

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Tylie Dauch

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
9/13/2024	Neonatal hyperbilirubinemia	BS

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies:		NA	NA	S	S	N/A	NA	S	S	S	NA	S						
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.																		
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	N/A	NA	S	S	S	NA	S						
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	S	S	N/A	NA	S	S	S	NA	S						
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	S	S	N/A	NA	S	S	S	NA	S						
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	NA	S	S	N/A	NA	S	S	S	NA	S						
Clinical Location Age of patient		NA	NA	FT OB 24 hrs. old	B AND G CLUB K-5	N/A	NA		FRMC OB 23/ St.	FRMC ER. 16 YO	NA	Lactation and H and V						
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS							

Comments:

Week 4- The stage of growth for my clinical this week would be trust vs. mistrust because my patient was a 24 hr. old baby. BS

Week 4- 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

Week 5- The stage of growth for my patients varies. One stage would be initiative versus guilt because this stage is for 3-5 year olds and this group would be the kindergarteners. Another stage would be industry versus inferiority because this stage is for 6-11 year olds and this group would be the first- fifth graders. **Good job! BS**

Week 5- 1b- Nice job adjusting your communication techniques to provide developmentally appropriate communication to the various age groups at the Boys and Girls Club. 1e- You were able to discuss some of the differences you noticed while working with children of various ages at the Boys and Girls Club. **BS**

Week 8- The stage of growth for St. Mary's this week was initiative versus guilt. This is because many of them were kindergarten and first grade. I noticed a lot of them got furious when they could not perform the game we had correctly. Also, many of them were excited to jump up and play the game we had. **Good example, Tylie.**

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

Week 8 – 1a – You did a wonderful job providing holistic care to the mom you were assigned to this week. You did a wonderful job completing the postpartum assessment and ensuring all the patient's needs were met. 1d – You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process. **KA**

Week 9- the stage of growth my patient was in is identity versus confusion. I believe you could really tell this with my patient. My patient has been acting out and trying to act out in order to get attention. **Yes, it definitely sounds like he needs some attention! BS**

Week 9- 1a- Nice job describing one of the patients you cared for at the FRMC ER and the care you provided to them. I'm sure that had to be an interesting day. **BS**

Week 11- The stage of growth for hearing and vision screening was initiative versus guilt. These students were kindergarten and first graders. They were in this stage because all of the students were very excited to do the screening but you could tell they would get upset if they missed and beep during hearing or a picture during vision.

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

Comments:

Week 4- FTMC OB Objective 11.-This objective was met utilizing conversation and working with the postpartum mom and newborn. Great job! MD

Week 9- 1k- You did a nice job discussing some potential cultural implications that should be considered when planning care for patients. The "culture" (detention home) he's coming from may be unfamiliar to the average person, however it does still need to be taken into consideration regarding his care. It must always be kept in mind also. Many who are used to expressing themselves violently do not care who they express it to. Always be thinking of your safety! 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.		NA	NA	S	NA	N/A	NA	S	S	S	NA	S						
b. Perform nursing measures safely using Standard precautions.		NA	NA	S	S	N/A	NA	S	S	S	NA	S						
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	S	S	N/A	NA	S	S	S	NA	S						
d. Practice/observe safe medication administration.		NA	NA	S	NA	N/A	NA	S	S	S	NA	NA						
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	NA	NA	N/A	NA	NA	S	S	NA	NA						
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	NA	S	NA	N/A	NA	S	S	S	NA	S						
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	N/A	NA		S	S	NA	S						
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS							

Comments:

Week 4- One factor that influenced my patient's social determinants of health is having a strong support person. My patient's significant other was very helpful in all aspects of the patient's care. He never hesitated to hold the baby when needed. He also helped with feedings by burping the baby and changing his diaper for the mother. This can really influence a mother's recovery because she does not feel pressured to do all aspects of babies care on her own. This will allow the patient to focus on her own

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

care and recovery and will also help her mental health. Great example, Tylie. Many new responsibilities are created with the addition of a baby, and they are at times difficult to handle, so a supportive partner is very important. BS

Week 4- 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

Week 5- One social determinant of health that would influence K-5 aged school kids is racism. I noticed there was a lot of different races at this clinical. Although I did not see it firsthand, there is definitely potential for racism in this population. Racism can negatively impact a child's health and wellbeing while in school. Racism is a form of bullying and could do a lot of harm. It could influence the way a child learns and behaves in school. It could also impact a child's mental health where they no longer want to go to school. There is a lot of negative outcomes associated with racism as a social determinant of health. Great example, Tylie. Even in 2024, this issue is still very much a concern. BS

