

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

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

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Fall

**Date of Completion:**

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

**Faculty eSignature:**

**DIRECTIONS FOR USE:**

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

**METHODS OF EVALUATION:**

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

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

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

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

7/18/24 KA

## PERFORMANCE CODE

### SATISFACTORY CLINICAL PERFORMANCE

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

### UNSATISFACTORY CLINICAL PERFORMANCE

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

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

### OTHER

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

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

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SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
9/20/24	Risk for Acute Substance Withdrawal Syndrome	RH



Week 4 1e: The stage of growth and development for this age group would be identity vs. role confusion. That is because this group of individuals is seeking their sense of self and what they need to do to accomplish that. **Good job identifying the correct stage. RH**

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

Week 5 1e: Stage of growth and development for babe would be trust vs mistrust. He was just born and the care he is receiving is crucial to trust vs mistrust. **RH**

Week 5: 1a, c, d: You did a great job providing holistic care to the baby at clinical. You were able to perform an assessment on baby using developmentally appropriate interventions. You were able to identify any abnormal assessment findings and chart them correctly. You were able to correctly identify patient using proper identification process. **RH**

Week 7 1e: The stage of growth and development for this group of kids would be industry vs inferiority. These kids are at an age where they are comparing themselves to their peers and explore their personal abilities. **RH**

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

Week 8 1e: Stage of growth and development for the elementary school kids would be industry vs inferiority because they are exploring themselves and comparing to peers. **RH**

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 2<sup>nd</sup> and 3<sup>rd</sup> through 5<sup>th</sup>. Terrific job! **RH**

Week 9 2e: Stage of growth and development for the newborn patient I had in the nursery would be trust vs mistrust. They are beginning to learn trust with bonding.

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

**Comments:**

Week 3: Good job providing mom with a pump and nipple shield to assist with latching and milk production. Both of these resources are specific to what mom needed due to what was assessed during the lactation consultant visit. RH

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

Week 5: 1g- we had good discussion about prenatal care and how the mother's prenatal care impacted the infant and how the infant will have to be monitored more closely now due to those prenatal choices. RH

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



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

**Comments:**

Week 3 2g: Social determinant of health and something I was able to witness firsthand is parental education level. Baby may not receive the necessary care if mom/dad do not have the knowledge on what that is. **Good observation. RH**

Week 3: I changed 2b to “S” due to you using proper standard precautions when caring for mom and baby (hand sanitizer, gloves). I also changed 2f to “S” because you were able to gather information from mother and babe to see what education needed to be provided and it influenced your plan of care. **RH**

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

Week 4 2g: A social determinant of health for this age group may be transportation. This age group, some of them are not able to drive or be their own transportation, so this may result being a determinant of health if dependent on someone else for this. **Most were also minors and would need a parental consent, even if they were to drive themselves to healthcare appointments. RH**

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

Week 5 2g: Drug abuse is the social determinant of health. Drug abuse from mom may result in babe not getting the proper care. **Multiple drug use as well. RH**

**Week 5: 2c- you were able to assist your peers with their tasks as well as ask for assistance when assessing your newborn. RH**

Week 7 2g: Poverty is the social determinant of health that could affect this group which could potentially lead to poor food intake. **RH**

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

Week 8 2g: Social determinant of health could be having parents that are unemployed. They could potentially not be able to afford medical for their children. **RH**

**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. RH**

Week 9 2g: Social determinant of health for a newborn could be family religion. Newborn may come from a family that has religious beliefs that prevent certain medical treatment.

