

**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

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.

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SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials

<b>Objective</b>																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
<b>Competencies:</b>																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		N/A	N/A	NA	S	S	S	S	S	S								
b. Provide care using developmentally appropriate communication.		N/A	N/A	NA	S	S	S	S	S	S								
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		N/A	N/A	NA	S	S	NA	S	N/A	S								
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	NA	S	S	NA	S	N/A	S								
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		N/A	N/A	NA	S	S	S	S	S	S								
<b>Clinical Location Age of patient</b>		NA	N/A	Sim	Fisher Titus Labo	FRMC ER	Hearing and vision	NA	B/G club St Marv's	Firelands OB								
	KA	KA	KA	KA	KA	KA		KA										

**Comments:**

Erikson is trust and mistrust: the baby was 2 days old. I think this is the best answer due to the child's age. They child, as of now, are meeting all nourishment and affection needs. **Nice job! KA**

**Week 5: 1a, b, c- You did a great job providing holistic and developmentally appropriate care to your patient this week. You were also able to provide developmentally appropriate communication to assist with discharge of your patient. RH**

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

Week 5 – 1d – You described safety concerns for this patient related to her perineal tear and the birth pain she underwent. She is definitely at risk for a postpartum hemorrhage which is a major safety concern that you monitored for during your assessment. KA

Week 6- for the 17 year old girl it would be identify vs confusion. She had nothing and thought the only way to made it was selling herself. She was confusion about what role, and way to made in her life. Nice job! KA

Week 6 – 1a – You did a nice job describing three different patients you had the opportunity to work with this week during your ER clinical including a 16-year-old who was having chest pain. KA

Week 7- At the hearing and vision, I saw many school age children, their stage would be industry vs inferiority. I could see them trying to compare one another. In this role the child may feel like they need to win or be the best to feel better about themselves. Good job! KA

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

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

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

Week-8 This week I'm doing initiative vs guilt. In this stage children learn how to play with each other and take initiative to get the outcomes they want. Without meeting this stage they will always feel guilty for not being the best they could be.

Week 9- I had a baby born that was a precipitous labor. He didn't get all the fluid lung out of his lungs. He had to trust us to make him better. Trust vs mistrust.

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

**Comments:**

Week 5 – 1i – You did a nice job giving multiple examples of family bonding between mother, baby, and father. You also did a nice job describing the mother's concerns about family bonding between the baby and the 3 older siblings. You also described how the patient was in the letting go phase of postpartum adjustment. KA

Week 5: 1j- You were able to provide a variety of resources to the patient during discharge teaching with the RN. RH

Week 6 – 1k – You discussed how you cared for many different patients throughout your ER clinical experience and ensured that you respected their cultural differences. You also had the opportunity to care for a patient from the jail. What type of cultural implications do you think were specific to this patient? KA

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

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

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

**Comments:**

Week 5- The SDOH would be safe housing. The patient has 4 child and a three-bedroom house. She told me that the baby will be sleep in the same room as the parents. The other three children stay in the other two rooms. She wasn't trying to have a baby, and told me it was an accident. **Great example of an SDOH concern. Lack of or limited**

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

housing can affect the ability to manage one's health and the health of the family. It also makes it easier to pass germs from one to the other in a limited space environment. KA

Week 5: 2a, c- you were able to participate in conversation about evidence based nursing practice in relation to one of your peer's patient and how it was related to their prolonged labor. RH

Week 5: 2d- You were able to correctly draw up a medication from a vial and do medication math to ensure it was the correct dose. You did not administer it, but we did discuss how to properly administer and transport the medication to the room. RH

Week 6- SDOH would be that one of the Er patients was from the jail. She got to jail because she was a sex worker. She was only 17 years old. She did it because her mother kicked her out of the house and she has been living home to home. Using her body to get housing and drugs. She told me that she likes it in jail, because she knows she will get 3 meals a day, hot water, and a bed. I was sad to see her like this at a young age. **Not having housing and financial stability has definitely negatively impacted the health status of this patient. What resources do you think may help assist her in improving her situation? KA**