Week 5- 2g- You did a nice job discussing two social determinants of health that could affect the children at the Boys and Girls Club. BS

Week 8- One social determinant of health that would influence a laboring mother would be mental health. My patient had a diagnosis of anxiety. I really saw this shine through in her postpartum period. Her anxiety made it very difficult for her to trust herself and her health care team. She often second guessed herself and never trusted her motherly instincts. She also had her call light on multiple times for the nurses to check on her baby to make sure it was breathing okay. This can negatively impact a mother because she will be in a constant state of worry and it will be hard to focus on anything but her anxiety. Prior to having children, many people underestimate or discount all the new worries, stressors, and responsibilities that come along with parenthood. It's definitely worth it, but it's not always easy. BS

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

Week 8 – 2b – You did a great job assessing and managing the patient's IV site. You DC'd the patient's IV site with good technique and utilizing appropriate precautions. 2c – You did a wonderful job working with the nurse to provide the dressing change on the patient's surgical incision and ensuring the site was appropriately assessed. 2d & e – 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 both PO and IM medications to the postpartum mother. KA

Week 9- One social determinant of health this week was that my patient came from the detention home. From what I gathered, my patient had a multitude of mental health disorders, was abandoned at birth and had no family, and was in the detention home for continuously getting in fights. Unfortunately, my patient was only 16 years old and did not talk to anyone nor make any eye contact. It took a lot of work to get him to trust us during our assessments in order to complete them properly. This can really affect someone in many ways. He has no one he can really rely on and relies on the detention home for food and shelter. No child should have to feel this way, but unfortunately, we are seeing a lot more of it in today's society. Many would be quick to judge someone like this without knowing the whole situation. Given his background and history of mental illness it is not too surprising he is finding himself in trouble. Being alone with no family along with existing problems like these, it's not surprising he's in the situation he's in. BS

Week 11- One social determinant of health I noticed was that my patient's husband during lactation was very overbearing. He constantly had to critique the patient and made her feel bad about the way her breasts were with many of the comments he made. This made my patient become very uncomfortable and overwhelmed. She ended up kicking him out because it was hard for her to concentrate. This can be detrimental to a struggling mom, sometimes making her mental health worse and causing her to give up on breastfeeding.

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

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

Comments:

Week 4- One example of an ethical issue I observed was that the father of the baby did not want to get the whooping cough vaccine. Although we cannot force him to get one, we have to educate the importance of it. We educated him on the importance of this vaccine with a new baby. We explained that the baby's immune system is very weak and that he could easily catch this if the dad gave it to him and it would be very critical if this happened. They have a four-year-old daughter so we told him that she could easily bring the germs home from preschool and give them to dad who would then develop the illness and give it to the baby. He still did not seem to want the vaccine but we did our part on education and that is all we can do. **Patients sometimes are their own worst enemy. It sounds like you provided some pertinent education regarding the topic, nice work. You are correct, we can provide education but it is up to the patients/families to make their decision on whether to comply or not. BS**
 Week 4- 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

Week 5- One example of an ethical issue in this setting is when a child continuously misbehaves at the club. This becomes an ethical issue because it can be very hard for the organizers of the club to kick a child out. Some children are there because their parents are not able to pick them up immediately after school. When a child is kicked out there is a potential for them to not have a ride home. This can be dangerous for a child because if they are young and have to potentially walk home, this could cause them harm. **Yes, good example. Many parents benefit from the services provided by the Boys and Girls Club. If these services were no longer available, many of these kids would be forced to either be alone at home or outside on their own. BS**

Week 8- One legal issue that could be a problem, and that I really struggled with growing up, is lunch money while in school. Often times, children's parents do not have enough money to send them to school with for lunch. This is at no fault of the child's, and I find it very hard to reprimand them for it. You cannot starve a child for not having lunch money but it is also hard to let a kid go for not having it and making the other children pay. This can become very tricky for schools to work around. Many schools now offer free and reduced lunches for children who cannot afford lunch, but I still find that some children are still paying the consequences for no lunch money. I do not think that children should not be fed, or be fed something inadequate, due to the parent's lacking the money for food. Things happen and money can get tight for anyone, and I truly think that we need to figure out a better solution for children in school. **It's hard to think about, so most people don't. Many kids get most of their food at school and little, if any, at home. It would be nice if there was a "one cure fits all" solution for this problem, especially in America, but unfortunately no one has figured it out yet. BS**