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

**Comments:**

Week 3 3d: An example of an ethical issue for a newborn baby could be the newborn screenings. Parents can be worried for potential consequences of these screenings when in fact it is best for the baby to receive all of them. **This is such an important educational topic for prenatal appointments as well as after baby is born. Sometimes the parents are not sure of what everything is because it is so much information, but repetition is key. Making sure they understand the importance of these screenings and why they must be done. RH**

Week 4 3d: A potential legal issue for this group of individuals would be truancy. This group has a tendency to miss class more than other age groups and if enough is missed, it can turn into a legal issue. **Good thought process! I never think about truancy, but it can become a problem if it happens too frequently. RH**

Week 5 3d: An ethical issue for babe that had drugs in his system could be how the baby is treated. Should the baby receive morphine? Should babe let the symptoms work themselves out? There are people who think a drug like morphine shouldn't be given to a baby but sometimes it may be best if dosed correctly. **This can be a touchy subject because we want to help the baby with their symptoms of withdrawal, but it can be dangerous because morphine is a strong medication. RH**

Week 7 3d: I would say an ethical issue for this age group could be bullying. Bullying is unethical and violates others' basic right of not be treated fairly. **RH**

Week 8 3d: Legal issues for children could be with online use. A lot of these kids have phones already and there is a potential for legal issues if the internet isn't used properly. **RH**

**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! RH**

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

Week 9 3d: A potential legal issue in the nursery could be dropping the baby causing injury, this may turn into a lawsuit or legal consequence.

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

Week 3: You did a great job describing the type of patient centered care provided to the mother and baby during your lactation visit. Listening to the mother and trying to fix what the issue was with the baby latch but also with her milk production. RH

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

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

Week 5: 4b, c- you performed your newborn assessment and charted it correctly. You also were able to advocate for the patient and we had some discussion on some education that could be provided to mom for an informed decision for some care she was refusing. It is important that nurses provide factual information without bias to the patients so they can make an informed decision based on their situation. RH

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

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! RH

Student Name:		Course Objective:					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Don't be afraid to add more than the minimum requirements per the rubric. Still met satisfactory requirements but there was more assessment findings and risk factors that could have been added.
	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	Great list of nursing priorities, very detailed.
	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	
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria	3	2	1	0	Points Earned	Comments	
13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	Complete			Not complete	3	

### Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement\*

< 23 points = Unsatisfactory\*

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

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

**Faculty/Teaching Assistant Comments:**

**Total Points: 45/45**

**Faculty/Teaching Assistant Initials: RH**

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

**Comments:**

Week 3: you mentioned previously that there was some educational differences from mother. Noticing this and using it to assist with how we educate and what resources we provide them with is important so we are sure they are understanding what is going on. RH

Week 5: 4g- I changed this to "S" because we had some good discussion with the nursery nurse about options for morphine for the baby in regards to their symptoms. Though this was not ordered, we did discuss in which situations the baby would receive morphine and what the requirements for administration are. RH

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

**Comments:**

Week 3: lactation comment- Attentive, asked good questions. Marked excellent in all areas. Hannah Alexander RN, CLC

Week 5: 5a- you did a great job showing interest and enthusiasm in clinical this week. I know a patient did not want a male nursing student, but you were okay with that and learned a lot from the remaining patients on the unit. RH

Week 5: 5f- I changed this to "S" because we did do a report with the nurse at shift change and we talked about your patient with your peers and you gave an SBAR to them when explaining the situation to them. RH

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

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

Week 7: 5d, e, f- I changed this to “NA” because there was no documentation or electronic health record for you to access for this clinical. I also changed 5f to “NA” because you did not use SBAR while communicating with the staff at the Boys and Girls Club. RH

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! RH

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

**Comments:**

Week 2: 6e- this was marked as "U" due to your tool being turned in late. Please address this "U" and how you will prevent getting another "U" in the future. If this is not addressed, it will remain a "U" until it is addressed. RH

Week 2 6e: This U was due to a late submission. I will prevent another U in the future by not turning in my clinical tool past the deadline. I apologize for the late submission and will make sure it doesn't happen again. RH

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

Week 3 6a: An area of improvement would be to try and talk to the patients more. I had questions that I wanted to ask but I saved them all for the lactation consultant because I didn't know how they would respond/feel for me to ask them questions. The lactation consultant answered them for me; however, I will try to be more outspoken in the future and talk directly to the patient. **This can be a difficult thing to do because the patient is vulnerable at this time and it can be uncomfortable for us to ask questions in front of them. I like to remind students that sometimes a patient will have a question and be too afraid to ask, so when we ask questions, it can make them feel more comfortable, or it could be a question that they have as well.** RH