Week 7- SDOH would be the child that has dyslexia. During the vision screening I could tell he was having troubles trying to understand the words. He told me I have dyslexia; I can see the words. I just don't see them they way you might. I told the nurse at the school. She said it was fine because he gets to retake the test when they have the proper equipment for him, or his family doctor can do a vision screening on him. **Great example! KA**

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

Week 8- When talking to a few students at the boys and girls club, they told me that their parent was in jail. This could be SDOH due to lack of income. Being in a single parent household can put a lot of stress on that parent. Its wonderful that the B/G club provides food because that helps the parent when one less worry. The child is getting fed 3 times a day. I know my mother some weeks counted on the school meals so she just had to feed me snacks and cheap meals.

Week 9- SDOH for this week, how be the mother that has 2 children and just gave birth to her third. It may become harder to care for the younger children because she has to focuses on the newborn. Also with her having a c section, she can't left anything heavy. That also adds a factor in caring for the other children.

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

**Comments:**

Week 5- I don't think this is a legal issue, but she didn't want to have another child and where they are living it would be hard to support all the children. She also declined the aftercare help. Another patient on the floor was on suboxone thought out her pregnancy. The child may have withdrawals but as of now she is okay. Case management is involved in the case of the withdraw baby. This should turn into a legal issue, if the body becomes unfit to care for the baby. **Good examples of both a legal and ethical dilemma. KA**

Week 6- Another patient in the ER spit on a nurse and yelled I'm going to give you aids. The police were called but they didn't take him because he still needed treatment. The police left him there at the hospital. The nurse did get tested and a report was made. **What an impactful event. This is both a legal and ethical dilemma that the ER had to manage. It must have been difficult for others to want to care for the patient since he still need medical treatment after the event. KA**

Week 7- I didn't see any legal or ethical issues when I was there. I saw a child without an arm or a leg. He was very sweet. I'm not sure what happened to him, but I know getting around the school must be harder for his. **If the school does not provide proper accommodations this could be a potential legal issue so this would be a good example. In the future if you cannot think of an legal ethical issue you observed consider potential one that could occur at that clinical site. KA**

Week 8- A potential legal issue that may happen was at St Marys. The school is K-12. I feel like the it is dangers to have so many different age groups in the same school. They have it worked out well, with the layout of the school. It is still a risk that a little kid could wonder off. Plus the teachers have 20+ kids in one classroom. Its easy to lose count of all of them.

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



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

Week 5: 4b, d- You were able to complete a head to toe assessment on your patient and chart it appropriately. You were able to provide education on what to expect being 2 days post delivery to the mother. RH

Week 6 – 4a – When you listed the top 5 nursing interventions you looked at all three of your patients versus choosing 1 patient and listing the top 5 nursing interventions for that specific patient. This was a unique take on the questions however you did choose the top 5 nursing interventions you would perform when looking at the group as a whole including managing pain for your chest pain patient, placing your GI bleed patient on NPO status, and completing neuro checks for your patient that fell. KA

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

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

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

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

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

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)		
	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. 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)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. State the goal for the top nursing priority.	Complete			Not complete		
	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		
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

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		
<b>Reflecting</b>	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	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>	<b>Complete</b>			<b>Not complete</b>		

### 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:**

**Faculty/Teaching Assistant Initials:**

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

**Comments:**

Week 6 – 4f – You discussed how for the patient who was vomiting blood and diagnosed with a GI a CBC was performed to determine the need for blood administration. KA

KA

Week 6 – 4g – You discussed how the 16-year-old with chest pain was treated with morphine to manage his pain and how he was diagnosed with trigeminy pvc's. KA

