EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Katelyn Morgan

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)
11/1/24	1	Missed Simulation Survey	

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**
9/20/24	Neonatal Hypothermia	RH

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

Comments:

1E wk 4:

The patient was in Erikson stage of Identity vs Role confusion. The patient was a newly young mother. She had probably just graduated high school. Her grandmother was in the room with her. It seemed that her grandmother asked more questions than the patient did. The labor nurse had asked the patient (before her lactation session) how long she had breast fed before to her coming in and the patient stated "I don't know." The grandmother stated "it was 14 min on one breast and 10 minutes on the other

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

breast." I understand things such as unprotected sex, condoms may break, birth control may fail but she is new to the adult world and she is a young mother now. This is what I would describe as the Identity vs Role confusion. Good job making connections to the stage of growth and development. RH
Week 4: 1a, c- you had a very detailed CDG about your assessment techniques and how you and the lactation consultant used developmentally correct communication during the assessment. You also state that you were able to educate mother, grandmother, and baby's father on various breastfeeding techniques. Great job. RH

Week 5 : 1E
The stage of growth and development would be Infancy – "Trust vs Mistrust." The newborn that I was taking care of was less than 24 hrs old. The baby needed TLC with basic needs such as nourishment because of being born at 36 weeks, newborn was 4lb 14 oz (2200g), and the mother used cocaine and THC during pregnancy. The baby struggled with thermoregulation due to a low temperature <97.7 F and hypoglycemia. The staff nurse was unsure if the hypoglycemia was causing hypothermia or vis versa. I have learned a lot with newborns yesterday. Before we left clinical yesterday, the HCP ordered an NG for feedings because baby hard a hard time feeding due to the circumstance. Per Stanford Medicine Children's Health, "Almost every drug and medicine pass from the mother's bloodstream through the placenta to her unborn baby. If the mother uses substances that affect her nervous system, they will also affect the baby's. At birth, the baby has become used to getting the drug. But because the drug is no longer available, the baby may have symptoms of withdrawal. (Stanford Medicine Children's Health, 2024)"
Neonatal abstinence syndrome. Stanford Medicine Children's Health. (n.d.).
https://www.stanfordchildrens.org/en/topic/default?id=neonatal-abstinence-syndrome-90-P02387. Great assessment and observation of your patient! RH

Week 5 – 1a – You did a wonderful job providing holistic care to the baby you were assigned to this week. KA
Week 5 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. You actively assessed your patient for signs and symptoms of withdrawal and reported any findings of concern to the nurse. KA
Week 5 – 1d – You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process whenever returning the newborn to the parents from the nursery. KA

7E: Stage of growth and development is "Industry vs inferiority." The school aged developmental stage is from the 6th birthday till 12th year of life. "According to Erikson's psychological developmental theory (McLeod, 2018a), school aged children need to master industry, or achievements, and gain confidence. If they fail to navigate this stage successfully, they may experience a sense of inferiority." The age group that I had at boys and girls club were 3rd and 4th grades.
Textbook page 370. Linnard-Palmer, L., & Coats, G. H. (2021). *Safe Maternity and Pediatric Nursing Care* (2nd ed., Ser. page 370). F.A. Davis. Good job! RH

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

8e.) Stage of development would be Erikson's "Industry vs Inferiority." Per Palmer, "Cognitive development of the school aged child is marked by an increase in the ability to think more abstractly and more concretely and to begin to make rational judgements (Rudd & Kocisko, 2014)." Text book page 372.
Linnard-Palmer, L., & Coats, G. H. (2021). *Safe Maternity and Pediatric Nursing Care* (2nd ed., Ser. page 372). F.A. Davis Great job RH

Week 8: 1d- did you not assess any patients for a fall risk, or DVT risk during your Emergency Department rotation? If not, this can remain "N/A" but if you did, please change this to an "S" RH

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

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

9E: Erikson stage would be Trust vs Mistrust. A baby boy was born during my clinical rotation at FTMC. During this stage of development, it is important for the newborn to trust the parents and especially the mother to love and provide care to them in order for the newborn to survive. Babies can't depend on themselves. They are dependent on their parents. Per Palmer, " Bonding is a process of developing a meaningful relationship between the infant and the carefiver. Bonding provides a sense of security that is needed for the infant to feel safe. (Palmer, 2021)"

