

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Karli Schnellinger

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

7/18/24 KA

Absence: (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
9/13/24	Neonatal Hyperbilirubinemia	RH

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	S	S	S	S	S	S								
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	S	S	S	S	S								
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	S	S	NA	S	S	S	S								
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	S	S	NA	S	S	S	NA								
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	NA	S	S	S	S	S	S	S								
Clinical Location Age of patient		No clinical	No clinical	FT OB, 3 days old	Lactation, 34 yrs old	Boy and Girls, 6-12	FT ER, 80 years old	MIDTERM	Firelands OB, 1 day, 6-12	Clyde HS, 9,10,11,12								
		RH	RH	RH	RH	RH	RH	RH	RH									

Comments:

1e. My patient was in the "trust vs. mistrust" stage of growth of development. He was only three days old, so he was still trying to figure out who was familiar to him, and who was not. When he was fussy, he seemed to calm down when he was with his mom because he trusted her and had a special connection with her. **Good job! RH**
 FTMC OB Objective 1 B, C, D-This week you did an awesome job with providing developmentally appropriate care, appropriate assessment techniques, and developing safety measures to support your patient. MD

*End-of-Program Student Learning Outcomes

1e. The patient that I helped care for was in the generativity vs. stagnation stage of growth and development. This is her first baby, and she was excited to finally be a part of a family with her husband. She took a lot of pride in being a new mom, and was very accepting to any help that was given to her. The baby was failing to thrive for the first seven weeks, due to it not getting enough milk from the mom's breasts, but I was happy to hear the mom come in wanted help. Since she came in to see the lactation nurse, her baby had already gained 1 pound which was more than she did in seven weeks. **I am so glad the mother is seeking assistance to help her baby. RH**

Week 5: 1a, c- You did a good job explaining the assessment techniques used during the lactation visit that you observed. You also used developmentally appropriate language while communicating with the patient. RH

1e. During my time at the boys and girls club, all of the kids were either in the "initiative vs. guilt" stage or "industry vs inferiority". I noticed that the older kids seemed to have their friend groups and cared about that and did not venture far out from them, whereas the younger ones seemed to go out and talk to everyone and want to make new friends rather than stay in their little group. It also seemed like the 5th and 6th graders acted like they had a little more control of what was going on, where the kindergarteners seemed to be a little bit timid. **Good observations. RH**

Week 6- 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

1e. This patient was in the "integrity vs. despair" stage of growth development. It was hard to determine what phase she was in because she kept ripping off her oxygen mask and refusing to be intubated by clenching her teeth. She seemed very scared due to so much happening at once. I wondered if she was not being compliant with the care because she was satisfied and at peace with her life, or if she had regrets, and was not ready to die. She fighting almost everything that was trying to be done, but I do not think she realized it was only to help her. **Sometimes this can happen when patients are very confused as well or when their oxygen saturation is very low. RH**

1e. My patient this week was in the trust vs mistrust stage of development. She was only one day old, so she was still trying to get used to how everything was working in the world. I could tell she seemed the calmest when with her parents, and seemed to get more upset when we took her off to the nursery to be assessed. I could tell this baby trusted her parents because they were taking good care of her by being consistent with feedings and providing good comfort to her as well. **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 2nd and 3rd through 5th. Terrific job! RH

Week 8 – 1a – You did a wonderful job providing holistic care to the baby you were assigned to this week. KA

Week 8 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. KA

Week 8 – 1d – You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process. KA

1e. All of the kids that we screened were in the "identity vs. role confusion" stage of growth and development. I could definitely tell that their friend group, and what others thought of them mattered while doing the hearing screen specifically. The kids would come in the room after joking with their friends, and when they left the room, many would tell the others whether they passed or failed the screening. Others would stand right in front of the glass windows to watch their friends as they were doing the test, which distracted them even more.

