EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Destiny Houghtlen

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**
9/27/24	Acute pain related to spinal headache	RH

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

Comments:

1e week two. I would select trust versus mistrust because the baby was just born the day before. This means the baby will go through the stages of trust and mistrust. It will learn who it trusts and who it does not feel that connection with. Very nice! RH

Week 1: I changed 1a to "S" because you addressed this in your CDG this week. You explained how the baby had a high palate and how baby was having a difficult time latching to mom for feedings. You also discuss mom's history with breastfeeding and her knowledge deficit as it was her first time breastfeeding. I also changed 1c to "S" as you addressed that with your CDG as well. You explain how education was provided for syringe feeding the baby and how this helped with the feeding. RH

1e Week three: I did not have clinical this week

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

1e week four: I would select identity vs role confusion because the group I worked with were adolescents and during this stage they are learning how to be more independent and they are figuring out who they are as a person. Good job! RH
Week 4 – 1a, b, & c – You did a great job utilizing the techniques your learning through your training to complete hearing and vision screenings on the high school students this week. You asked appropriate questions and communicated with the students utilizing your knowledge in growth and development. KA
1e week five: I did not have clinical this week.

1e week six: I would select trust vs mistrust because one of my patients was the baby who was only one day old which means she is not used to the world and is learning who to trust and feel safe around vs who or what makes her feel unsafe. RH
Week 6: 1b, c, d- You used great communication with your patient while doing an assessment. You were calm and answered all questions that the mom asked you. You were able to recall the newborn assessment and perform it well. RH

1e week seven: no clinical this week
1e week eight: One patient I seen in the ER would fall under industry vs. inferiority. The patient was a six-year-old which means this child is learning new skills and is in school working with other children. RH
Week 8 – 1a & 1b – You did a wonderful job working with the elementary children while on clinical at St. Mary's Catholic School. You provided developmentally appropriate communication and adjusted your presentation to meet the needs of both the children K through 2nd and 3rd through 5th. Terrific job! RH

1e Week nine: I would select industry versus inferiority for the group of children I was with for the boys and girls club. I would choose this because these kids were between the ages of 6-12 years old. They are learning how to be social with their classmates. They are also learning what it feels like to accomplish things in life but with that they also learn what it feels like to fail at things. RH
Week 9- 1b- Nice job adjusting your communication techniques to provide developmentally appropriate communication to the various age groups at the Boys and Girls Club. 1e- You were able to discuss some of the differences you noticed while working with children of various ages at the Boys and Girls Club. BS

1e week ten: I would select trust vs mistrust because one of my patients was a baby girl that had only been 24 hours old. She is still figuring out who she can and cannot trust in the world. She will hopefully feel safe with her parents and her siblings, especially as time goes on. RH
FTMC OB Objective 1 B, C, D-This week you did an awesome job with providing developmentally appropriate care, appropriate assessment techniques, and developing safety measures to support your patient. MD

1e week eleven: no clinical

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

Objective

1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*

Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies: f. Describe psychological changes in response to the expectant mother's pregnancy. **Maternal**		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	N/A						
g. Discuss prenatal influences on the pregnancy. **Maternal**		N/A	N/A	N/A	N/A	S	N/A	S	N/A	N/A	S	N/A						
h. Identify the stage and progression of a woman in labor. **Maternal**		N/A	N/A	N/A	N/A	S	N/A	S	N/A	N/A	S	N/A						
i. Discuss family bonding and phases of the puerperium. **Maternal**		N/A	N/A	N/A	N/A	~~N/A~~ S	N/A	S	N/A	N/A	S	N/A						
j. Identify various resources available for children and the childbearing family.		S	N/A	N/A	N/A	~~N/A~~ S	N/A	S	N/A	N/A	S	N/A						
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	N/A	S	N/A	S	N/A	S	S	S	S	N/A						
l. Respect the centrality of the patient/family as core members of the health team.		S	N/A	S	N/A	S	N/A	S	S	S	S	N/A						
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH							

Comments:

Week 1: were there no resources available to mom or baby while you did this clinical experience? If not, then leave 1j as "N/A", but if resources were provided and available, this should be changed to an "S" RH

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

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

Week 6: 1i, j- I changed both of these to “S” because we did discuss the importance of mother/baby bonding. We also discussed some of the resources available to the families that deliver at Firelands. Some of the resources were in the discharge packet we reviewed and some were at the ward clerk desk at the front of the unit. RH