Text book page 313
Linnard-Palmer, L., & Coats, G. H. (2021). *Safe Maternity and Pediatric Nursing Care* (2nd ed., Ser. page 313). F.A. Davis RH
Week 9: FTMC OB Objective 1 A-E: This week in clinical, we discussed as a clinical group how to provide care with techniques and diversions appropriate for level of development, how to use developmentally appropriate communication, provide care utilizing systematic and developmentally appropriate assessment techniques, described multiple safety measures, and discussed the Erikson's stage of development of our labor patient. MD

10E: Erikson's stage of growth and development "Industry vs Inferiority." According to Erikson, "A School-aged child's sense of worth can come from within or may be influenced by his or her social environment or relationships with others, either within the family or outside of it." School-aged children need classroom structure and function and interacting with other classmates and teachers/school staff. During the hearing and vision screen there were different "stations" for both hearing and vision. Staff had to direct the students to both stations to ensure the children's screenings were being completed to be within state compliance. The students were kind, and easy to direct to the stations.
page 373 in the text book
Linnard-Palmer, L., & Coats, G. H. (2020). *Safe maternity and pediatric nursing care*. RH
Week 10: 1a-c: you did an awesome job explaining the directions and helping the students with the hearing and vision screenings. MD

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

Comments:

Week 4: 1k- it sounds like your patient was young and unsure of what to expect in regards to breastfeeding, but her grandmother was there to assist and support her. Way to identify this and make note that it is important to educate all supportive members of the family, not just the mother, so she has some assistance when discharged. RH

Week 4: 1h- I changed this to "NA" because you did not have a patient in labor to discuss the various stages of labor the patient was in. I will leave 1f, g, and i all as "S" but please self-evaluate to ensure you did do these while on your lactation clinical. RH
The lactation nurse and I had good conversation about family bonding, psychological changes, parental influences. KM 9/18/24.

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

Week 5 – 1j – You were able to actively contribute to the discussion on SDOH concerns for the mother of your patient and available resources such as medication assisted withdrawal and child protective services involvement in the process. KA

Week 7: 1j- Boys and Girls club is a resource for many families in the area. They also provide other resources such as tutoring assistance, school work assistance, meals, and child care for families. RH

Week 8: 1j- did you provide any resources to the patients who you saw in the emergency department while you were there? This can include information on a specialist, information on a primary care provider, etc. If you did, please change this to "S". RH
Week 8: 1k, l- I changed this to "S" because we do treat each patient with respect in regards to the patient being the center of the care, and we also always treat the patient and family with respect in regards to their beliefs. RH

Week 9: FTMC Objective 1 F-L: This week in clinical, we discussed as a clinical group the psychological changes in pregnancy, prenatal influences on pregnancy, stage of progression of our labor patient from beginning of labor to delivery and postpartum period. We also discussed family bonding as it was witnessed, various resources available for the family unit, how we can value patient's perspective, diversity, and culture during patient and family care, and finally how to respect the family unit as a core. MD

Week 10: 1j: the nurse and you had discussion about some resources available to the students if the parents are unable to afford to take their children to the referrals. 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.		NA	NA	S	S	NA	NA	S	S	S	S	NA	NA					
b. Perform nursing measures safely using Standard precautions.		NA	NA	S	S	NA	S	S	S	S	S	NA	NA					
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	S	S	NA	NA	S	S	S	S	NA	NA					
d. Practice/observe safe medication administration.		NA	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA					
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	NA	NA	NA	NA	S	NA	S	NA	NA	NA					
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	NA	S	S	NA	NA	S	~~NA~~ S	S	NA	NA	NA					
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) **(List Below)***		NA	NA	S	S	NA	S	S	S	S	S	NA	NA					
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH						

Comments:

2G wk 4: A SDOH would be economic stability because of the hospital bill(s). I am unsure if the patient had health insurance, but from my knowledge of health insurance, depending on your coverage they may only pay so much of medical expenses. Generally speaking, having a baby is expensive. Having a baby is expensive, and after the hospital bills, the infant should be following up with a pediatrician for vaccines or well visits, and those bills can add up as well. RH

