell. This type of issue is why there is an intervention on safe sleep habits in the EMR. This situation is best handled with education and approaching it from the perspective of trying to protect the baby from harm. KA

Week 7, 3d. It was important to have the students stand far enough away from the student testing their hearing and vision so as not to embarrass the ones that disabilities, etc which might cause problems for that student if the information got into the head of a troublemaking student that might bully or spread the disability to others.

Week 8, 3d We had to be careful at the B & G Club to take turns with the students so not to make any of the students feel as though they were not being treated fairly. We did not have enough gifts for every single student, so we made sure not to give out prizes that I had brought so we did not hurt any students feelings.

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

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

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~~ NI	S	N/A		N/A									
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)	N/A	N/A	N/A	N/A	S	N/A	N/A		N/A									
c. Summarize witnessed examples of patient/family advocacy.	N/A	N/A	N/A	N/A	S	N/A	N/A		N/A									
d. Provide patient centered and developmentally appropriate teaching.	N/A	N/A	N/A	N/A	S	N/A	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	N/A	N/A		N/A									
	KA	KA	KA	KA	KA	KA												

Week 5 – 4a – Your care map is currently a needs improvement based on not having both an in-text citation and reference. Please see the comments on the rubric for further details. KA

Week 5 -4b - You did a nice job documenting the postpartum assessment in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessment accurately. KA

Week 5 – 4d – You witnessed discharge teaching for the mother and newborn couplet and how the patient is removed from the security system before discharge. KA

Week 6 – 4a – You have satisfactorily completed your care map. See comments in blue below for your resubmission. KA

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

Student Name: Melisa Fahey	**Course Objective:** 4a
Date or Clinical Week: 5	

	Criteria	3	2	1	0	Points Earned	Comments
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3 3	You did a nice job identifying the patient's abnormal assessment findings, labs/diagnostics, and risk factors. KA You did a nice job identifying the patient's abnormal assessment findings, labs/diagnostics, and risk factors. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3 3	
	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 3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3 3	You did a nice job listing all the nursing priorities for the patient and highlighting the highest nursing priority. You wrote an appropriate goal and highlighted the associated findings in the noticing section. You listed 3 complications associated with the highest nursing priority and included the signs and symptoms nursing would monitor for. For the PTSD complication you wrote signs and symptoms that would cause the complication versus signs and symptoms of PTSD such as irritability, difficulty sleeping, easily startled. KA You did a nice job with the nursing priorities and goal sections. You highlighted the associated findings in the noticing section. You chose 3 appropriate complications and listed signs and symptoms nursing would monitor for. Your complication of PTSD still has signs and symptoms that would cause the complication versus signs and symptoms of PTSD the nurse would assess for. KA
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	3 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 3	
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3 3	
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	2 2	
Res	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2 2	You did a nice job writing your nursing interventions for your nursing priority. All of your interventions were prioritized,

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

ponding	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3 3	were realistic, and were time. One intervention did not have rational related to it. When listing medication interventions make sure to list the specific medications to make it more individualized. Other interventions you would want to include are provide fundal massage prn, weigh pads to determine blood loss, and educate about signs and symptoms of PPH. KA You did a nice job writing your nursing interventions for your nursing priority. Your interventions were prioritized, realistic, timed, and had rationale. You updated the medication intervention to include the specific medication ordered. Other interventions you would still want to include are provide fundal massage prn, weigh pads to determine blood loss, and educate about signs and symptoms of PPH. KA
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3 3	
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2 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 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 3	You did a nice job reevaluating all highlighted assessment and lab/diagnostic findings. Remember to include whether you would continue, modify, or terminate your care. KA You did a nice job reevaluating all highlighted assessment and lab/diagnostic findings and noted you would continue the plan of care. KA
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	0 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. In-text citation added to the nursing priorities section noting skyscape as the resource for your highlighted nursing priority, KA

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

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

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: Your care map is currently a needs improvement related to not having an in-text citation. Please make sure to add an in-text citation and resubmit your care map by Friday at 0800 to have it regarded. KA** **Your care map is satisfactory please see comments above for further areas to consider in the future. You did an excellent job making several improvements through the previous suggestions. KA**	**Total Points: 39/45 43/45** **Faculty/Teaching Assistant Initials:** KA

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

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	N/A		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	N/A	N/A		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	N/A	N/A		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	N/A	N/A		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	N/A	N/A		N/A									
	KA	KA	KA	KA	KA	KA												

Comments:

Week 5 – 4f, g, h, I – You did a nice job assessing your patient and researching their medical history when developing your care map. You actively discussed on clinical how the patient's diagnostic tests, medications, medical treatments, and diet related to their current health status and potential complications that may require further intervention. KA