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

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

Objective																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children encompassing cultural sensitivity and diversity. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Engage in discussions of evidenced-based nursing practice.		S	N/A	S	N/A	S	N/A	S	S	N/A	S	N/A						
b. Perform nursing measures safely using Standard precautions.		~~N/A~~ S	N/A	S	N/A	S	N/A	S	S	N/A	S	N/A						
c. Perform nursing care in an organized manner recognizing the need for assistance.		N/A	N/A	S	N/A	S	N/A	S	S	N/A	S	N/A						
d. Practice/observe safe medication administration.		N/A	N/A	N/A	N/A	S	N/A	S	S	N/A	S	N/A						
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		N/A	N/A	N/A	N/A	S	N/A	S	S	N/A	S	N/A						
f. Utilize information obtained from patients/families as a basis for decision-making.		S	N/A	N/A	N/A	S	N/A	S	S	N/A	S	N/A						
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)***		S	N/A	S	N/A	S	N/A	S	S	S	S	N/A						
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH							

Comments:

2g week two . One social determinant of health for this was the patient was not properly educated on some specifics of what to expect once her baby was born. She had explained that she did not know when she needed to feed the baby. This was also her first baby, so she did not know a lot about breast feeding. It did seem as though the family had a good support system. Good job identifying this! Some new moms do not have the education prior to birth to know what to expect and breastfeeding can be intimidating to some. RH

Week 2: I changed 2b to "S" due to you using standard precautions while caring for patients this week. This includes "foam in and foam out" as well as using gloves. RH

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

2g week three: I did not have clinical
2g week four: One social determinant of health for the specific age group I was with which was adolescents, would be social support. The kids are in school which means their peers will play a big role in their lives. There have been a lot of issues with bullying among adolescents and it is important they feel safe and they know they have someone to depend on. Good observation. RH
Week 4 – 2c – You were organized throughout the screening and assisted others quickly and efficiently when needed. You helped answer each other's questions and worked as a cohesive unit. Nice job! KA
2g week five: I did not have clinical this week.

2g week six: One social determinant of health for this patient would be stress. This patient has now two children to take care of an she is not able to function with the headache she has been having. This is causing the patient to become more stressed because she is unable to function normally due to the pain. She also had a blood patch done which means she is not able to lift anything more than the baby. This can also be stressful for her as she is used to doing more. This can definitely be stressful. Though she can lift her baby, if the baby is in the carseat, that is much heavier than the baby alone so she would need assistance moving baby into and out of the car. RH

Week 6: 2b- you used standard precautions when caring for mother and baby. You also recognized that after baby has had a bath we do not need to use gloves, but prior to a bath we must use gloves when caring for the infant. RH
Week 6: 2c- you did well with the newborn assessment. You asked questions when you needed assistance but you led the assessment yourself. RH
Week 6: 2d, e- you performed medication administration with correct technique and performed all your checks. You performed a medication administration on baby (IM) as well as for a mother (PO). RH

2g Week 7 : No clinical this week
2g Week 8: One social determinant of health for the St Mary's school is social support for the students. There are several age groups of students that attend this school. They need social support to get through school and life. It is also important that they are social with one another and using communication. Bullying can occur at any point in school unfortunately which can be a big problem for these children. They need as much support as possible. RH
Week 8 – 2g – You worked with the children at St. Mary's Catholic School and observed different cultural and social aspects that could impact their overall health and well-being. You provided education to meet the needs of this population to positively impact their health. RH

2g Week 9: One social determinant of health for the children at the boys and girls club would be safety. These children were all younger which means they need to be safe and ensure someone is looking out for their safety. They do play in the gym which means they have to also ensure the children do not get hurt while playing. RH
Week 9- 2g- You did a nice job discussing two social determinants of health that could affect the children at the Boys and Girls Club. BS

2g Week 10: One social determinant of health for my patient that was the mother would be stress. She now has four children to care for even though only two are biologically hers, she has two stepchildren as well. Having a new baby can cause more stress at home and it may be a little bit harder to adjust. This can definitely take more time to adjust with adding a fourth child to a family. Hopefully her other children will be great helpers for her. RH
FTMC OB Objective 2 B, C, F-This week you did an awesome job performing standard precautions by performing hand hygiene and wearing gloves when appropriate. You also performed nursing care in an organized manner and you were able to gather information for the mother to obtain information on newborn. MD
FTMC OB Objective 2 D-This week you were able to administer medications. You followed the rights of medication pass and were able to verify the patient's name and date of birth. Great job! MD

2g week 11: no clinical

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

Comments:

3d week two. One thing I noticed was one nurse was very upset because a baby had not eaten since 1am and it was around 10am. They have charts that are supposed to be charted on and they had not been charting the correct information on it. The nurse explained that this can affect the care that is given to the patient because they are going off of the wrong information. This can be a big problem because babies need nutrition and have no way of telling us what is wrong other than crying. Also, the saying "if it is not charted, it did not happen" comes into play here. That nurse is unable to chart that the baby was fed if the parents did not write down when the baby was fed. RH

3d Week three: I did not have clinical this week

3d week four: I did not notice any legal or ethical issues during this clinical. I think it is great that they offer these screenings in school for these children. There were a few people that had mentioned they were unable to pay for glasses which is why they didn't have them during school. I think this is unfair because it affects their learning and everyday life. This could be due to lack of insurance or extra funds at home. Typically, the school nurses have vouchers or coupons for parents to use if that is necessary. One legal thing that can happen is that if the students do not follow up with a professional for a screening, the nruses have to report that to the state and the state is aware the parents are not taking the child to the recommended screenings. RH

3d week five: I did not have clinical this week.

3d week six: I did notice the patient had reported she did not have instant relief from the blood patch procedure that was done but it was charted that she did have instant relief from it. This is definitely not okay. If that patient's chart was reviewed and the pain assessment did not line up with the notes the provider placed in the chart, it would cause flags based on all charting done on that patient. RH

3d week seven: No clinical this week

3d week eight: A legal and ethical issue I observed in the ER is there were a few times I noticed some of the nurses would have the patient's information up on the computers and they would leave them open while they walked away. RH

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

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

3d week nine: I did not notice any legal and ethical issues that I can think of. I did notice that there seemed to be a lot of children and it would be helpful for the staff if they had more help. It can be difficult to notice some legal and ethical issues at this clinical. Did you witness any bullying or unfair treatment to some of the students? This could be a legal or ethical issue. I like that you pointed out the staff to student ratio. This can be related to nurse to patient ratios as well. RH
3d week ten: One issue I noticed was some nurses would handle all babies with no gloves on. I was just nervous because the babies are new to the world they can get sick easily so I thought it would be best to wear gloves when handling the babies. I also noticed during a patients labor she was contracting and had started pushing, the baby had just came out and the patient's significant other had a vape and was vaping as the baby was born. I am surprised the support person was able to have a vape while in the hospital because most are a smoke free facility and this includes vaping. RH

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

3d week eleven : no clinical

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

Week 2: Did you not witness any examples of patient or family advocacy during this clinical? If not, leave 4c as "N/A", but if you did witness some type of advocacy, this needs to be changed to "S". RH

Week 4 – 4b – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You then helped alphabetize and document the information further on the required ODH documentation forms. This was a terrific help to the school nurse. KA
Week 4 – 4d – You did a nice job educating the high schoolers as needed on the screening process and ensuring they were able to perform it correctly so the results would be valid. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. KA

Week 6: 4b- you were able to properly document your mom assessment in meditech with limited assistance. RH
Week 6: 4d- You were able to educate the mother on importance of taking Tylenol/ibuprofen to assist with her pain rating and recovery. RH

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

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

Week 9- 4d- You were able to provide developmentally appropriate education to the children at the Boys and Girls Club. Nice job! BS

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

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

Student Name: D. Houghtlen				**Course Objective:**			
Date or Clinical Week: 6							
Criteria		**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	All criteria met. RH
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	All criteria met. RH
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	All criteria met. RH
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

***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	Make sure you are clear on your reassessment. You state "blood patch site reassessment" but do not state what the reassessment was. Was it WDL, was there drainage, was there redness, etc.
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Reference

An in-text citation and reference are required.
The care map will be graded "needs improvement" if missing either the in-text citation or reference, but not both.
The care map will be graded "unsatisfactory" if both in-text citation and reference are not included.