Week 4 6a: An area for improvement this clinical experience would be to stay more organized. I lost the eye cover at least 5 times throughout the clinical. I will keep my necessities within arm's reach next clinical so I have what I need. **Good goal.** RH

Week 4 – 6e – Trenton, you attended clinical in professional attire, however you were expected to wear khakis versus the grey dress pants you showed up in. **Please pay more attention to detail in the future and ask questions if you need clarification. You will be expected to wear khakis with your jacket and white t-shirt in the future at the designated community site on your clinical schedule.** KA

Week 5 6a: An area of improvement for this clinical would be more preparation. I didn't get much sleep or go to bed a decent time so I was a little groggy but I will be sure to get to sleep at an earlier time with such a long day in the future. **This is a great goal!** RH

Week 7 6a: An area of improvement could be communication. I think I did okay communicating, but I also feel like I could have communicated better with the younger kids. This will be very important for me to grow in because I will treat pediatric patients in the ER. **Talking and communicating with children is a whole different type of communicating due to the level of understanding that changes at each age. Practice does make it better.** RH

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

Week 8 6d: An area of improvement could be memorization. It took me a couple tries to get everything I wanted to say so next time I will make sure to memorize my part of the board before presentation. **This is a good goal to have for any type of presentation, not just school assignments. Think of preparing for an interview or presenting an idea to your director once you become a nurse.** RH

Week 9 6d: An area I would like to improve on would be my confidence in holding a baby correctly.

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

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

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

\* Course Objectives

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

\* Course Objectives

Comments:

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

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

GROUP #: **11**

SCENARIO: **Pregnancy and PPH**

OBSERVATION DATE/TIME(S): **9/19/2024 1330-1500**

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (1, 2, 5) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E       <b>A</b>       D       B</li> <li>• Recognizing Deviations from Expected Patterns:           E       <b>A</b>       D       B</li> <li>• Information Seeking:           E       <b>A</b>       D       B</li> </ul>						<p>Orientation established. VS. Heart and lung sounds. Notices accelerations on monitor. Patient CO feeling dizzy and lightheaded. Bleeding noticed. Notices lower BP.</p>
<p><b>INTERPRETING: (2, 4) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       <b>A</b>       D       B</li> <li>• Making Sense of Data:       E       <b>A</b>       D       B</li> </ul>						<p>FSBS 200- interpreted as above normal. UA results interpreted. Prioritized the need to massage fundus. Prioritized obtaining BP following medication administration.</p>
<p><b>RESPONDING: (1, 2, 3, 5) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       E       <b>A</b>       D       B</li> <li>• Clear Communication:       E       <b>A</b>       D       B</li> <li>• Well-Planned Intervention/ Flexibility:           E       <b>A</b>       D       B</li> <li>• Being Skillful:           E       <b>A</b>       D       B</li> </ul>						<p>Questions patient about pregnancy, frequency of contractions. Patient assisted to left side. Urine sample collected and sent to lab. Call to HCP to give report. Orders received for acetaminophen (remember to read back order). Patient is questioned about medical and pregnancy history. UA results received. FSBS obtained. Questions patient about drug use and prenatal care. Acetaminophen prepared, patient identified, allergies verified, medication administered. Call to HCP, orders received for IV fluids, Procardia, education, and US to verify due dates (remember to read back orders). Education provided regarding marijuana use during pregnancy, prenatal care. IV fluid and Procardia prepared. Call to HCP to question Procardia with a SBP of 115. Fluids initiated and Procardia administered. BP reassessed.  Boggy uterus assessed and fundus massaged. Call to HCP to report PPH. Order received for methylergonovine (not read back). Methylergonovine prepared and administered.</p>
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:       E       <b>A</b>       D       B</li> <li>• Commitment to Improvement:   E       <b>A</b>       D       B</li> </ul>						<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</p>

	importance of providing education to patients.
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)*</li> <li>2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)*</li> <li>3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)*</li> <li>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)*</li> <li>5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</li> </ol> <p>*Course Objectives</p>	<p><b>You are Satisfactory for this scenario! BS</b></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): McIntyre (M), Troike (C), Wilson (A)