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

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.	N/A	N/A	N/A	N/A	S	N/A	S		S									
b. Evaluate own participation in clinical activities.	N/A	N/A	N/A	N/A	S	N/A	S		S									
c. Communicate professionally and collaboratively with members of the healthcare team.	N/A	N/A	N/A	N/A	S	N/A	N/A		N/A									
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.	N/A	N/A	N/A	N/A	S	N/A	N/A		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	N/A	N/A		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	N/A	N/A		N/A									
g. Consistently and appropriately post comments in clinical discussion groups.	N/A	N/A	N/A	N/A	S	N/A	S		S									
	KA	KA	KA	KA	KA	KA												

Comments:

Week 5 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical and asked many questions to the nurses to learn as much as you could. . You were able to observe a hearing screening and PKU testing, assist with providing a baby bath, observe newborn NG placement, and assist a classmate with performing a newborn heart screen along with many other skills while on clinical this week! KA

Week 5 – 5e – You did a nice job navigating the EMR and gathering information on your patient to ensure you could provide appropriate care throughout your clinical day. KA

Week 5 – 5f – You provided hand off report to the appropriate nurse when leaving clinical at the end of shift. KA

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

Week 5 – 5g – Melisa, I did not grade your CDG this week since you complete the Care Map for one OB experience and the CDG questions for the other. I figured you would prefer I grade the Care Map for this clinical experience. If you would rather I grade the CDG instead please let me know. If you agree and are using the care map for this week's OB experience, you will be expected to redo the CDG questions for your Fisher Titus OB experience. KA

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

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

Comments:

6a. Wk 5 I definitely had a clinical full of recognizing my weaknesses and areas to improve. I recognize that in life and in nursing my insecurities and lack of confidence in myself can and do affect my ability to care for patients because they cause me to question myself and second guess myself in situations that I full well understand and am capable of doing well with. My goal is to work daily on my belief in myself through recognizing my strengths and trusting those strengths to build on and allow myself to

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

give the best care I can to my patient's and families. I greatly appreciate the growth I saw after our conversation and hope you keep going in this positive direction. This shows great self-awareness and desire for personal growth. KA

Week 5 – 6c – While on clinical with you I witnessed multiple occasions at the beginning of the shift where you showed a lack of confidence and trust in your capabilities and nursing skills. This behavior needed improvement compared to the competency standard. After discussing these concerns with you and the potential for this lack of confidence and trust in yourself to lead to issues in the skillfulness and safety of the care you provide to your patients I witnessed a change in your practice. You provided skillful and safe nursing care with confidence and autonomy for the remainder of the clinical day. Therefore, you are receiving a NI/S for your clinical experience this week. You must maintain this level of confidence for all clinical experiences to remain satisfactory in this clinical competency for the semester. KA

Week 6 – 6e – You showed up to your ER clinical without your name badge and could not attend your assigned clinical experience. Please make sure to make a comment on how you will prevent receiving a U in this competency in the future. KA
Week 7-6e In the future I will not take my badge off anywhere but in my vehicle where it is always placed on my dashboard so I have it. I took it off the day before my ER clinical and clipped it on my roller bag. That's where I forgot it and drove all the way to the clinical and at 31 minutes before my clinical I realized I didn't have it when I was gathering my things to go into the clinical. I will not do this in the future because it will remain on my person until I get in my vehicle and take it off and place it on the dash.

Week 7, 6a. Areas I could improve in the hearing & vision clinical is that I realized that the students were watching me hit the button on the hearing screening so they knew when to raise their hand stating they could hear the sound. I started having the students turning their backs to me so they couldn't see when I was pushing the button and could they actually had to hear the noise instead of guessing if I pushed it or not.

Week 8, 6a. An area of improvement I needed to make at the B & G Club was to learn and recognize that the young children tried to find ways with me to get their way so I would continue to let one child demonstrate the exercises and not take turns with others. I was afraid of hurting one of the children's feelings when they approached me, not realizing they wanted their way.

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

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

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

* Course Objectives

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

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Simulation**												
	Pregnancy and PP Simulation (*1. 2. 3. 5. 6)	vSim Maternity Case 1 (*1. 2. 3. 5. 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1. 2. 3. 5. 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1. 2. 3. 5. 6)	Pediatric GI Simulation (*1. 2. 3. 5. 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1. 2. 3. 5. 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/12 & 9/19	**Date: 9/23**	**Date: 9/26 & 10/3**	**Date: 10/7**	**Date: 10/17 & 10//18**	**Date: 10/24 & 10/31**	**Date: 11/4**	**Date: 11/5 & 11/6**	**Date: 11/15**	**Date: 11/19**	**Date: 11/22**	**Date: 11/22**	**Date:**
Evaluation	S	S	S										
Faculty Initials	KA	KA	KA										
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): Catanese (C), N. Drivas (M), Fahey (A)
GROUP #: 2
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/12/2024 0830-1000