Week 6 – 4h – You discussed how the patient who had nausea and vomiting was diagnosed with a GI bleed made NPO related to her diagnosis and symptoms. KA

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

**Comments:**

Week 5: 5a- you showed great enthusiasm and eagerness to learn during clinical. You were willing to assist the nurses with the outpatient arrivals and assist with various discharge teaching for the patients. RH

Week 5 – 5e – You did a nice job discussing how the patient and her husband refused vaccination and how they were educated on the importance of vaccines before they were provided documentation to sign for their refusal. KA

Week 5 – 5g – Nadia, you did a nice job responding to all the CDG questions on your OB clinical experience this week. You shared your viewpoint with thorough responses and supported your information with references and in-text citations. In your reference you only need to include the year in the parentheses and should put the

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

statement “Retrieved on \_\_\_Date\_\_\_ from” before your webaddress. See example below. Great job and keep up the superb work! KA

Cicada, & Steve Albert. (2024). *Postpartum care: Nursing care for the new mother*. Nurseslabs. Retrieved on September 18, 2024 from:  
<https://nurseslabs.com/postpartum-care/#h-letting-go-phase>

Week 6 – 5a – The ER nurse reported you were excellent in all areas. Devon Watson, RN made the comment, “Nadia was such a great help today. She is eager to learn, asks questions, and takes initiative.” KA

You did not have the opportunity to work with new technology during your ER clinical but had the opportunity to observe the blood administration process on a patient which was new to you. I am so glad you had this opportunity! KA

Week 6 – 5g – Nadia, you did a wonderful job completing your CDG questions related to your ER experience from a unique perspective. I like how you responded to the questions looking at each of your patient’s versus just focusing on the disease process of just one of them. You included an in-text citation and reference to support the information in your post. When in-text citing a direct quote make sure to include the page number or the paragraph number if there are no page numbers. Your in-text citation in your post this week should look like this (Farzam, 2024, pg X). Keep up the excellent work! KA

Week 7 – 5g – You did a nice job responding to all the CDG questions on your clinical experience with hearing and vision screenings this week. You shared your viewpoint and were thoughtful with your responses. You supported your responses with an in-text citation and a reference. Keep up the wonderful work! 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)*		N/A	N/A	NA	S	S	S	S	S	S								
b. Accept responsibility for decisions and actions.		N/A	N/A	NA	S	S	S	S	S	S								
c. Demonstrate evidence of growth and self-confidence.		N/A	N/A	NA	S	S	S	S	S	S								
d. Demonstrate evidence of research in being prepared for clinical.		N/A	N/A	NA	S	S	S	S	S	S								
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		N/A U	N/A	NA	S	S	S	S	S	U								
f. Describe initiatives in seeking out new learning experiences.		N/A	N/A	NA	S	S	S	S	S	S								
g. Demonstrate ability to organize time effectively.		N/A	N/A	NA	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.		N/A	N/A	NA	S	S	S	S	S	S								
i. Demonstrates growth in clinical judgment.		U	N/A	NA	S	S	S	S	S	S								
	KA	KA	KA	KA	KA	KA	KA	KA										

**Comments:**

Week 2 – 6e – Your clinical tool was not submitted by Friday at 0800. Please make sure to make a comment on how you will prevent receiving a U in this competency in the future. KA

Week 2 – 6i – According to policy any competency left blank is marked as unsatisfactory. Please make sure to write a comment on how you will prevent receiving a U in these competencies in the future. KA

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

Week 3- (6e 6i) I didn't submit my clinical by Friday morning, nor complete it fully. I should have been mindful of knowing the dates that assessments are due and double check to make sure its fully completed. KA

Week 5- I need to improve with my care of baby. I was nervous to touch the baby, so I didn't. They asked me if I wanted to hold him, but I declined their offer. I need to at touch the baby, not hold but a least hold the baby's hand. This is a great goal. When you are at Firelands we will make sure you get to hold a baby. KA