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

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

Faculty/Teaching Assistant Comments:

Total Points: 45/45

Faculty/Teaching Assistant Initials: RH

***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		
f. Correlate the diagnostic tests with the patient's disease process. **(noticing, interpreting, responding)**		N/A	N/A	N/A	N/A	S	N/A	S	S	N/A	S	N/A						
g. Correlate the pharmacotherapy in relation to the patient's disease process. **(noticing, interpreting, responding)**		N/A	N/A	N/A	N/A	S	N/A	S	S	N/A	S	N/A						
h. Correlate the medical treatment in relation to the patient's disease process. **(noticing, interpreting, responding)**		N/A	N/A	N/A	N/A	S	N/A	S	S	N/A	S	N/A						
i. Correlate the nutritional needs/diet in relation to the patient's disease process. **(noticing, interpreting, responding)**		N/A	N/A	N/A	N/A	S	N/A	S	S	N/A	S	N/A						
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. **(noticing, interpreting, responding)**		N/A	N/A	N/A	N/A	S	N/A	S	S	N/A	S	N/A						
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH							

Comments:

Week 6: 4g- you were able to identify why we were administering ibuprofen and Tylenol to the mother and how it would assist with her pain and swelling.
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

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

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

Comments:

Week 2: 5g Your CDG this week was great, it allowed me to see what type of visit you had with the lactation consultant and the patient. I wish you were able to go back in with the lactation consultant to watch baby latch with some assistance, but I understand the lactation consultant wanting to wait until family left. RH

Week 2 lactation comment: marked excellent in all areas. “Friendly, asked good questions” Rachel Figgins RN, CLC

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

Week 6: 5a- you showed great enthusiasm on clinical this week and the nurses commented on how nice it was to see students who were eager to learn. RH
Week 6: 5d- you charted your assessment findings appropriately in meditech. RH

Week 8 – 5a – You did a great job working the children at St. Mary's Catholic School and not only did an excellent job presenting the education you developed but showed interest in the children and hearing what they had to say about your topic. The school and its students were very appreciative of everything you did. You should be proud of all your hard work! RH
Week 8: 5a- ER comment: Marked satisfactory or excellent in all areas. "Very engaged, willing to anything asked of her." Kaya Tenzillo, RN

Week 9- 5a- You were active and engaged while providing education to the K-6 grade children at the Boys and Girls Club. BS

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

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

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

Comments:

6a week two . I was nervous for this clinical and unsure of what to expect which made me a bit timid at first. I would like to improve on this by opening up more at the start of the clinical experience. I was able to open up once I got comfortable, but I would like to be more open as soon as I start clinical. This is a good goal. It can be intimidating at first because this semester is full of specific populations to care for and it is different from a medical surgical experience. RH

6a week three: I did not have clinical this week

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

6a week four: One area for improvement for this clinical that I noticed was I did not feel as prepared for the vision portion. I felt like I should have done more research a few days before so I could have been more confident. I kept mixing up which eye to start with and had to have a few students do it again, but I was able to get it down eventually. I will improve on this by doing more research before the next clinical and any skills I may need to perform. Good goal. RH
Week 4 – 6h – You did a great job displaying your ACE attitude while on clinical and stayed over to help the school nurse finish organizing her screening documentation. Wonderful job! Thank you for your kindness and commitment! KA
6a week five: I did not have clinical.

6a week six: One area for improvement for me is that I was giving the baby I had an IM and the medication did not come out when I was giving it. I will improve on this by watching videos on injections for babies and hope by the next clinical I will be able to give an injection and feel successful about it. It has been a while since we have done IM injections on a real person so review is always great. You did all the proper steps, I think you were nervous because it was a baby and you did not want to push the syringe hard enough to get the fluid out. RH

6a week seven: No clinical this week
6a week eight: One area for improvement for me would be I would like to feel more comfortable with using the IV pumps. I was able to program a pump during clinical to run fluids through and it took me a few minutes to do it. The nurse helped walk me through it when I felt stuck but I'd like to be able to do it on my own! I am going to try to stay after some time or set up time to use the pumps at school I think this will help me feel more comfortable. Let us know if you want in the skills lab at anytime and we will open it for you to practice. We will have to use IV fluids that are already primed due to the IV fluids shortage, but we can definitely provide some type of practice for you. RH

6a week nine: One area for improvement for me would be I did not play much in the gym with all they children because I did not want to interrupt the children that were playing so I stayed near one kid that was watching Netflix on her phone. I would have liked to join more in with the other kids, but I am glad I was able to meet some of them. I will work on this during my next clinical by approaching more people and interacting with more people. Sometimes the kids in the corner need some one on one attention, and you were able to provide them with that. RH
Week 9- 6d,e- You were prepared for your activities at the Boys and Girls Club and acted professionally at all times. BS

Week 10: One area for improvement for me would be to try to be more open to different ways of doing things. There were a few things that were different at fisher Titus, and I found that made me a bit nervous not knowing exactly how to use certain things. I was giving heparin and thankful my preceptor was explaining that it was different and how exactly to use it. I would like to try to be more confident in learning how to be more open about learning new things by the next semesters clinicals. This is a great goal. RH
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 11: no clinical