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

Week 4: 2d, e- what medications did you correctly determine the dose of and what medications did you observe the nurse administer? If you did not calculate medications or observe a medication pass, please change these to "NA", otherwise it can remain an "S"/ RH KM

Week 5 5G
A SDOH would be education access for the mother. The mother used drug substances while pregnant with the newborn. The newborn was born at 36 weeks weighing 4lb 14oz. The baby was going through withdrawals. Baby was tremoring, low body temp, and hypoglycemia. The nursing staff and HCP's had to educate mom on the complications that baby had due to drug usage during hospital. The nursing staff had to call CPS. Great thought process, what resources could have been provided to her to assist with the education before/during/after pregnancy? RH AA, Prenatal care, effects of drug on baby after delivery, therapy, medication to help withdrawal KM

Week 5 – 2b – You were able to observe an NG placement on your newborn and the nursing interventions provided during and after the procedure to the newborn. KA
Week 5 – 2c – You did a wonderful job assisting with providing a baby bath to your classmate's assigned newborn. You assisted with monitoring the newborn's temperature before and after bath as well as helping to prevent hypothermia by utilizing appropriate warming techniques. KA

7G: A SDOH would be education access and quality. A lot of parents choose to homeschool their children based off personal reasons or if they feel that their school district would not provide their children with adequate education. Being able to attend school, have an education, and attend an after-school program, the children are very fortunate because there are children out there who are not as fortunate. Great thought process! RH

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

8G.) Culture elements that helped to improve patient care would be all patients being treated with kindness, respect, and dignity. In the ER, the nurse would go up to the doctor to provide him a little synapsis of what the patient came in for. Then the doctor would go in and assess the patient and then go from there. The care was collaborative with lab, xray, ct going in to do further workup. RH
Week 8: 2d- please note that this competency also states "observe" so even if you did not administer medications yourself, if you observed a safe medication administration, this would need to be changed to an "S". RH
Week 8: 2f- I changed this to "S" because we must always obtain consent prior to doing anything to a patient, including starting an IV, doing any type of radiology testing (xray, ultrasound), or even drawing blood work. If the patient refuses any of these, the care must be stopped or not started at all. The patient also must consent to an assessment. 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

9G: A SDOH would be medical expenses. Having a baby in general is expensive, especially with the medical expenses. The mom had an epidural and the father was "joking" with the mom about the medical bill they would receive in the bill for the epidural. Having medical insurance is a nice luxury however, it depends on the medical insurance that everyone is under and what the insurance company pays and what the insurance holder has to cover out of pocket. Medical expenses, even with medical insurance, can be very costly! RH
Week 9: FTMC OB Objective 2A-G: This week as a clinical group we discussed evidence-based practice in the OB department, used standard precautions, recognized the need for assistance in patient care, observed the administration of medications during an epidural and at the delivery of the placenta. We also discussed and had practice problems for pediatric math practice during clinical. We also utilized information obtained from report and from the family on their birth plan to determine appropriate decision making for the labor and delivery process. We also discussed SDOH during our clinical. MD

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

10G: Cultural elements would be “Be respectful. Be responsible. Be kind. Be a problem solver.” This phase is what the school uses for students to adopt healthy thinking and positive behaviors to themselves and others. These worlds will help the child as they enter adulthood. This is a great phrase used by everyone in the school district to encourage positive behaviors at school and at home. RH

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

Comments:

3D wk 4: Examples would be the patient was 18 years old (some people may frown upon young moms), the mom and grandma wanted the nurses to "take away" the babies father's key for access. The nurses had to educate on how that is not something they are able to do and suggested having a conversation with the babies father regarding their concerns. This is an interesting situation. The nurse who is in charge of the bands for baby is to ask the mother who the second band is for and the mother chooses. If the nurse did not ask, then that can be a big legal issue to just assume the father is to get the band. Those bands are not to be removed once applied because that is the person who is able to stay for 24 hours a day to assist with care of the baby. RH

3D wk 5: An example would be contacting CPS (this is legal and ethical) due to the mom using drugs while pregnant and baby was going through withdrawals. Health care professionals are one of the mandatory reporters. It was very sad to see but I hope the baby will be ok. The FRMC nursing staff was amazing and very dedicated to this baby. This is a great experience to see the steps of what happens when babies are born into these situations. RH