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

Comments:

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

Week 5: 1j- you shared some of the education that was provided to the mother during this visit and included some resources that were given to her as well. RH

Week 7: 1j- were there no resources available to the patient or their family members? Sometimes the house supervisor will come and be a support person for the family members during a difficult time and offer some resources to them. If there was no discussion of other resources, this can remain "NA" but if there were resources discussed with family members, I would change this to "S" 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	NA	S	S	NA	S	S	S	S								
b. Perform nursing measures safely using Standard precautions.		NA	NA	S	S	NA	S	S	S	S								
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	S	S	NA	S	S	S	S								
d. Practice/observe safe medication administration.		NA	NA	S	NA	NA	S	S	S	NA								
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	S	NA	NA	S	S	S	NA								
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	NA	S	S	NA	S	S	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)*		NA	NA	S	S	S	S	S	S	S								
		RH	RH	RH	RH	RH	RH	RH	RH									

Comments:

2g. One of the patients that I helped take care of was a young mother who came in due to a potential membrane rupture. It was determined that she was not ruptured but has been having contractions for at least 10 hours, and was only 32 weeks and 6 days. Her other two babies were born premature at 34 and 35 weeks so we had to move fast to stop the contractions, to prevent a labor. One of the social determinants of health I noticed while I was in there was that the patient was unemployed and she relied only on her fiancé's income, which she mentioned was not very much. She mentioned that they live in a small apartment, but that they have a really good support system to help

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

them out. My worry would be that their baby will not be given the proper needs to thrive, so I would recommend giving her some resources that are available to her that could help her out. **What resources could we recommend to her? This is a great observation. RH**

FTMC OB Objective 2 B, C, F-This week you did an awesome job performing standard precautions by performing hand hygiene and wearing gloves when appropriate. You also performed nursing care in an organized manner and you were able to gather information for the mother to obtain information on newborn. MD

2g. A social determinant of health that I noticed for my patient this week would be that she said she just recently quit her job. She needed to spend more time with her baby, and give her the care that she needed, and she said she could not do that if she was always working. Although I was initially worried about this, she later mentioned that she had a very supportive husband who has a good job, and he helps out a lot with the baby as well. This was also her first baby, so she is still trying to get the hang of how to do everything. There are several resources that could be offered to help her gain more knowledge regarding care of her newborn such as attending support groups. **Some families are able to have one parent be a stay at home parent due to the price of childcare, health insurance, and gas/mileage on a vehicle. It works that one parent will stay home while the other one works, but this is not always the case. I am glad that she felt that she needed more time with her baby and was supported by her husband and family. RH**

2g. The biggest social determinant of health I found during this clinical was that many of the children did not have access to much food at home. When we first got there, we went and sat with them as they ate their lunch. I did not hear any one of them complain about the food they were given and they all seemed to be so grateful to be able to have a hot meal in front of them. I even heard some of the m say that the lunch they were eating was the first meal they had all day. After hearing this, it made me really glad that this boys and girls club is here for the kids to get some food and have a good time at the same time. **This is such a great resource for these kids! RH**

Week 6- 2g- You did a nice job discussing two social determinants of health that could affect the children at the Boys and Girls Club. BS

2g. A social determinant of health I noticed while helping care for one of the patients in the ER was that she did not have any family come in with her. She lived by herself and nobody could get ahold of her daughter which was the only contact person listed for her. Having no family around can greatly impact the patient because they have no emotional support, healthcare-decision making help, or emergency support, such as noticing early warning signs. It makes me think what would have happened if the patient did not call the squad by herself and come into the ER. **This happens more often than one would think, especially for those who live in assisted living or nursing homes. RH**

2g. One of the social determinants of health I noticed for my patient this week was that when they are able to go home, she will have a clean environment and safe area to be in. While in the room with the parents, they were talking about how they are going to put child locks on doors and cabinets in their home, as well as keeping hazardous objects away from the newborn. I was really happy to hear this because I know some of the leading causes of death in infants is poisoning and choking, so knowing the parents are going to “child proof” their home was great to hear. **Good observation! 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 8 – 2b – You did a great job working with the nurse to DC the Foley catheter of the cesarean birth mother while on clinical. KA