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Patient identified. Inquires about pain- rated 5/10. Asks questions about pregnancy/gestation. VS. Heart and lung sounds assessed. Mona CO not feeling well, light-headed, not right. Patient identified.
• Focused Observation:	E	**A**	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	**D**	B	
• Information Seeking:	E	**A**	D	B	
INTERPRETING: (2, 4)*					BP interpreted to be WNL. Fetal monitor waveforms interpreted. UA results interpreted. Need for FSBS determined. FSBS 200- determined to be high. Dizziness and light headedness reported. Perineum assessed. Bleeding interpreted as being active. Fundus interpreted as being boggy. BP 88/48- determined to be lower. Fundus firming up.
• Prioritizing Data:	E	**A**	D	B	
• Making Sense of Data:	E	**A**	D	B	
RESPONDING: (1, 2, 3, 5) *					Discusses the importance of prenatal care, past pregnancies. Inquires about history of gestational diabetes. Fetal monitor applied. Patient assisted to left side. Explains to patient baby might be large due to gestational diabetes. FSBS 200. Call to provider with good SBAR report. Orders received for fluid, Procardia, acetaminophen, and US to verify gestational age, orders read back. Medications explained to patient, patient identified. Mona asks what Procardia is. Medication looked up. Assessment nurse providing education regarding diabetes management, food choices, limiting soft drinks (offers alternative choices). Call to provider to ask why Procardia was ordered when BP is ordered. Explains to Mona the reason Procardia was ordered. Medications administered. US performed. IV fluid initiated. US results given to Mona.
• 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	

	Bleeding explained to partner. Fundus massaged, BP assessed. Call to provider to report postpartum hemorrhage, good report. Order for IM methylergonovine received and read back. Pad weighed- 600g. BP reassessed. Provider notified.
REFLECTING: (6) * • Evaluation/Self-Analysis: E **A** D B • Commitment to Improvement: E **A** D B	Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon	**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 Identifies obvious patterns and deviations, missing some important information; unsure how to continue 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: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response Displays proficiency in the use of most nursing skills; could improve speed or accuracy Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses

completion of nursing assessment. (1, 2, 5)* *Course Objectives	

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Catanese (M), N. Drivas (A), Fahey (C)
GROUP #: 2
SCENARIO: Shoulder Dystocia and Newborn Care
OBSERVATION DATE/TIME(S): 9/26/24 0830-1000

CLINICAL JUDGMENT COMPONENTS					**OBSERVATION NOTES**
NOTICING: (Link to Course Objectives) *					Introduce self. Confirm name/DOB
• Focused Observation:	E	A	D	B	Listen to lungs sounds, heart sounds
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Pain assessment: rating. Does not ask location, duration, or what makes it worse or better
• Information Seeking:	E	A	D	B	Obtain vitals
					Obtain sterile vaginal exam.
					Reassess mother after nubain administration. Repeat cervical exam
					APGAR 1 minute: activity, cry, color, heart rate (assessed 110 but actual was 136), respirations (45). Total: 9
					Delayed reassessment of mom. Does eventually do fundal assessment
INTERPRETING: (Link to Course Objectives) *					Interpret fetal strip as accelerations with assistance. Identifies it is a good fetal strip
• Prioritizing Data:	E	A	D	B	Interpret vitals are WDL
• Making Sense of Data:	E	A	D	B	Interpret that pain medication is appropriate to administer in relation to her last cervical exam
					Interpret that baby is stuck

RESPONDING: (Link to Course Objectives) * • 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	Offer pain mediations due to elevated pain rating Call pharmacy to identify correct dose of PCN. Medication administration: PCN- confirm name/DOB, explain what is for and why is needed, scanned patient and medication, hang secondary bag below primary bag, clean hub prior to hooking up to primary line, connected secondary bag below pump, unclamp tubing. Discussion of pain medication options for mother. Double check with skyscape that is appropriate to administer based on last cervical exam. Medication administration: Nubain- check name/DOB, scan medication and patient. Use of correct needle, correct technique, use needle safety, correct dose administered. Call healthcare provider with update on cervical exam. Call the healthcare provider to let them know that Mona is delivering baby Call for help, McRoberts position, suprapubic pressure, evaluate for episiotomy, rotational maneuvers, remove posterior arm, roll to hands and knees Immediately dry off baby and wrap baby in blanket. Put hat on baby Call healthcare provider because did not deliver placenta Offer skin to skin with mom Educate mom of expectation of bleeding and when to call healthcare provider with large clots Medication administration: vitamin K and erythromycin. Verify baby number matches mom's number. Draw up medication correctly, correct needle, correct technique, use of needle safety. Incorrect dose. Administered 2 mg in 1mL rather than 1mg in 0.5 mL. Encourage mother to attempt breastfeeding within first 2 hours of birth
REFLECTING: (Link to Course Objectives) * • 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 remediated on IV pump and IV fluids and how to hang correctly. Team remediated on correct dosage calculation for vitamin K medication.

SUMMARY COMMENTS: * = Course Objectives	You are Satisfactory in this simulation! RH
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)***	Lasater Clinical Judgement Rubric Comments: 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. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

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

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

Student eSignature & Date: _____