7D: An example would be Autonomy. The children did have a sense of Autonomy of deciding if they wanted to participate in group or dodge ball. Staff and our students did encourage the children to participate but however you cannot force. RH

Week 7: 3b- I changed this to "S" because you were still protecting the children's identities by not using names or other identifying factors in your discussion group or when talking of your experience with your peers. RH

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

8D.) At St Mary's the children had a sense of autonomy. The children did partake in autonomy by deciding if they wanted to participate in the health fair activity that FRMC nursing students had put together. However, all students did participate in our My Plate activity. 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

9D.) An example of legal and ethical would be the secretary talking to us about everything she has to do for the birth certificate. I did not realize all of the paper work the parents have to do. I learned that in the state of Ohio, if the mom was married at the time of conception or birth, that man legally has to go onto the birth certificate regardless of who the biological father is. I did not know it had to be the husband and not the real father, that is interesting. RH
Week 9: FTMC OB Objective 3A-D: This week in clinical you acted with integrity, you were respectful, followed HIPAA, and followed the standards outlined in the Student Code of Conduct policy. As a group, we also discussed multiple examples of legal and ethical issues that could occur in the OB clinical setting. MD

10D.)
An example of legal and ethical would-be following state compliance for the hearing and vision screenings. Per the school nurse, if a child had failed their first screening "today" the child would be retested in 4 weeks. After the retest, if the child failed again, the school nurse would have to send home a referral letter to the parents. All of the students' screenings have to be completed by November 10th, and reported to the state board by June 1st to be in state compliance. This can be difficult for one school nurse to accomplish without our help, the nurses at Clyde and Bellevue are grateful for our assistance to allow them to get screenings done much quicker. 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		
a. Develop and implement a priority care map and/or plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	NA	NA	S	NA	NA	S	NA	NA	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	S	NA	NA	S	NA	NA	S	NA	NA					
c. Summarize witnessed examples of patient/family advocacy.		NA	NA	S	S	NA	NA	S	NA	NA	S	NA	NA					
d. Provide patient centered and developmentally appropriate teaching.		NA	NA	S	S	NA	~~NA~~ S	S	S	NA	S	NA	NA					
e. Analyze the involved pathophysiology of the patient's disease process. **(noticing, interpreting, responding)**		NA	NA	S	S	NA	NA	S	NA	S	S	NA	NA					
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH						

Week 4: 4a, b- I changed both of these to "NA" because you do not document on this clinical and you did not complete a care map for this clinical. RH
Week 4: 4d- you described you and the lactation consultant's teaching strategies well in your CDG this week. RH

Week 5 -4b - You did a nice job documenting the newborn assessment in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessment accurately. KA
Week 5 – 4e – You witnessed discharge teaching for the mother and newborn couplet and how the patient is removed from the security system before discharge. KA

Week 7- 4d- You were able to provide developmentally appropriate education to the children at the Boys and Girls Club. Nice job! BS
Week 8 – 4d – You worked with your classmates to develop a presentation on your assigned topic for the elementary students. Your teaching was fun, developmentally appropriate, and interactive. You utilized reputable resources to ensure the information was accurate that you presented. All the students were positively impacted by your education. Marvelous job! RH

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

Week 9: FTMC OB Objective 4A-D: You are rating these objectives as an NA due to not having hands on patient care during this clinical. You were able to observe a patient in labor and delivery of the newborn. MD
Week 9: FTMC OB Objective 4E: As a clinical group we discussed the pathophysiology of a laboring patient's disease process. MD

Week 10: 4b: you correctly documented on all the student papers for their hearing and vision results. MD
Week 10: 4d: you were able to provide education to the students on how to properly perform the screenings with appropriate language for the age group. MD

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

Student Name:				Course Objective:			
Date or Clinical Week:							
Criteria		**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	3. Did baby who was preterm not have a blood glucose check? Baby did. The highest was in the 60's but that was after feeding.
	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	11. interventions 4 and 5 have no frequency. Remember "once" is considered a frequency (80%)
	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	All criteria met. RH
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Reference

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

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

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

Faculty/Teaching Assistant Comments:

Total Points: 45/45

Faculty/Teaching Assistant Initials: RH

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

Comments:

Week 4: 4f, i, j- I changed these to "NA" because they do not relate to the lactation clinical in the fact that you are not digging into medical diagnoses and treatments for this clinical. You are there to assist about breastfeeding. If you have questions or want to discuss this to be changed back, please come see me. RH

Week 4: 4g, h- I left these as "S" because you do discuss in your CDG about the patient's medications and how that would relate to her medical diagnosis. you also discuss how this could impact the infant during pregnancy in various trimesters as well as how it would impact baby after birth. RH

Week 5 – 4f, g, h, I – You did a nice job assessing your patient and researching their medical history when developing your care map. You actively discussed on clinical how the patient's diagnostic tests, medications, medical treatments, and diet related to their current health status and potential complications that may require further intervention. KA

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

Week 9: FTMC OB Objective 4F-J: Even though we were observing the labor patient, as a clinical group we were able to discuss diagnostic testing, pharmacotherapy, medical treatment, nutrition, and growth and development for the pregnant and laboring patient. 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.		NA	NA	S	S	NA	S	S	S	S	S	NA	NA					
b. Evaluate own participation in clinical activities.		NA	NA	S	S	NA	S	S	S	S	S	NA	NA					
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	NA	S	S	NA	S	S	S	S	S	NA	NA					
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	S	NA	NA	S	NA	NA	NA	NA	NA					
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	S	S	NA	NA	S	NA	S	NA	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	S	NA	NA	S	NA	S	NA	NA	NA					
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	S	S	NA	~~NA~~ S	S	S	S	S	NA	NA					
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH						

Comments:

Week 4: 5a- Lactation comments- Marked excellent in all areas. Rebecca Smith RN, CLC
Week 4: 5d- I changed this to "NA" because there should not have been any documenting for you on this clinical.
Week 4: 5e- did you actually access the electronic chart during this clinical? If so, then this can remain an "S", but if not, please change this to "NA" RH

Week 5 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical and asked many questions to the nurses to learn as much as you could. You were able to observe a hearing screening and PKU testing, assist with providing a baby bath, observe newborn NG

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

placement, and assist a classmate with performing a newborn heart screen along with many other skills while on clinical this week! K KA
Week 5 – 5e – You did a nice job navigating the EMR and gathering information on your patient to ensure you could provide appropriate care throughout your clinical day. KA

Week 7- 5a- You were active and engaged while providing education to the K-6 grade children at the Boys and Girls Club. BS
Week 7: 5g- I changed this to "S" because you did participate and post in the clinical discussion group this week. 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. Kaya Tenziollo, RN

Week 9: FTMC OB Objective 5A-C and E-G: This week in clinical you were very interested in clinical, participated in all activities we did in clinical, had professional communication with all members of the healthcare team, demonstrated the ability to look through a patient's chart with guidance in Cerner, had clear SBAR communication about our laboring patient, and you also discussed what was required for a satisfactory CDG. Great job! MD
Week 9: FTMC OB Objective 5D-you did not document in the patient's EHR. MD

Week 10: 5a: you were positive and energetic with all interactions with staff and students. They really appreciated your assistance with these screenings! MD
Week 10: 5c: You communicated well with both school nurses and teachers who were present. 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)***		NA	NA	S	S	NA	S	S	S	S	S	NA	NA					
b. Accept responsibility for decisions and actions.		NA	NA	S	S	NA	S	S	S	S	S	NA	NA					
c. Demonstrate evidence of growth and self-confidence.		NA	NA	S	S	NA	S	S	S	S	S	NA	NA					
d. Demonstrate evidence of research in being prepared for clinical.		NA	NA	S	S	NA	S	S	S	S	S	NA	NA					
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		~~NA~~ U	~~NA~~ U	S	S	NA	S	S	S	S	S	NA	NA					
f. Describe initiatives in seeking out new learning experiences.		NA	NA	S	S	NA	S	S	S	S	S	NA	NA					
g. Demonstrate ability to organize time effectively.		NA	NA	S	S	NA	S	S	S	S	S	NA	NA					
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		NA	NA	S	S	NA	S	S	S	S	S	NA	NA					
i. Demonstrates growth in clinical judgment.		NA	NA	S	S	NA	S	S	S	S	S	NA	NA					
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH						

Comments:

Week 2: 6e was changed to a "U" due to not having your tool turned in on time. Please comment back how you will prevent getting a "U" in the future. If it is not addressed, it will continue to be a "U" until it is addressed. RH
I will submit my tool on time in future – KM 9/10/24 RH

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

Week 3: 6e was changed to a "U" due to not addressing the previous week "U". Please comment back how you will prevent getting a "U" in the future. If it is not addressed, it will continue to be a "U" until it is addressed. RH
I will address the "U" from previous week(s) to be professional and to learn from my mistakes. – KM 9/10/24 RH

6A week 4:
An area of improvement is submitting my clinical tool on time. I will do this by using my planner more frequently to ensure my assignments are submitted before their due dates. Good goal! RH

6A week 5
An area of improvement would be taking my time filling out my clinical tool. I will do this by careful reading on the boxes and answering appropriately. You did so much better with paying attention and filling out the tool appropriately. RH

7A An area of improvement would be taking more time for myself, and allowing myself to take a mental break. It is so easy to get caught up in studying and when you aren't studying you feel guilty because you feel as though you need as much time as you can to study. Self care is so important, please take time for you! Studying is also important, but if you never take breaks, your brain will feel fried, so studying for about 45-50 minutes with a 10-15 minute break is idea. Let that brain rest so it can absorb what you are studying. RH

8A.) An area for improvement would be seeking out more opportunities when there was "down time" in the ER. I was with the triage nurse, when she wasn't triaging, I could have asked another nurse if I could observe what they were doing and what they do as an ER nurse. Triage can be an exciting area, but if there are not a lot of patients coming in to be seen, it can be a bit slow. RH

9A) An area of improvement would be time management. This week has been extremely busy for me with my personal life and school life. Trying to find a nice balance can be difficult sometimes. It's important to stay motivated during this time, as your mind can be preoccupied with other things going on in your life outside of your school life. This can be challenging, especially during this time of the semester. Make sure to keep some time to yourself for self-care type activities, but also schedule time for studying. The balance can be hard, but we are almost there! RH
Week 9: FTMC OB Objective 6A-I: This week you were able to identify areas of improvement, accepted responsibility for actions, demonstrated great growth and self-confidence, were prepared for clinical, showed wonderful professionalism, sought out new learning experiences, were organized, used an ACE attitude, and had growth in clinical judgment based on our conversations of the delivery process to our patient and newborn. Great job! MD

10A.) An area of improvement would be adapting new technology skills. I have never done a pediatric hearing and vision screen before. Learning how to use the equipment is important to ensure you are giving the child the correct score. If I have to perform this skill again in the future, I will know how. It is hard to recall learning this at the beginning of the semester. Thankfully the nurses review the day of each screening to show how the equipment works, but it does take a little bit to catch on and get comfortable with it. RH
Week 10: 6h: You did an excellent job staying over clinical to assist the nurse in finishing one of the classes! This was such a great ACE attitude and the nurse was extremely grateful for your continued commitment and assistance! MD

***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: 9/19	**Date: 9/23**	**Date: 10/3**	**Date: 10/7**	**Date: 10/17 & 10//18**	**Date: 10/31**	**Date: 11/4**	**Date: 11/5 & 11/6**	**Date: 11/15**	**Date: 11/19**	**Date: 11/22**	**Date: 11/22**	**Date: 9/12/24**
Evaluation	S	S	S	S	S	U							S
Faculty Initials	RH	RH	RH	RH	RH	RH							RH
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA								NA

* Course Objectives

Comments:

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Katelyn Morgan OBSERVATION DATE/TIME: 9/12/24

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): Morgan, Plas, Steele
GROUP #: 7
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/19/2024 0700-0830