GROUP #: 11

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/24 1330-1500

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (1,2,5) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E        A        D        B</li> <li>• Recognizing Deviations from   Expected Patterns:           E        A        D        B</li> <li>• Information Seeking:           E        A        D        B</li> </ul>	<p>Introduce self</p> <p>Pain assessment: location, rating, description</p> <p>Assess breasts, assess abdomen, verify allergies, verify patient name/DOB, assess legs and edema,</p> <p>Obtain vitals</p> <p>Obtain cervical exam</p> <p>Assess IV site</p> <p>Reassess vitals and pain after nubain administration</p> <p>Asks about contraction frequency</p> <p>Perform second cervical check after change in fetal strip</p> <p>Suction baby mouth and nose</p> <p>APGAR 1 minute: heartrate (140), respirations (46), tone, color, cry. Total: 10</p> <p>Obtain vitals after delivery, assess lochia, does not assess fundus</p>
<p><b>INTERPRETING: (2,4) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E        A        D        B</li> <li>• Making Sense of Data:       E        A        D        B</li> </ul>	<p>Identify fetal monitor as moderate variability with accelerations and associates with fetal wellbeing</p> <p>Identify vitals as WDL</p> <p>Identify change in fetal monitor after nubain administration. Ensures to visualize more than one deceleration prior to assessing second cervical exam</p>

<b>RESPONDING: (1,2,3,5) *</b>				
• 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
				Obtain fingerstick blood sugar
				Offer education on pain management and impact of meds on baby
				Call healthcare provider. SBAR organized but missing some information. Inquire about nubain order and ensure is okay to administer.
				Education on pain medication to patient
				Medication administration: verify allergies, assess pain prior to administration, use of correct needle size, use of correct technique, use of needle safety. Does not verify patient name/DOB
				Call healthcare provider with update on cervical exam and fetal monitor changes. SBAR more organized
				Medication administration: penicillin. Education provided on reason for antibiotic. Verify allergies, hang secondary bag above primary bag, program pump correctly, scrub hub prior to hooking up secondary tubing, connect secondary tubing at appropriate hub, program pump correctly. Does not verify patient name/DOB or scan medications.
				Baby is coming: call healthcare provider with update on baby delivery is imminent
				Baby is coming: McRoberts , suprapubic pressure, rotational maneuvers, episiotomy, roll to hands and knees, call for help, remove posterior arm
				Immediately dry baby off after delivery and take to warmer
				Education provided to mom about vitamin K and erythromycin ointment and gather consent.
				After newborn assessment: swaddle baby and place hat on baby. Offer skin to skin with mom
				Medication administration: vitamin K- administer in correct location, use of correct needle size, use of correct technique, proper dose administered, use of needle safety. Does not check name/DOB or scan medications. Erythromycin: apply with correct technique.
				Call healthcare provider after delivery. Update provider on baby and

	mom.
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E A D B</li> <li>• Commitment to Improvement: E A D B</li> </ul>	<p>Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Team remediated on correct verification for medication administration for patient (name/DOB). Team discussed all interventions done and education provided to mom during simulation. Team reflected well on their performance.</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li><b>1. Select physical assessment priorities based on individual patient needs. (1, 2)*</b></li> <li><b>2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)*</b></li> <li><b>3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</b></li> <li><b>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)*</b></li> <li><b>5. Identify ways in which heat loss occurs in infants.</b></li> </ol>	<p><b>You are Satisfactory in this simulation! RH</b></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. 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. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>

**(1, 2, 4, 5)\***

- 6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)\***

**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: \_\_\_\_\_Trenton McIntyre 10/15/24\_\_\_\_\_