Week 8 – 3a & 3c – You were kind and respectful when interacting with children and staff at the school. All the teachers and the principal complimented your presentation and how wonderful you were with the children. Keep up the excellent work! KA/MD/RH/BS

Week 9- One ethical issue I noticed this week was the way the probation officer treated my patient. My patient came from a detention home and was in shackles and handcuffs. While performing our skin assessment we noticed that his wrists and ankles were bleeding from how tight the cuffs were. We had to have a heated discussion with the officer in order for him to loosen them even just the slightest. Although I know the officer was just looking out for everyone's safety, I do not believe the cuffs had to be that tight. You should be able to fit at least one finger under the cuffs to ensure circulation. It was not okay that our patient was bleeding and physically in pain from the cuffs. **Definitely a good example of a legal/ethical problem, and a few more reasons I'm glad to not be involved in law enforcement. BS**

Week 11- One ethical issue that I noticed today was making a child with special needs do the hearing and vision screening in front of her classmates. I find this to be wrong because the child had down syndrome and really struggled do the screenings. She was a little slower than the rest of her classmates when reading during the vision. The classmates were growing very impatient and kept trying to speed her up during her screening. Some of the children also made fun of her for saying the wrong shape during the screening. I feel as though they should've either done her last or had her do it privately to give the child a fair shot at the screening and save her from some of the mean comments.

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

Week 4- 4a- Tylie, you did a great job utilizing the nursing process and your clinical judgment to develop a priority care map for your patient this week. Keep up the great work! BS

Week 4- 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 were able to provide developmentally appropriate education to children of various ages 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! KA/MD/RH/BS

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

Week 8 – 4b – You did a nice job assessing the patient’s surgical incision and documenting it in the EMR. 4d – You witnessed discharge teaching for the postsurgical patient who was recovering from a hysterectomy. You also worked with the breastfeeding mother educating her on proper position and latch and assisted her during a breastfeeding to help with her technique. KA

Week 9- 4a- Great job listing some priority nursing interventions that were performed for your patient in the FRMC ER. BS

Student Name: T. Dauch				Course Objective: 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.			
Date or Clinical Week: Week 4							
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	Nice job listing abnormal observation and assessment findings based on your patient experience this week. Abnormal lab findings were also provided. Nice job reviewing and including pertinent risk factors related to your priority problem of neonatal hyperbilirubinemia.
	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	Three priority nursing problems were identified. Neonatal hyperbilirubinemia was appropriately selected as the highest priority problem. All relevant assessment data was highlighted pertinent to the highest priority problem. Three potential complications were identified, each supported with signs and symptoms to monitor for.
	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	Nursing interventions related to the top priority were listed. Interventions were appropriately prioritized. Each listed intervention included a frequency and rationale. All listed interventions were individualized and realistic to the patient situation.
	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	

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

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	An evaluation of all abnormal findings was provided along with a determination to continue the plan of care. Great job!
	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: Great job on your care map, Tylie! BS						Total Points: 45/45 Satisfactory!	
						Faculty/Teaching Assistant Initials: BS	

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
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f. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	N/A	NA	S	S	NA	NA							
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	N/A	NA	S	S	NA	NA							
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	N/A	NA	S	S	NA	NA							
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	N/A	NA	S	S	NA	S							
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	N/A	NA	S	S	NA	S							
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS							

Comments:

Week 4- 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 9- 4f, g, h- You did a nice job discussing the diagnostic tests/procedures performed for the ED patient you helped care for. BS

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	N/A	NA	S	S	S	NA	S						
b. Evaluate own participation in clinical activities.		NA	NA	S	S	N/A	NA	S	S	S	NA	S						
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	NA	S	NA	N/A	NA	S	S	S	NA	S						
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	S	NA	N/A	NA	S	S	NA	NA	NA						
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	S	NA	N/A	NA	S	S	S	NA	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	N/A	NA	S	S	S	NA	NA						
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	S	S	N/A	NA	S	S	S	NA	S						
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS						

Comments:

Week 4- 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- 5a- You were active and engaged while providing education to the K-6 grade children at the Boys and Girls Club. BS

