

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)
10/4/24	1	H&V Screening Survey not completed	10/10/24 KA

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
9/20/24	Risk for Infection	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	S	S	S	S	S									
b. Provide care using developmentally appropriate communication.		N/A	N/A	N/A	S	S	S	S	S									
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		N/A	N/A	N/A	S	S	S	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	S	S	S	S	S									
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		N/A	N/A	N/A	S	S	S	S	S									
Clinical Location Age of patient		No clinical	NA	NA	FRMC OB 1 day old	FRMC ER	B&G club V&H tests	Na	Saint Marvs									
	KA	KA	KA	KA	KA	KA	KA	KA	KA									

Comments:

Week 5e – Trust vs Mistrust (Infant is only 1 day old and Erikson's stage of trust vs mistrust is from birth to 18 months) Nice job! KA

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

Week 5 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. KA

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

Week 5 – 1d – You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process whenever returning the newborn to the parents from the nursery. KA

Week 6 1E – Generativity vs Stagnation for a majority of my patients being within their early thirties as well as Integrity vs Despair due to some of my pts being over the age of 65 Nice job! KA

Week 6 – 1a – You did a nice job describing the patient with the foot abscess you helped care for during your ER experience this week. How old was the patient? Your CDG did not list a specific age. KA – I was unable to remember off the top of my head but I believe they were 34

Week 7 1E – Industry vs Inferiority for the children at the middle school due to being about 11 to 12 years of age, For the children at boys and girls club would be industry vs inferiority as well due to falling within the age gap of 5 to 13 years old. Good job! KA

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

Week 7- 1b- Nice job adjusting your communication techniques to provide developmentally appropriate communication to the various age groups at the Boys and Girls Club. 1e- You were able to discuss some of the differences you noticed while working with children of various ages at the Boys and Girls Club. BS

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

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

Week 7 – 1e – You did a great job describing the different age groups you worked with at Boys and Girls Club and how the younger children need more assistance and direction than the older children. KA

Week 8 1E – The children at Saint Mary’s would fall under the category of Industry vs Inferiority due to having the wide range of ages of the kindergartners to the 5th graders. They fall within the range of 5 to 13 based off of Erikson’s set range for this classification. Nice job! KA

Week 8 – 1a & 1b – You did a wonderful job working with the elementary children while on clinical at St. Mary’s Catholic School. You provided developmentally appropriate communication and adjusted your presentation to meet the needs of both the children K through 2nd and 3rd through 5th. Terrific job! KA/MD/RH/BS

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

Comments:

Week 6 – 1k – You discussed how the child was shy and limited interactions with staff related to the healthcare workers being stranger and how this impacted the care provided to the patient. KA

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

Week 7– 1k – You did a nice job discussing with the school nurse about cultural beliefs of the school system you performed hearing and vision screening in. She discussed values the school deems important and you were able to observe different aspects of the school that supported this culture. BS

***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	S	S	NA	S	NA									
b. Perform nursing measures safely using Standard precautions.		N/A	N/A	N/A	S	S	NA	S	NA									
c. Perform nursing care in an organized manner recognizing the need for assistance.		N/A	N/A	N/A	S	S	NA	S	NA									
d. Practice/observe safe medication administration.		N/A	N/A	N/A	NA	S	NA	S	NA									
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		N/A	N/A	N/A	NA	S	NA	S	NA									
f. Utilize information obtained from patients/families as a basis for decision-making.		N/A	N/A	N/A	NA	S	NA	S	NA									
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	S	S	S	S	S									
	KA	KA	KA	KA	KA	KA	KA	KA	KA									

Comments:

Week 5G – Risk of trouble with economic stability due to now having two children. **This is definitely an SDOH concern, but make sure to elaborate more in the future.**
KA

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

Week 5 – 2c – You did a wonderful job providing a baby bath to your assigned newborn. You monitored the newborn’s temperature before and after bath as well as helped prevent hypothermia by utilizing appropriate warming techniques. KA

Week 6 2G – Risk of losing support system due to his caregiver being his mother who has recently been diagnosed with late-stage lung cancer. Also economic instability due to being unable to work due to strong reluctance to communicate with others. These are definitely important SDOH factors for your patient. Were there any discussions of alternative care for the patient if his mother becomes unable to continue to care for her related to her diagnosis and treatment? KA – I believe after treatment they were going to make recommendations / plans for a SNF