Week 8 – 2d – You did a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. You were able to administer IM medication to the newborn. Your IM injection technique was excellent and you followed proper safety measures for both you and the patient. KA

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

Week 8 – 2f – You worked with the family to gather information on the baby to accurately document the patient's I&Os. KA

2g. I think the biggest social determinant of health I noticed while at Clyde, was that many of the students we screened for vision and hearing actually failed the tests, however when talking with the nurses, not many of them actually follow up and schedule an appointment to correct the issue. I think this is mostly due to the lack of funds the families might have, and they cannot afford to take their child to the doctor to get glasses or even hearing aids. Due to this, the kids might have a decrease in academic performance because they can't hear the teacher very well, or they cannot see the board on what is being taught. I was glad that the nurses said there are some resources available to those who cannot afford to pay for care they need.

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	NA	S	S	S	S	S	S	S								
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		NA	NA	S	S	NA	S	S	S	S								
c. Follow the standards outlined in the FRMCSN policy, “Student Code of Conduct”		NA	NA	S	S	S	S	S	S	S								
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		NA	NA	S	S	S	S	S	S	S								
		RH	RH	RH	RH	RH	RH	RH	RH									

Comments:

3d. One of the things I noticed regarding legal and ethical issues was when my patient had to sign the consent papers to be transferred to Akron. I thought the nurses and doctor did a good job explaining what was happening to the patient and what to expect. Before she signed the papers, she knew what she was signing and the reason behind it. Something I would critique would be how some of the nurses acted towards the patient. The nurses were upset because the patient did not come in after contracting for 10 hours, which was forcing her into preterm labor. Since they were upset about this some of them tended to be very judgmental towards the patient and annoyed with her. However, I want to mention that although they had these feelings, they gave her the best care before she was transferred out. **I am glad they still gave the patient great care, even if they were frustrated. Something to think about would be what if she had nobody else to care for her other two children until that time and that is why she came in after 10 hours. If only her fiancé works, then she is probably the main caretaker for the children during the day. RH**

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

3d. This week at lactation, I was able to watch the patient sign consent forms regarding the care she was receiving, as well as for the information to go to the other providers that she was seeing to let them know the progress that has been made. In order to send out any patient information to anyone, the patient needs to approve of it, and that is what those papers she signed were for. One thing I would critique would be that the nurse had the papers on a clip board and told the patient to sign them without explaining to her what she was even signing. **It is very important to explain what the patient is signing. I wonder if the patient has to sign them after each visit and she already knew what they were. However, we should still be explaining it every time she needs to sign them to ensure she understands. RH**

*End-of-Program Student Learning Outcomes

3d. While at the boys and girls club it was really hard to find a legal and ethical issue to critique. All of the kids seemed to be treated fairly and equally regardless of their gender or race. Something that I did notice was that if a kid was acting out, they were be taken out of the room where they would miss out on whatever was being taught. This could be against the kid's education rights because they are missing out on learning because they are being forced to leave the room. This was the only thing I could think of because everything else seemed to be in line at this club. **This is a good thought process! Others have said lack of access to healthcare due to lack of funds, which could then lead to more illness or lack of treatment for chronic illnesses. RH**

3d. The biggest ethical issue I saw while down in the ER was in the very first patient that I got to watch the ER team take care of. She was in severe respiratory distress and her SpO2 was in the 60s, and she kept taking her oxygen mask off. Since she was becoming too tired to breathe, the doctors make the decision to intubate her, but when they asked the patient if they could, she shook her head no. The first time the doctor tried to insert the tube, she clenched her teeth, but he eventually got it in. This is something that could be an ethical issue because it is putting the patient's autonomy into question. **I wonder if they made the decision that she was not oriented enough to make that decision for herself. Another reason this could become a legal/ethical issue would be if the patient had a DNR on file and that document said "do not intubate" RH.**