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

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

of all your hard work! KA/MD/RH/BS

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 worked side by side with the nurse and asked her many questions allow with assisting her with the care she provided. She had so many positive things to say about your nursing care! You were able to a cesarean delivery while on clinical this week! 5e – You did a nice job documenting the postpartum assessment in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessments accurately. KA

From your ED preceptor: Tylie Dauch: Marked satisfactory in all areas. “Great job maintaining a difficult patient.” Katy Fletiz, RN

Week 9- 5a- You did a great job discussing a piece of new technology you were exposed to while in the FRMC ER. BS

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	N/A	NA	S	S	S	NA	S						
b. Accept responsibility for decisions and actions.		NA	NA	S	S	N/A	NA	S	S	S	NA	S						
c. Demonstrate evidence of growth and self-confidence.		NA	NA	S	S	N/A	NA	S	S	S	NA	S						
d. Demonstrate evidence of research in being prepared for clinical.		NA	NA	S	S	N/A	NA	S	S	S	NA	S						
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	NA	S	S	N/A	NA	S	S	S	NA	S						
f. Describe initiatives in seeking out new learning experiences.		NA	NA	S	S	N/A	NA	S	S	S	NA	S						
g. Demonstrate ability to organize time effectively.		NA	NA	S	S	N/A	NA	S	S	S	NA	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	N/A	NA	S	S	S	NA	S						
i. Demonstrates growth in clinical judgment.		NA	NA	S	S	N/A	NA	S	S	S	NA	S						
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS							

Comments:

Week 4- One thing I could improve is my knowledge of medications from previous semesters. I seemed to stumble on questions about medications from previously. It is very important to build on my knowledge rather than learning and forgetting. I will work on this by frequently reviewing commonly used medications from previous

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

chapters and using this in future clinicals. Yes, good idea. Repetition is the key to retaining this type of information, but don't be too hard on yourself. It's a process, and the more you are exposed to different medications the more you will remember. BS

Week 4- 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

Week 5- One area of improvement I can work on is not being so shy at my clinicals. I found it very hard to jump in and talk to the children at first. I felt very out of place and did not know how to start conversations with them even though I have a lot of small children whom I converse with in my life. I can work on this by not being so nervous to jump in and make conversation with my "patients" in future clinicals. Yes, it can be difficult to find a sense or comfort in such a chaotic environment, but you did a nice job. BS

Week 5- 6d,e- You were prepared for your activities at the Boys and Girls Club and acted professionally at all times. BS

Tylie, great work this first half of the semester. Keep it up! During your OB clinicals please seek out opportunities to satisfy objective 2e. BS

Week 8- One thing I can work on is jumping at areas of learning opportunities. I noticed this week at clinical that I was nervous to perform my assessments and chart on them when the nurse asked me too. I was very timid and always made the nurse perform the assessments before I did. I can work on this by trusting my nursing skills and allowing myself to perform the assessments without the help of the nurse. Good realization. It is best to try and perform all you can while you are a student, if anything just for the practice. In just a few months, you will be out on your own and be expected to do things you may not have done in a while, or ever. Every time you perform a skill, it will make it a little easier next time. BS

Week 9- One thing I can work on is distributing my medications quicker. My patient needed to go to surgery, so she needed to have IV fluids hung as soon as possible. I was able to do it but I did it at a slower pace than what was needed. I can work on distributing my medications quicker by practicing my efficiency during our sim labs. Speed will come with time. Unless it is an emergent situation where time is important, take the time you need to ensure accuracy. BS

Week 11- One thing I can work on for next my next clinical is not being afraid to ask questions. I never hesitate to ask the instructor questions because I am comfortable with them and know they won't judge me for anything I ask. I struggle asking other nurses in fear they will judge me for asking a stupid question. I can work on this by asking questions when they pop into my head and seeking opportunities to improve my knowledge.

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

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/12	Date: 9/23	Date: 9/26	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: 9/19
Evaluation	S	S	S	S	S	S							S
Faculty Initials	BS	BS	BS	BS	BS	BS							BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA							NA

* Course Objectives

Comments:

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Baker (C), Dauch (M), Grosswiler (A)

GROUP #: 1

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2024 0700-0830

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES				
NOTICING: (1, 2, 5) * • Focused Observation: E A D B	Patient identified. Notices 33-week gestation and contraction-like pain. Patient CO pain in abdomen rated at 5/10. VS.				