Week 7 2G – SDOH for the children include access to good quality education and economic stability to have access to needed resources that can contribute to flourishing educational status . KA

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

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

Week 8 2G – SDOH for children include education access and quality, with Saint Mary’s being a private school it can be difficult for some family to send their children their to receive a quality education. Good thought! KA

Week 8 – 2g – You worked with the children at St. Mary’s Catholic School and observed different cultural and social aspects that could impact their overall health and well-being. You provided education to meet the needs of this population to positively impact their health. KA/MD/RH/BS

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

Comments:

Week 5D – I did not observe any issues, I feel everything was addressed properly. I know it must have been hard for the nurses to treat the mother that caused her baby to test positive for THC and Cocaine but they handled it professionally and fairly. **Even though, this was handled well by the nurses it is a good ethical dilemma. Which ethical concept(s) does this example relate to? KA**

Week 6 3D – one legal thing that would be difficult is the need for consent with treatment if a caregiver is unable to be reached. It would have to be delayed until contact could be made unless it was emergent. **This is a great example of a legal issue that can often be seen in the ER setting. KA**

Week 7 3D - There were no legal or ethical issues that I noticed during my Boys and Girls club or Vison and Hearing screening clinicals. **In the future if you do not see any think about potentials that could occur such as what if a parent without custody picks up the child from school or Boys and Girls Club. KA**

Week 8 3D – No issues were observed but a potential issues could be cheating on tests or dealing with bullying between children. **These are great potentials. KA**
Week 8 – 3a & 3c – You were kind and respectful when interacting with children and staff at the school. All the teachers and the principal complimented your presentation and how wonderful you were with the children. Keep up the excellent work! KA/MD/RH/BS

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Develop and implement a priority care map and/or plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		N/A	N/A	N/A	S	NA S	NA	S	NA									
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	S	S	S	S	NA									
c. Summarize witnessed examples of patient/family advocacy.		N/A	N/A	N/A	NA	S	NA	S	NA									
d. Provide patient centered and developmentally appropriate teaching.		N/A	N/A	N/A	NA S	S	S	S	NA S									
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	NA	NA S	NA	S	NA									
	KA	KA	KA	KA	KA	KA	KA	KA	KA									

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

Week 5 -4b - You did a nice job documenting the newborn assessment in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessments 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 discussed the 5 priority nursing interventions for your patient based on his diagnosis and the patient's response to each. It sounds like he was positively responding to treatment even though you were awaiting results for some of your interventions. KA

Week 7 – 4b – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You then helped alphabetize and document the information further on the required ODH documentation forms. This was a great help to the school nurse. BS

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

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

Week 7 – 4d – You did a nice job educating the middle schoolers as needed on the screening process and ensured they were able to perform it correctly so the results would be valid. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. BS

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

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

Week 7- 4d – You did a nice job discussing how you educated the children at Boys and Girls Club and how they reacted to your activity. KA

Week 8 – 4d – You worked with your classmates to develop a presentation on your assigned topic for the elementary students. Your teaching was fun, developmentally appropriate, and interactive. You utilized reputable resources to ensure the information was accurate that you presented. All the students were positively impacted by your education. Marvelous job! KA/MD/RH/BS

Student Name: Anthony Drivas		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	Anthony, you did a great job completing the noticing section with all of the assessment findings, labs/diagnostics, and risk factors for your patient from this week. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job listing the patient's nursing priorities and highlighting the highest priority. You wrote a realistic goal and highlighted all supporting data for your highest nursing priority. You also listed appropriate complications for the nursing priority and signs and symptoms you would assess for with each complication. KA
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job writing nursing interventions for your priority nursing problem that were prioritized, individualized, realistic, and included rationale. All interventions except your education interventions were timed. When writing frequencies for education interventions consider times such as on admission, before discharge, daily, and pm. KA
	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	2	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria	3	2	1	0	Points Earned	Comments
13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
14. List all of the highlighted reassessment findings for the top nursing priority. 15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	>75% complete	50-75% complete	<50% complete	0% complete	3	You did a nice job reevaluating your highlighted assessment findings. In the future when including SpO2 make sure to note if it is on room air or with oxygen. Also, you did not document if you are continuing, discontinuing, or modifying your care map based on your reevaluation. KA You included 4 references and only 1 in-text citation. One of the references matching your in-text citation, therefore you are receiving credit for having bot a reference and in-text citation. In the future, each reference should have its own in-text citation. KA
	Complete			Not complete	0	

Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

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

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

Faculty/Teaching Assistant Comments: You satisfactorily completed your care map. Please see comments above for areas you can improve on in the future. KA

Total Points: 41/45

Faculty/Teaching Assistant Initials: KA

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

Week 6 – 4f – You were able to discuss the importance of the patient's PT and PTT in the management of the anticoagulant administration due to his pulmonary embolism. You also discussed how received a chest CT and d dimer to diagnose the pulmonary embolism before treatment was started. KA

Week 6 – 4g – You discussed the importance of the patient receiving vancomycin, heparin, and lactated ringers for your patient's diagnosis as well as how they hopefully positively impact his condition. KA

Week 6 – 4h – You discussed how the patient was being treated with antibiotics, anticoagulants, and IV fluids for his wound infection and pulmonary embolism. 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	S	S	S	S	S									
b. Evaluate own participation in clinical activities.		N/A	N/A	N/A	S	S	S	S	S									
c. Communicate professionally and collaboratively with members of the healthcare team.		N/A	N/A	N/A	S	S	S	S	S									
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		N/A	N/A	N/A	S	S	S	S	S									
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		N/A	N/A	N/A	S	S	S	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	S	S	S	S	S									
g. Consistently and appropriately post comments in clinical discussion groups.		N/A	N/A	N/A	S	S U	S	S	S NA									
	KA	KA	KA	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. You were able to observe a hearing screening and PKU testing, provide a baby bath, and perform 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 – 5g – Anthony, 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

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

for this week's OB experience, you will be expected to redo the CDG questions for your Fisher Titus OB experience. KA

Week 6 – 5a – The ER nurse reported you were excellent in all areas. Marie Caporini, RN made the comment that you were “Proactive and anticipated needs of patients.” KA

You did a nice job discussing how you were able to see a different type of ultrasound utilized by the ER to help IV placement in patients. KA

Week 6 – 5g – You responded thoughtfully to all of the CDG questions related to your ER clinical experience. You shared your thoughts on your patient's disease process and the care he received while in the ER. You did not include a reference and in-text citation to support your post and there will receive an unsatisfactory for the post. Please make sure to make a statement on how you will prevent from receiving a U in this competency in the future. KA

U acknowledgement for week 6 5g – To remember to look at the rubric paper and go back and make sure everything is checked off, I did it this week and I hit submit and realized I missed adding the citation even though I had them saved on a separate word document. I edited my submission and had them added to meet the needed criteria. SO from now on I am referencing back to all the rubrics when I come to any homework of online submissions. Great catch! KA

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

Week 7 – 5g – You did a nice job responding to all the CDG questions on your clinical experience with hearing and vision screenings and boys and girls club this week. You shared your viewpoint and were thoughtful with your responses. You supported your responses with and in-text citation and a reference. Keep up the wonderful work! KA

Week 8 – 5a – You did a great job working the children at St. Mary's Catholic School and not only did an excellent job presenting the education you developed but showed interest in the children and hearing what they had to say about your topic. The school and its students were very appreciative of everything you did. You should be proud of all your hard work! KA/MD/RH/BS

Week 8 – 5g – You did not have any CDG requirements this week just a simulation reflection therefore this week this competency is NA. KA

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

Comments:

6a week 2 – An area of improvement would be my study habit, I usually only review our packets without paying any attention to the book and charts mentioned that would probably be helpful. A goal to improve my studying and test performance would be to review the packet and read the chapter in the book we are currently covering, circle

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

the slides that have chart and read through them in the book. This is a great goal, however remember to keep only evaluate and discuss examples about clinical on the Clinical Evaluation Tool. KA

6a week 3 U recognition- A area of improvement is to remember to have my tool submitted on time and when I do submit it make sure it goes through. An easy way to achieve this goal is to have my clinical tool submitted as soon as I am able to, doing this will lessen any chances of late submissions Great job for acknowledging and addressing this U already. I agree with your rating based on the fact your tool was submitted after Friday at 0800. I appreciate that you promptly fixed this issue and have set things in place to prevent this in the future. KA