3d. While on the Firelands OB unit, I could not find anything to critique when it comes to ethical and legal issues. However, I noticed some of the regulations they have in place to prevent such things. For example, every newborn gets a band around their ankle that identifies what family they belong to, and it also serves as a security system. If the band is removed then an alarm will go off alerting the floor, and it also tells them which baby it is. Another thing I noticed was that some hospital staff have access to the OB floor, but their badge only gets them onto the floor, and they have to ring the bell in order to leave. I didn't realize the reason behind this, until one of the nurses explained it. She said it was in case someone came in and took a baby, they cannot just run out with it because one of the nurses has to let them out. **All staff on the unit are to check to see if a person leaving the floor is suspicious of having a baby with them and the alarm that sounds is very loud. Security is also informed every time the alarm goes off and sends someone to the hospital exits to ensure the person cannot get too far. 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

3d. Once a kid was finished with both of the screenings, I would keep their paper to turn into the nurses. One of the things I noticed was that a lot of the kids would come in and try to look at the other kid's scores when they handed me their paper. I tried the best of could to keep them covered up, or upside down, but you could still see through to the other side. I wish we would have got a folder or something to put these little slips of paper in, so the other classmates could not see their friend's results.

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

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

Week 5: 4d- you provided a good summary of what education was provided to the mother regarding breast pumps and how to increase milk production. RH

Week 6- 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

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

Week 8 – 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

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

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. RH
	15. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	
Reference An in-text citation and reference are required. The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both. The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.							
Total Possible Points= 45 points 45-35 points = Satisfactory 34-23 points = Needs Improvement* < 23 points = Unsatisfactory* *Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. ***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *** Faculty/Teaching Assistant Comments:						Total Points: 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	S	NA	NA	S	S	S	NA								
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	NA	S	S	S	NA								
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	S	NA	S	S	S	NA								
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	S	NA	S	S	S	NA								
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	S	NA	S	S	S	NA								
		RH	RH	RH	RH	RH	RH	RH	RH									

Comments:

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

Week 5: 4i- it is important to educate or inform breastfeeding mothers that they should have a healthy and substantial diet in order to maintain their milk supply. Many mothers are concerned with losing their baby weight, but then their milk supply drops and they do not understand why. 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	NA	S	S	S	S	S	S	S								
b. Evaluate own participation in clinical activities.		NA	NA	S	S	S	S	S	S	S								
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	NA	S	S	NA S	S	S	S	S								
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	NA	NA	NA	NA	S	S								
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	NA	NA	NA	NA	S	NA								
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA	NA	S	NA	NA	S	S	S	S								
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	NA	S	S	S	S	S	S								
		RH	RH	RH	RH	RH	RH	RH	RH									

Comments:

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

Week 5: lactation comment- Marked excellent in all areas. "Good job!" Rachel Figgins RN, CLC

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

Week 6: 5c- I changed this to “S” because you were still collaborating with the instructors at the boys and girls club, even if they were not healthcare members, it was a collaboration for care for the children. RH

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

Week 7: 5a- Marked excellent in all areas. Mikailey Hull, RN

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

Week 8 – 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 see both a vaginal delivery and a cesarean birth while on clinical this week! KA

Week 8 – 5e – You did a great job navigating the EMR to gather information on your newborn to ensure your provided proper care and met all of their needs while on clinical. 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)*		NA	NA	S	S	S	S	S	S	S								
b. Accept responsibility for decisions and actions.		NA	NA	S	S	S	S	S	S	S								
c. Demonstrate evidence of growth and self-confidence.		NA	NA	S	S	S	S	S	S	S								
d. Demonstrate evidence of research in being prepared for clinical.		NA	NA	S	S	S	S	S	S	S								
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	NA	S	S	S	S	S	S	S								
f. Describe initiatives in seeking out new learning experiences.		NA	NA	S	S	S	S	S	S	S								
g. Demonstrate ability to organize time effectively.		NA	NA	S	S	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.		NA	NA	S	S	S	S	S	S	S								
i. Demonstrates growth in clinical judgment.		NA	NA	S	S	S	S	S	S	S								
		RH	RH	RH	RH	RH	RH	RH	RH									