- Recognizing Deviations from Expected Patterns: E A D B - Information Seeking: E A D B	Mona begins CO being dizzy and lightheaded. Asks questions to determine cause. Notices soft uterus. Notices low BP, bleeding
INTERPRETING: (2, 4) * - Prioritizing Data: E A D B - Making Sense of Data: E A D B	Prioritized the need for education related to food, drink, and lifestyle choices. Prioritizes the need for FSBS-200: recognized as abnormal. Bleeding and low BP interpreted as abnormal. Prioritized the need to weigh peri-pad.
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	Fatal monitor applied. Patient repositioned to left side. Urine sample collected and sent to lab. Asks about prenatal vitamins, home preparation/readiness for newborn. Asks patient about dietary preferences and suggests alternate foods, provides related education. Call to lab for UA results. Obtains FSBS. Call to provider about urine results. Orders received for fluids, Procardia, acetaminophen, and US to determine gestational age. Orders read back. Mona is educated about the importance of prenatal care. IV fluids prepared and initiated. Medications prepared, patient identified, allergies confirmed, and medications administered. Call to provider to question Procardia. Fundus massaged while team member phones provider to report boggy uterus and heavy bleeding. Orders received for methylergonovine, monitor VS. Peri-pad weighed: 600g. Situation is explained to patient to keep informed. Methylergonovine prepared, patient identified, allergies confirmed, medication administered. BP reassessed after a few minutes.
REFLECTING: (6) * Evaluation/Self-Analysis: E A D B	Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well

• Commitment to Improvement: E A D B	with each. Discussed the importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon	You are Satisfactory for this scenario! BS Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs 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 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: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses

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

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME:

OBSERVATION DATE/TIME:

REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy. Great job.
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric Simulation Objectives: 1. Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)* 2. Describe how patient-centered care is dependent on past medical history, cultural history, social history, and pregnancy/birth history. (1, 2, 4)* 3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)* Developing to accomplished is required for satisfactory	Comments You are satisfactory for this simulation.

completion of this simulation.

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Baker (A), Dauch (M), Grosswiler (C)

GROUP #: 1

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/26/24 0700-0830

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
NOTICING: (Link to Course Objectives) *					Introduce self. Confirm pt name/DOB
• Focused Observation:	E	A	D	B	Pain assessment: rating, location, duration, factors worse/better, asks if wants pain medication.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Ask about baby gestation
• Information Seeking:	E	A	D	B	Obtain vitals
					Did not assess cervix prior to nubain administration
					Reassess pain after nubain administration
					Notice decelerations on fetal monitor after administration of nubain. Check patient and identify need to delivery
					Notice baby is stuck, uses HELPERR maneuvers to deliver baby
					APGAR 1 minute: assess heartrate (142), respirations (48), tone, cry, color. Total: 9
					Reassess mother after delivery. Perform fundal assessment
					APGAR 5 minute:

	Assess newborn: check reflexes (plantar, sucking, rooting, morrow, Babinski). Skin assessment, fontanel assessment, clavicle assessment,			
INTERPRETING: (Link to Course Objectives) * - Prioritizing Data: E A D B - Making Sense of Data: E A D B	Offer nubain for pain relief due to not wanting epidural Interpret vitals a WDL Interpret fetal monitor as accelerations PCN administered prior to delivery Interpret fetal monitor changed to decelerations after nubain delivery			
RESPONDING: (Link to Course Objectives) * - Calm, Confident Manner: E A D B - Clear Communication: E A D B - Well-Planned Intervention/ Flexibility: E A D B - Being Skillful: E A D B	Verify allergies Pain administration: nubain. Explain that is a pain medication and is safe for baby. Verify name/DOB, verify allergies, scan pt and medication, use of correct needle, correct technique, use of needle safety. Antibiotic administration: explain for GBS+ status, hand primary bag below secondary bag, opened clamp, run at correct rate. Call healthcare provider when realize baby needs to be delivered. No organized SBAR. Call for help, McRoberts maneuver, suprapubic pressure, roll to hands and knees, internal rotation, evaluate for episiotomy, remove posterior arm Encourage mom to push Swaddle baby immediately after delivery, dry baby off, place under warmer Reassess mother after delivery.			