6a Week 4 – An area for improvement I think is during simulation, I knew what one of the medications were due to giving it during my job but was unsure of additional uses. I should of utilized my resources to prevent any risk of providing false information/education. To prevent this from happening if I am unsure of something I was look up information to guarantee correct information is provided. This is a great goal. KA

Week 4 – 6a, b, c – For weeks you only have simulation or lab please place NA's in all competencies. Only clinical is rated in these clinical competencies. KA

6a Week 5 – An area of improvement is gaining confidence in the assessment of newborns as well as confidence in myself to provide accurate information when asked questions. Easy ways to fix this is continue to practice my newborns assessment and how to recognize abnormalities as well as knowing the technical terms and also general studying to provide accurate information confidently when questioned. Great idea! You got this! KA

Week 5 -6e – Your Care Map was submitted after Friday at 0800. Remember all clinical, sim, and lab components are due by Friday at 0800. Please make sure to make a comment on how you will prevent receiving a U in the competency in the future. KA

Week 6 6A – An area of improvement would be to utilize my resources more and to find another nurse to precept with during clinicals that would of given me more opportunities to be hands on. My overall experience in ER was good just lack luster with my nurses assignment, For me at the time there was no children with minimal pt in general. I am sorry you did not have the opportunity to work with any children. Unfortunately, the ER' census is unpredictable and is dependent on the population seeking out medical attention at any given time. KA

U acknowledgement – To have all my assignments turned in the previous night and to also double check everything the day before so I know everything is finished and turned in on time. KA

Week 7 6A – Area of improvement is my discussion posts and remembering to check my rubrics to make sure I meet all the needed criteria. I always forget to add the reference and intext citation but this time I made sure to get all my boxes checked off. For clinical wise just have more confidence and comfortability talking and interacting with children. Great job following the rubric and making sure each area was addressed. I am glad checking it twice allowed you to find your missing information so you could add the in-text citation and reference to receive full credit this week. KA

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

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

Week 7 – 6e – Your survey for your Hearing and Vision Clinical experience was not completed by Friday at 0800. Please make sure to write a comment on how you will prevent receiving a U in the future in this competency. KA

Midterm – You have had the opportunity to see many areas of maternal child nursing so far this semester. Please be aware that f, g, h, and I were marked as NA for the first part of the semester. Let your faculty member know during your second rotation on the OB unit so hopefully these areas can be addressed during the second half of the semester. Also you are receiving a U for 6e at midterm, this is due to the fact you did not submit the survey for your hearing and vision experience. Please make sure to complete this. Also, please think of ways to help remind yourself to complete your clinical assignments on time since this is the second time this semester that a part of your clinical assignment was late or missing. If you have any question or concerns let me know. Continue to work hard and finish strong during the second half of the semester! KA

Week 8 6A – An area of improvement would be my study routine, Instead of focusing mostly on my note packet and reviewing some charts I have focused on reading entire chapters as well as doing ATI practice questions and self-teaching in front of the mirror. For clinicals the main thing I can improve on is just communication with children and explaining things on a level they can understand better. Make sure to set a goal on how you are going to improve your area of weakness. AN example for your current weakness would be to look up different age appropriate communication techniques before your next clinical experience. I am glad you were able to adjust your studying habits I hope it helps you understand the material more! KA

Midterm U Acknowledgement – I swore I thought I completed the Vision and Hearing screening survey but I apparently didn't, the only thing I can do differently is make sure I complete them the same day as the clinical. Thank you for completing it promptly! KA

***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:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

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

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/12 & 9/19	Date: 9/23	Date: 9/26 & 10/3	Date: 10/7	Date: 10/17 & 10/18	Date: 10/24 & 10/31	Date: 11/4	Date: 11/5 & 11/6	Date: 11/15	Date: 11/19	Date: 11/22	Date: 11/22	Date: 10/8
Evaluation	S	S	S	S									S
Faculty Initials	KA	KA	KA	KA									KA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA									NA

* Course Objectives

Comments:

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Beltran (M), A. Drivas (C), Gresh (A)