Week 6- I need to improve on my facial expression I have a resting mean face, so a lady thought I didn't like her. So, I wore a mask in the ER. The stuff I heard was CRAZY. I thought 1S was bad. I knew you could tell in my eyes I was like "what in the world is going on." I will meet this goal, but reminding myself to smile . If I smile more I can't look like I'm upset. This is a nice goal. Sharing a smile with someone is always a good thing. KA

Week 7- This week in need to improve on time management. I was barley on time for clinical because I got lost. I still beat Brain, but I was right on the dot. I also need to work on saying the children's names, I swear half of those names were spelled wrong. Don't forget to write a goal on how you will improve in these areas. KA

Midterm – You have gotten to see a variety of maternal child nursing areas as well as practice your skills with children and the childrearing family. You have satisfactorily completed all competencies at midterm. Continue to work hard and improve on your identified areas of weakness. Keep up the wonderful work as you enter the second half of the semester! Terrific job! KA

Week 8- I felt like this week went very well. The only thing I need to improve on is knowing where the clinical site is and what to bring. For the boys and girls club I got lost and it was a miscommunication on who was buying the game prizes. We still made it work and just used glow sticks. Next time I need to communicate with my group more. I also need to follow the GPS and not rely on " I think I know where I'm going"

Week 9 – I was late for clinical, next week I need to be one time and verify when I need to be at clinical.

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

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

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

\* Course Objectives

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

\* Course Objectives

Comments:

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

<b>Simulation Evaluation</b> Performance Codes: <b>S:</b> Satisfactory <b>U:</b> Unsatisfactory	<b>Simulation</b>												
	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)
	<b>Date:</b> 9/12 & 9/19	<b>Date:</b> 9/23	<b>Date:</b> 9/26 & 10/3	<b>Date:</b> 10/7	<b>Date:</b> 10/17 & 10/18	<b>Date:</b> 10/24 & 10/31	<b>Date:</b> 11/4	<b>Date:</b> 11/5 & 11/6	<b>Date:</b> 11/15	<b>Date:</b> 11/19	<b>Date:</b> 11/22	<b>Date:</b> 11/22	<b>Date:</b>
Evaluation	S	S	S	S									
Faculty Initials	KA	KA	KA	KA									
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): Catanese (C), N. Drivas (M), Fahey (A)

GROUP #: 2

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2024 0830-1000

CLINICAL JUDGMENT COMPONENTS						<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       A       <b>D</b>       B</li> <li>• Information Seeking:       E       <b>A</b>       D       B</li> </ul>						<p>Patient identified. Inquires about pain- rated 5/10. Asks questions about pregnancy/gestation. VS. Heart and lung sounds assessed.</p> <p>Mona CO not feeling well, light-headed, not right. Patient identified.</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>BP interpreted to be WNL. Fetal monitor waveforms interpreted. UA results interpreted. Need for FSBS determined. FSBS 200- determined to be high.</p> <p>Dizziness and light headedness reported. Perineum assessed. Bleeding interpreted as being active. Fundus interpreted as being boggy. BP 88/48- determined to be lower. Fundus firming up.</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       A       <b>D</b>       B</li> </ul>						<p>Discusses the importance of prenatal care, past pregnancies. Inquires about history of gestational diabetes. Fetal monitor applied. Patient assisted to left side. Explains to patient baby might be large due to gestational diabetes. FSBS 200. Call to provider with good SBAR report. Orders received for fluid, Procardia, acetaminophen, and US to verify gestational age, orders read back. Medications explained to patient, patient identified. Mona asks what Procardia is. Medication looked up. Assessment nurse providing education regarding diabetes management, food choices, limiting soft drinks (offers alternative choices). Call to provider to ask why Procardia was ordered when BP is ordered. Explains to Mona the reason Procardia was ordered. Medications administered. US performed. IV fluid initiated. US results given to Mona.</p> <p>Bleeding explained to partner. Fundus massaged, BP assessed. Call to provider to report postpartum hemorrhage, good report. Order for IM methylergonovine received and read back. Pad weighed- 600g. BP reassessed. Provider notified.</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 importance of providing education to patients.</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b>  <b>A= Accomplished</b>  <b>D= Developing</b>  <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 Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</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 the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient’s response Displays proficiency in the use of most nursing skills; could improve speed or accuracy</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): *Catanese (M), N. Drivas (A), Fahey (C)*