Comments:

6a. An area of improvement for me would be to ask more questions to the nurses who are working on the floor at the time. Often times I have questions about what they are doing to a patient, or the reason they are giving a certain medication, but I am too afraid that I am annoying them or just getting in the way, but I know that I need to make the most out of my clinical experience by asking questions to help me understand. My goal for my next clinical experience is to not be afraid to ask questions because that is what is going to help me really understand what is going on in that situation. **Good goal to have! Most of the nurses are excited to see students who want to learn, so take every opportunity to ask questions to better understand what is going on. RH**

*End-of-Program Student Learning Outcomes

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

6a. My weakness for this week at clinical would be being a little impatient. During lactation it can take a while for the baby to finally start to latch on, and I could tell I was getting restless just standing there, because I wanted to do something to help, but I could not interfere with the process. My goal is to try to just take some deep breaths to remain patient, and realize that everything takes time to occur, especially breastfeeding. This clinical can be a test of patience because some mothers need a lot of assistance or they refuse assistance because they want to do it themselves and it can take quite some time to get a good latch. RH

6a. An area of improvement for this clinical would be to get out of my comfort zone a little bit and interact with more of the kids. While talking to them during lunch, I seemed to stay at one table with the same kids, so therefore only really talked to a small group prior to doing our activity. My goal for next time would be to move to different tables and try to go out of my way to talk to more kids than just the same group for the whole time. Sometimes this can be hard because the kids like to keep your attention for so long, but this is still a good goal. RH

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

6a. An area of improvement for this clinical experience would be working at a very fast pace. I have never worked in an ER before, so the pace that you have to go at is something that I needed to adjust to. The assessments are done fast, as well as vitals in order to get that patient help as fast as you can. I feel like the first couple patients I helped care for; I was overwhelmed by how fast things were going since I had never experienced this style of pace before. My goal for next time is to be more prepared for what I am walking into, and have more confidence in my skills that I can do them fast and accurately. Working at a fast pace is a learned skill. It takes time and a lot of practice to be comfortable moving at that quick of a pace. This is one reason many ERs do not hire new graduates, because that base skill of learning how to do things in a good flow first is so important. Once you learn your flow of practice, you can then do skills and tasks at a faster pace. RH

6a. An area of improvement would definitely be my charting. Since I have not charted in a while, I was a little rusty when it came to doing the newborn assessment, and finding where everything was located within the chart. The more I was able to get on and take my time and go through everything, it started to come back to me, but I want to be more prepared for next time. My goal is to look back at some of the Meditech guidelines and papers we got regarding charting so I can familiarize myself with the system beforehand, rather than using my clinical time to do this. This is a good idea! We also have print outs of the charting that we use for Fisher Titus clinical, so we are able to provide you with a paper copy if you would like too. RH

6a. I think an area of improvement would be the hearing and vision screening process in general. Since we haven't gone over anything about it since the first week of school, I was definitely forgot the rules on how everything was run. I was glad the nurses went over it with us beforehand, and once I got started it wasn't so bad. My goal

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

for next time would be to go back and look over all of the hearing and vision screening videos that we watched so that way I can have a little refresher prior to just jumping right into it.