GROUP #: 4

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2024 1200-1330

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Nurses enter and introduce self, identify patient. Inquiring about contractions. Pain reassessed following medication administration.</p> <p>Mona CO feeling dizzy and lightheaded. VS reassessed. Notices low BP and rising HR. Bleeding discovered.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interpreted need for fetal monitor. Determined need for urine sample, FSBS. FSBS- 200, interpreted as above normal.</p> <p>HR interpreted as being high, BP low. Fundus recognized as boggy. Recognize need to massage fundus.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Asking pertinent questions regarding contractions. Patient repositioned to left side. Fetal monitor applied. Urine sample collected and sent. Call to lab for UA results. FSBS obtained- 200. Call to provider. When prompted by provider, inquires about pregnancy history, complications. Orders received for fluids, Procardia, acetaminophen, US to verify dates, and education. Orders read back. Charge nurse explains new orders to patient. Medications prepared and administered. Call to radiology for abdominal US. Pain reassessed. Dietary history inquired about and education provided. THC and prenatal care also discussed.</p> <p>When bleeding discovered, fundal massage initiated. Call to provider to report new findings. Order received for methylergonovine. Methylergonovine prepared, side effects explained to patient, medication administered.</p>

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Beltran (A), A. Drivas (M), Gresh (C)

GROUP #: 4

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/26/24 1200-1330

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Introduce self. Identify patient name/DOB</p> <p>Pain assessment: rating, description</p> <p>Obtain vitals</p> <p>Listen to lung sounds and heart sounds, abdomen assessment, IV assessment</p> <p>Obtain cervical exam after phone call to provider but prior to nubain administration.</p> <p>APGAR 1 minute: cry, heart rate (assessed 117; actual was 136), respiratory rate (47), tone, color. Total: 9</p> <p>Performs post partum assessment on mom, assess fundus</p>
<p>INTERPRETING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Interpret vitals as WDL</p> <p>Interpret fetal monitor as accelerations and relate that to fetal well being</p> <p>Interpret immediate delivery</p> <p>Identify all forms of thermoregulation for baby</p>
<p>RESPONDING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Offer pain medication based on pain assessment. Education provided to mother on interactions of medication and monitoring done after administration</p> <p>Call healthcare provider in regards to administer or not administer nubain to patient. Use good SBAR when calling healthcare provider.</p> <p>Education provided to mother and sister in regards to antibiotics and GBS+ status</p> <p>Medication administration: identify name/DOB, scan patient and medications, check allergies, PCN-hand secondary bag above primary bag, clean hub prior to hooking up to primary tubing, program pump appropriately, unclamp secondary tubing. Nubain- use correct needle size, correct technique, use of needle safety.</p> <p>Education provided to mother about risk for shoulder dystocia including risk factors mom has and possibility of having difficult birth.</p>

	<p>Call for help, McRoberts, suprapubic pressure, evaluate for episiotomy, roll to hands and knees, rotational maneuvers, remove posterior shoulder</p> <p>Did not call provider prior to delivery</p> <p>Immediately dry baby and wrap in blanket, placed baby in warmer, put hat on baby, offer skin to skin to mom after baby assessment done.</p> <p>Medication administration: education on vitamin K administration to baby and why necessary. Verify baby band and mom band, scan patient, scan medications, administer vitamin K as subcutaneous injection (should be IM, needle in at 90 degrees and straight into muscle), use of needle safety, correct dose, correct needle size. Administration of erythromycin ointment done with correct technique.</p> <p>Education on caffeine intake and breastfeeding baby.</p> <p>Education on post partum depression and “baby blues”</p>
<p>REFLECTING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPER and types of heat loss for infant. Team remediated on correct needle size for IM injection on infant. Discussion on importance of calling healthcare provider when patient is pushing and after patient delivers as a healthcare provider should be present at this time.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)* 	<p>You are Satisfactory in this simulation! RH</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. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. 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 hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>

<p>3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</p> <p>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)*</p> <p>5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)*</p> <p>6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)*</p>	
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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Anthony Drivas

OBSERVATION DATE/TIME: 10/8/24

<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.</p> <p>Great job.</p> <p>I enjoyed seeing your pregnancy photo!</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p>Simulation Objectives:</p> <ol style="list-style-type: none"> 1. Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)* 	<p>Comments</p> <p>You are satisfactory for this simulation. KA</p>

- | | |
|---|--|
| <ol style="list-style-type: none">2. Describe how patient-centered care is dependent on past medical history, cultural history, social history, and pregnancy/birth history. (1, 2, 4)*
3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)* | |
|---|--|

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

*Course Objectives

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

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

Student eSignature & Date: _____