	Medication administration: erythromycin and vitamin K injection. Check baby number matches mom number, put ointment on baby's eyes. IM injection: use of correct needle, correct dose, correct technique, use of needle safety. Call healthcare provider after delivery. No organized SBAR
REFLECTING: (Link to Course Objectives) * - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Identified they could have put hat on baby for thermoregulation. Identified they should have checked cervix prior to administering nubain. Team could improve upon SBAR when calling healthcare provider for proper report of patient.
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: Select physical assessment priorities based on individual patient needs. (1, 2)* Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)* Implement appropriate nursing interventions upon	You are Satisfactory in this simulation! RH Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring but not

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)*	competence. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **T. Dauch**

OBSERVATION DATE/TIME: **10/17-18/2024** SCENARIO: **Escape Room**

CLINICAL JUDGMENT						OBSERVATION NOTES
COMPONENTS 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						Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.
INTERPRETING: (2, 4)* - Prioritizing Data: E A D B - Making Sense of Data: E A D B						Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the

	correct doses.			
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	Responded to safety issues by correcting each of them to provide a safe environment for the patient's care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient's respiratory distress by providing the patient with the ordered breathing treatment. Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.			
REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.			
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric Developing to accomplished is required for satisfactory completion of this simulation. Scenario Objectives: 1. Utilize the concepts of growth and development to identify concerns with patient safety and provide appropriate interventions to address safety concerns. (1, 3, 5)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1, 2, 5)* 3. Collaborate with members of the healthcare team to provide safe, holistic, and comprehensive patient care. (1, 2, 4, 5, 6)*	You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! KA/MD/RH/BS Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse Responding: Generally displays leadership and confidence and is able to			

4. Utilize SBAR communication in interactions with members of the health team. (5)* *Course Objectives	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: 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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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Dauch (A), Grosswiler (M)

GROUP #: 1

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/24/24 0700-0830

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *					Introduce self
• Focused Observation:	E	A	D	B	Obtain vitals. Notice elevated temperature
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Notice battery, needle, and scissors.
• Information Seeking:	E	A	D	B	Respiratory assessment, does not pull gown down to visualize chest

	Medication errors in chart not identified or investigated. Incorrect dose administered to child. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient. Reassess lung sounds after medication administration. Ask questions about cough and work of breathing Obtain repeat vitals, notice low oxygen level Notice increase work of breathing Ask about cough, notice that it is more frequent than previous. Repeat respiratory assessment, does take gown down to visualize chest after listening to lungs. Identify retractions. Identify lung sounds as stridor Reassess vitals after breathing treatment Medication errors in chart not identified or investigated. Incorrect dose administered to child. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient.
INTERPRETING: (2, 4) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Calculate correct medication math for original orders in chart (amoxicillin and ibuprofen) but does not catch error in orders. Does not identify IV fluids are running too quickly. During debriefing, IVF maintenance rate identified and calculated. Nurse stays at bedside with patient while waiting for respiratory treatment Relate the retractions to increased work of breathing Calculate correct dose of dexamethasone. Calculate correct medication math for acetaminophen for

	original order in chart but does not catch error in orders. Does not identify IV fluids are still running too quickly. During debriefing, IVF maintenance rate identified and calculated.			
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	Remove unsafe items from crib. Medication administration: check name, scan wristband to verify DOB with father. Administer ibuprofen, cetirizine, and amoxicillin. Educate father on what medications administered and why needed. Asks patient preference for juice and flavor of medication. Provide education to father about croup including cool air humidifier or take child outside in cool air, duration of illness, eliminate secondhand smoke exposure. Call respiratory for breathing treatment Apply oxygen due to low oxygenation status. 0.5L first, when not increasing enough increases to 1L Call healthcare provider for update on patient. SBAR organized. Receive orders for steroid. Repeat order back to healthcare provider. Medication administration: check wristband, scan patient and medications, verify DOB with father. Offer popsicle to encourage fluids and to soothe throat Update father on plan of care including about breathing treatment, steroid, and ibuprofen.			
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of scenario and recognition of teamwork/communication. Identified lack of double-checking orders for medications. During debriefing all safe dose medications were checked and medication safe doses were calculated by all students. Discussed medication errors and			

	how to identify/prevent doing so in their practice as nurses. Team provided great educate to father and child on illness as well as medications administered and what to watch for at home.
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. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)*	You are Satisfactory for this scenario! RH Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information. 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. 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: 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: _____