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

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

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

* Course Objectives

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

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/19	Date: 9/23	Date: 10/3	Date: 10/7	Date: 10/17 & 10/18	Date: 10/24 & 10/31	Date: 11/4	Date: 11/5 & 11/6	Date: 11/15	Date: 11/19	Date: 11/22	Date: 11/22	Date:
Evaluation	U	S	S	S									
Faculty Initials	RH	RH	RH	RH									
Remediation: Date/Evaluation/Initials	S 9/20 RH	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): Houghtlen, Schnellinger

GROUP #: 9

SCENARIO: Pregnancy and PPH

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

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Hand hygiene, patient identified. VS, heart and lung sounds assessed. Pregnancy history obtained. BP reassessed prior to administering Procardia. Charge and medication nurses staying outside the patient room during entire assessment. Not introducing self and not assisting. Patient identified, begins to CO of being dizzy and lightheaded. Charge nurse and medication nurse not very involved, should be in the room helping.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (2, 4) *					Interpreted need for fetal monitor. Fetal strip interpreted- good variability, accelerations, contraction time, and frequency. UA results interpreted. BP interpreted as WNL. Indication for Procardia interpreted. Notices boggy uterus and excessive bleeding. Notices BP and HR improving following methylergonovine. Uterus noted to be firm. Charge nurse and assessment nurse stay outside patient room until they are asked to assist.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1, 2, 3, 5) *					Fetal monitor applied. Patient assisted to left side. Urine sample collected. Call to HCP, (remember to gather necessary information prior to calling). Assessment nurse left patient room to phone the provider. Charge nurse should be attentive to what is going on, get a report from the assessment nurse, and make the phone call. Additional assessment data gathered. Call to HCP with additional assessment information and UA results. Orders received for fluid, Acetaminophen, Procardia, orders read back. Pain assessed- rated 4-5/10. Prenatal care encouraged. Call back to HCP by assessment nurse. Orders for US to verify dates, patient education. US complete.
• 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	

	date verified confirming 33 weeks. Call to HCP to question Procardia due to lack of history of hypertension. Indication determined. IV fluid initiated. Prenatal and dietary education provided. Four calls to the provider all made by the assessment nurse. Charge nurse and medication nurse hesitant to get involved in scenario. Assessment nurse notices PPH and begins to massage fundus and calls HCP. Team members – should come in to help and assist- this is an emergency. In this situation, the priority for the assessment nurse is to massage the fundus while the charge nurse or medication nurse (whoever is free) makes the phone call. Other nurse offers to help and comes in to take over phone call. Order received, medication prepared and administered. BP and HR reassessed with noted improvement. Pads weighed- 600g. Education provided by all three team members
REFLECTING: (6) * - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	Team discussion of the scenarios. Discussed the importance of teamwork and SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)*	You are Unsatisfactory for this scenario. BS Lasater Clinical Judgement Rubric Comments: Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment Is ineffective in seeking information; relies mostly on objective data; has difficulty interacting with the patient and family and fails to collect important subjective data Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data In simple, common, or familiar situations, is able to compare the patient’s data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance Responding: Except in simple and routine situations, is stressed and disorganized, lacks control, makes patients and families anxious or less able to cooperate Has difficulty communicating; explanations are confusing; directions are unclear or contradictory; patients and families are made confused or anxious and are not reassured Develops interventions on the basis of the most obvious data; monitors progress but is unable to

3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* *Course Objectives	make adjustments as indicated by the patient's response Is unable to select and/or perform nursing skills Reflecting: Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses
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Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: 9

SCENARIO: Pregnancy and PPH

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

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES				
NOTICING: (1, 2, 5) * - Focused Observation: E A D B - Recognizing Deviations from Expected Patterns: E A D B - Information Seeking: E A D B	Introduction, patient identified. Patient CO abdominal pain rated 5/10. VS initiated. Charge nurse gathers pregnancy history information. Patient identified. Patient CO feeling lightheaded and dizzy. BP measured. Notices low HR. Notices boggy uterus and bleeding.				
INTERPRETING: (2, 4) *	Interpreted the need to place fetal monitor on patient. Monitor waveforms interpreted- contractions q 2 min, FHR 145.				