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

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

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

* Course Objectives

Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Lab Skills**									
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (* 1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditech (* 1,2,3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date: 8/21	**Date: 8/21**	**Date: 8/21**	**Date: 8/21**	**Date: 8/21**	**Date: 8/21**	**Date: 8/21**	**Date: 8/21**	**Date: 8/22**	**Date: 10/21**
Evaluation	S	S	S	S	S	S	S	S	S	S
Faculty Initials	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
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 & 9/19	**Date: 9/23**	**Date: 10/3**	**Date: 10/7**	**Date: 10/17 & 10//18**	**Date: 10/24 & 10/31**	**Date: 11/4**	**Date: 11/5 & 11/6**	**Date: 11/15**	**Date: 11/19**	**Date: 11/22**	**Date: 11/22**	**Date: 9/17**
Evaluation	U	S	S	S	S								S
Faculty Initials	RH	RH	RH	RH	RH								RH
Remediation: Date/Evaluation/Initials	S 9/20 RH	NA	N/A	N/A	N/A								N/A

* Course Objectives

Comments:

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Destiny Houghtlen OBSERVATION DATE/TIME: 9/17/24

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.

	I enjoyed seeing your pregnancy photo!
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 completion of this simulation.**	**Comments** **You are satisfactory for this simulation.**

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Houghtlen, Schnellinger
GROUP #: 9
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/19/2024 1000-1130

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

	Acetaminophen, Procardia, orders read back. Pain assessed- rated 4-5/10. Prenatal care encouraged. Call back to HCP by assessment nurse. Orders for US to verify dates, patient education. US complete, date verified confirming 33 weeks. Call to HCP to question Procardia due to lack of history of hypertension. Indication determined. IV fluid initiated. Prenatal and dietary education provided. Four calls to the provider all made by the assessment nurse. Charge nurse and medication nurse hesitant to get involved in scenario. Assessment nurse notices PPH and begins to massage fundus and calls HCP. Team members – should come in to help and assist- this is an emergency. In this situation, the priority for the assessment nurse is to massage the fundus while the charge nurse or medication nurse (whoever is free) makes the phone call. Other nurse offers to help and comes in to take over phone call. Order received, medication prepared and administered. BP and HR reassessed with noted improvement. Pads weighed- 600g. Education provided by all three team members
REFLECTING: (6) * • Evaluation/Self-Analysis: E A **D** B • Commitment to Improvement: E **A** D B	Team discussion of the scenarios. Discussed the importance of teamwork and SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon	You are Unsatisfactory for this scenario. BS Lasater Clinical Judgement Rubric Comments: Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment Is ineffective in seeking information; relies mostly on objective data; has difficulty interacting with the patient and family and fails to collect important subjective date Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data In simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance Responding: Except in simple and routine situations, is stressed and disorganized, lacks control, makes patients and families anxious or less able to cooperate Has difficulty

completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* *Course Objectives	communicating; explanations are confusing; directions are unclear or contradictory; patients and families are made confused or anxious and are not reassured Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response Is unable to select and/or perform nursing skills Reflecting: Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Houghtlen C, Schnellinger A
GROUP #: 9
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/19/2024 1000-1130

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1, 2, 5) * • Focused Observation: **E** A D B • Recognizing Deviations from Expected Patterns: E **A** D B • Information Seeking: E **A** D B	Introduction, patient identified. Patient CO abdominal pain rated 5/10. VS initiated. Charge nurse gathers pregnancy history information. Patient identified. Patient CO feeling lightheaded and dizzy. BP measured. Notices low HR. Notices boggy uterus and bleeding.
INTERPRETING: (2, 4)* • Prioritizing Data: E **A** D B • Making Sense of Data: E **A** D B	Interpreted the need to place fetal monitor on patient. Monitor waveforms interpreted- contractions q 2 min, FHR 145. BP interpreted as being low. Interprets HR as being high due to falling BP. Interprets uterus firming up as indication of medication effectiveness.
RESPONDING: (1, 2, 3, 5) * • Calm, Confident Manner: E **A** D B • Clear Communication: E **A** D B • Well-Planned Intervention/ Flexibility: E **A** D B • Being Skillful: E **A** D B	Patient questioned about pregnancy/prenatal care. Prenatal care encouraged. Gestational diabetes history discussed. Questions regarding contractions- duration, frequency. Fetal monitor applied. Urine sample sent to lab. Patient assisted to left side. Call to lab for UA results. Call to HCP with report, pertinent information relayed to HCP. Orders received for IV fluids, acetaminophen, Procardia, and US to verify dates. Medications prepared, patient identified, allergies confirmed. IV fluid initiated, acetaminophen and Procardia explained and administered. Measures BP in response to patient CO dizziness and lightheadedness. Peri area assessed, fundus immediately massaged, requests charge nurse to assist. Call to HCP to report hemorrhage. Orders received for methylergonovine. Medication prepared and administered. Uterus massaged until firm. Patient states feeling better. BP HR reassessed- found to be normalizing. Pads weighed- 600 g. Call to HCP to report blood loss volume and resolution of hemorrhage and symptoms. Patient education provided regarding lochia color and what to expect over the next few weeks.