GROUP #: *2*

SCENARIO: *Shoulder Dystocia and Newborn Care*

OBSERVATION DATE/TIME(S): *9/26/24 0830-1000*

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (Link to Course Objectives) *</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. Confirm name/DOB</p> <p>Listen to lungs sounds, heart sounds</p> <p>Pain assessment: rating. Does not ask location, duration, or what makes it worse or better</p> <p>Obtain vitals</p> <p>Obtain sterile vaginal exam.</p> <p>Reassess mother after nubain administration. Repeat cervical exam</p> <p>APGAR 1 minute: activity, cry, color, heart rate (assessed 110 but actual was 136), respirations (45). Total: 9</p> <p>Delayed reassessment of mom. Does eventually do fundal assessment</p>
<p><b>INTERPRETING: (Link to Course Objectives) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       A       D       B</li> <li>• Making Sense of Data:       E       A       D       B</li> </ul>	<p>Interpret fetal strip as accelerations with assistance. Identifies it is a good fetal strip</p> <p>Interpret vitals are WDL</p> <p>Interpret that pain medication is appropriate to administer in relation to her last cervical exam</p> <p>Interpret that baby is stuck</p>
<p><b>RESPONDING: (Link to Course Objectives) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:    E       A       D       B</li> <li>• Clear Communication:       E       A       D       B</li> <li>• Well-Planned Intervention/   Flexibility:                E       A       D       B</li> <li>• Being Skillful:               E       A       D       B</li> </ul>	<p>Offer pain medications due to elevated pain rating</p> <p>Call pharmacy to identify correct dose of PCN.</p> <p>Medication administration: PCN- confirm name/DOB, explain what is for and why is needed, scanned patient and medication, hang secondary bag below primary bag, clean hub prior to hooking up to primary line, connected secondary bag below pump, unclamp tubing.</p> <p>Discussion of pain medication options for mother. Double check with skyscape that is appropriate to administer based on last cervical exam.</p>

	<p>Medication administration: Nubain- check name/DOB, scan medication and patient. Use of correct needle, correct technique, use needle safety, correct dose administered.</p> <p>Call healthcare provider with update on cervical exam.</p> <p>Call the healthcare provider to let them know that Mona is delivering baby</p> <p>Call for help, McRoberts position, suprapubic pressure, evaluate for episiotomy, rotational maneuvers, remove posterior arm, roll to hands and knees</p> <p>Immediately dry off baby and wrap baby in blanket. Put hat on baby</p> <p>Call healthcare provider because did not deliver placenta</p> <p>Offer skin to skin with mom</p> <p>Educate mom of expectation of bleeding and when to call healthcare provider with large clots</p> <p>Medication administration: vitamin K and erythromycin. Verify baby number matches mom's number. Draw up medication correctly, correct needle, correct technique, use of needle safety. Incorrect dose. Administered 2 mg in 1mL rather than 1mg in 0.5 mL.</p> <p>Encourage mother to attempt breastfeeding within first 2 hours of birth</p>
<p><b>REFLECTING: (Link to Course Objectives) *</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 IV pump and IV fluids and how to hang correctly. Team remediated on correct dosage calculation for vitamin K medication.</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p>	<p><b>You are Satisfactory in this simulation! RH</b></p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information. 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</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. (1, 2, 4, 5)*</b></li><li><b>6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)*</b></li></ol>	<p>evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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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: \_\_\_\_\_