• Prioritizing Data: E A D B • Making Sense of Data: E A D B	BP interpreted as being low. Interprets HR as being high due to falling BP. Interprets uterus firming up as indication of medication effectiveness.
RESPONDING: (1, 2, 3, 5) * • 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	Patient questioned about pregnancy/prenatal care. Prenatal care encouraged. Gestational diabetes history discussed. Questions regarding contractions- duration, frequency. Fetal monitor applied. Urine sample sent to lab. Patient assisted to left side. Call to lab for UA results. Call to HCP with report, pertinent information relayed to HCP. Orders received for IV fluids, acetaminophen, Procardia, and US to verify dates. Medications prepared, patient identified, allergies confirmed. IV fluid initiated, acetaminophen and Procardia explained and administered. Measures BP in response to patient CO dizziness and lightheadedness. Peri area assessed, fundus immediately massaged, requests charge nurse to assist. Call to HCP to report hemorrhage. Orders received for methylergonovine. Medication prepared and administered. Uterus massaged until firm. Patient states feeling better. BP HR reassessed- found to be normalizing. Pads weighed- 600 g. Call to HCP to report blood loss volume and resolution of hemorrhage and symptoms. Patient education provided regarding lochia color and what to expect over the next few weeks.
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussed the scenarios. Team met all expectations of the scenario and preformed well. Teamwork and communication were very good. Work was efficient and team worked together well to complete all tasks and objectives. Very nice job.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning	You are Satisfactory for this scenario! BS Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information Recognizes 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 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

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

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

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

GROUP #: 9

SCENARIO: Shoulder Dystocia and Newborn Care

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

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1,2,5) *					Introduce self, identify patient (name/DOB) Pain assessment: location, rating Obtain cervical exam prior to nubain administration Assess fundus after delivery: firm and midline. Obtain vitals after delivery APGAR 1 minute: heartrate (150), respirations (50), cry, color, tone. Total: 10 Assess reflexes in newborn to ensure all are positive. Complete newborn assessment Repeat post-partum assessment after time has passed. Reassess pain after delivery. Does full post-partum assessment on mom (bowels, breasts, bladder, uterus, legs/edema, emotional state)
INTERPRETING: (2,4) *					Interpret fetal monitor and correctly identify frequency of contractions, interpret fetal monitor as accelerations Identify vitals are WDL Identify imminent delivery
RESPONDING: (1,2,3,5) *					Call healthcare provider. SBAR organized. Offer pain management options. Education on pain medication ordered and how it would impact baby. Education provided on penicillin and why needs to be administered. Medication administration: nubain and PCN. Check name/DOB, verify allergies, scan patient, scan medications, hang secondary bag above primary bag, clean hub prior to hooking up secondary tubing. Hook up secondary tubing below the pump. Nubain admin: correct dose, verify name/DOB, use of subcutaneous needle rather than IM needle, correct IM technique used, use of needle safety. Baby is coming, does not call healthcare provider prior to attempting

	delivery Baby is coming: call for help, McRoberts, suprapubic pressure, rotational maneuvers, roll to hands and knees, evaluate for episiotomy, remove posterior arm Immediately after delivery dry off baby, put baby in warmer, Verify mom is okay with medication administration to baby (vitamin K and erythromycin) Medication administration: erythromycin ointment- applied appropriately, scan patient and medication. Vitamin K: correct dose, correct technique, correct location, use of needle safety. Use of adult IM needle for infant injection. Education on bleeding expectations for new mother. Education provided on post-partum depression/baby blues Does not place hat on baby Call healthcare provider with update on mother after delivery. Gather consent for circumcision on baby. Education provided on circumcision care on baby after procedure will be done.
REFLECTING: (6) * - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Team remediated on correct needle size for IM injection on infant. Team remediated on correct needle size for adult IM injection. Discussion on importance of hat on baby. Team discussed all interventions done and education provided to mom during simulation. Team reflected well on their performance.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric. E= Exemplary A= Accomplished	You are Satisfactory in this simulation! RH Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.

D= Developing B= Beginning Scenario Objectives: 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)* 5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)* 6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)*	Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Is hesitant or ineffective in using nursing skills. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.
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EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date: _____