REFLECTING: (6) * • Evaluation/Self-Analysis: **E** A D B • Commitment to Improvement: **E** A D B	Team discussed the scenarios. Team met all expectations of the scenario and preformed well. Teamwork and communication were very good. Work was efficient and team worked together well to complete all tasks and objectives. Very nice job.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 6. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 7. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 8. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 9. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 10. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* *Course Objectives	**You are Satisfactory for this scenario! BS** Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Stang (C), Houghtlen (M), Schnellinger (A)
GROUP #: 9
SCENARIO: Shoulder Dystocia and Newborn Care
OBSERVATION DATE/TIME(S): 10/3/24 1000-1130

CLINICAL JUDGMENT COMPONENTS	**OBSERVATION NOTES**
NOTICING: (1,2,5) *	Introduce self, identify patient (name/DOB)
• Focused Observation: E A D B	Pain assessment: location, rating
• Recognizing Deviations from Expected Patterns: E A D B	Obtain cervical exam prior to nubain administration
• Information Seeking: E A D B	Assess fundus after delivery: firm and midline. Obtain vitals after delivery
	APGAR 1 minute: heartrate (150), respirations (50), cry, color, tone. Total: 10
	Assess reflexes in newborn to ensure all are positive. Complete newborn assessment
	Repeat post-partum assessment after time has passed. Reassess pain after delivery. Does full post-partum assessment on mom (bowels, breasts, bladder, uterus, legs/edema, emotional state)
INTERPRETING: (2,4) *	Interpret fetal monitor and correctly identify frequency of contractions, interpret fetal monitor as accelerations
• Prioritizing Data: E A D B	Identify vitals are WDL
• Making Sense of Data: E A D B	Identify imminent delivery

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	Call healthcare provider. SBAR organized. Offer pain management options. Education on pain medication ordered and how it would impact baby. Education provided on penicillin and why needs to be administered. Medication administration: nubain and PCN. Check name/DOB, verify allergies, scan patient, scan medications, hang secondary bag above primary bag, clean hub prior to hooking up secondary tubing. Hook up secondary tubing below the pump. Nubain admin: correct dose, verify name/DOB, use of subcutaneous needle rather than IM needle, correct IM technique used, use of needle safety. Baby is coming, does not call healthcare provider prior to attempting delivery Baby is coming: call for help, McRoberts, suprapubic pressure, rotational maneuvers, roll to hands and knees, evaluate for episiotomy, remove posterior arm Immediately after delivery dry off baby, put baby in warmer, Verify mom is okay with medication administration to baby (vitamin K and erythromycin) Medication administration: erythromycin ointment- applied appropriately, scan patient and medication. Vitamin K: correct dose, correct technique, correct location, use of needle safety. Use of adult IM needle for infant injection. Education on bleeding expectations for new mother. Education provided on post-partum depression/baby blues Does not place hat on baby Call healthcare provider with update on mother after delivery. Gather consent for circumcision on baby. Education provided on circumcision care on baby after procedure will be done.

REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Team remediated on correct needle size for IM injection on infant. Team remediated on correct needle size for adult IM injection. Discussion on importance of hat on baby. Team discussed all interventions done and education provided to mom during simulation. Team reflected well on their performance.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** **1. Select physical assessment priorities based on individual patient needs. (1, 2)*** **2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)*** **3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*** **4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)*** **5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)*** **6. Implement appropriate nursing interventions upon completion of nursing assessment that support**	**You are Satisfactory in this simulation! RH** Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Is hesitant or ineffective in using nursing skills. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

thermoregulation in the newborn. (1, 2, 5)*	

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Destiny Houghtlen 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)* 4. Utilize SBAR communication in interactions with members of the health team. (5)* *Course Objectives	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 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

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: _____