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	Patient identified and questioned about pregnancy. VS. Notice accelerations on fetal monitor. FSBS 200. Notices contractions and accelerations on fetal monitor. Pain reassessed following acetaminophen administration. Report received. Patient CO being dizzy and lightheaded. BP assessed. VS. Notices abnormal bleeding.
INTERPRETING: (2, 4)* • Prioritizing Data: E **A** D B • Making Sense of Data: E **A** D B	Prioritized need for VS, fetal monitor, urine sample. Fetal monitor waveform correctly identified. FSBS interpreted as abnormal. Interpreted UA results with report to provider. Bleeding interpreted as PPH. Reassessment of BP interpreted as being low, which improves with fundal massage and medication administration.
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	Good communication with patient. Urine sample collected and sent to lab. Patient assisted to left side. Call to provider to provide UA results. When prompted, asks about pregnancy history (remember SBAR communication). Orders received for fluids, Procardia, acetaminophen, FSBS, and US to verify dates. Orders read back. New orders explained to patient. Patient questions the need for Procardia. Patient identified, allergies confirmed, medication prepared and administered. IV fluid initiated. Patient education provided regarding gestational diabetes, support groups. Peri-area assessed for bleeding. BP assessed in response to patient feeling dizzy and lightheaded. Bleeding noticed, fundus immediately massaged. Call to provider. Order received foe methylergonovine. O2 applied. Reason for fundal

	massage explained to patient. BP reassessed. Methylergonovine prepared and administered. Orientation determined. Ensures patient is prepared at home and follow-up appointment confirmed. Education prepared regarding gestational diabetes and the need to continue monitoring.
REFLECTING: (6) * • Evaluation/Self-Analysis: **E** A D B • Commitment to Improvement: **E** A D B	Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the importance of SBAR communication when calling the provider, and with practice this will improve. Discussed the reason for using Procardia for a patient experiencing pre-term contractions. Team did a great job of providing education.
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)*	**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: 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

5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* *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): Morgan (M), Plas (C), Steele (A)
GROUP #: 7
SCENARIO: Shoulder Dystocia and Newborn Care
OBSERVATION DATE/TIME(S): 10/3/24 0700-0830

CLINICAL JUDGMENT COMPONENTS	**OBSERVATION NOTES**
NOTICING: (Link to Course Objectives) *	Introduce self, identify patient
• Focused Observation: E A D B	Pain assessment: rating,
• Recognizing Deviations from Expected Patterns: E A D B	Ask about contraction strength, duration, frequency
• Information Seeking: E A D B	Obtain vitals
	Obtain cervical exam prior to admin of nubain
	Reassessment of pain and contractions after nubain administration.
	Ask and inquire about birth plan with mother prior to birth and once pain is controlled
	Ask about cultural preferences
	Repeat cervical exam after reevaluation of fetal monitor
	Assess fundus after delivery to ensure is firm and at midline
	Deliver placenta and assess cord

	APGAR 1 minute: heartrate (155), respirations (46), cry, color, tone. Total score: 9 Obtain baby temperature
INTERPRETING: (Link to Course Objectives) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interpret vitals as WDL Interpret cervical exam as okay to give nubain Interpret fetal monitor as accelerations (fetal monitor is actually showing decelerations after nubain administration). After reassessment, students identify early decelerations caused by head compression. Identify patient has changed labor stage based on cervical exam
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	Discussion of pain management options Medication administration: nubain. Does not verify name/DOB, does not scan medications or patient, does double check dose and route, use of correct needle size, use of proper technique, use of needle safety. Education provided to mom that if medication is given too late into labor it could impact baby. Also educates on time when medication should start to work Call healthcare provider. SBAR organized. Discussion of risk for shoulder dystocia with provider and suggest amniotomy. Medication administration. PCN. Education provided as to why administering antibiotics. Does not verify patient name/DOB prior to administering, hang secondary bag above primary bag, check IV site after starting antibiotics. Clean hub prior to hooking up secondary tubing. Student nurse then state she would have checked name/DOB and scanned patient and meds prior to administration Education on shoulder dystocia prior to birth to prepare mother. Discussion of risk factors and what will happen if that occurs. Baby is coming: Call for help, Mcrobert's position, suprapubic pressure, evaluate for episiotomy, rotational maneuvers, remove

	posterior arm, roll to hands and knees. Immediately after delivery dry off baby, place hat on baby, do skin to skin with mother. Place in warmer Suction mouth and nose for baby prior to assessing lung sounds Medication administration: vitamin K and erythromycin. Education provided to mom on why medications are needed. Administer IM injection to baby with correct needle size, correct technique, use of needle safety. Did administer incorrect dose. Administer eye ointment with proper technique. Put clothes on babe after assessment
REFLECTING: (Link to Course Objectives) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team identified good teamwork and communication. Team discussion of scenario and interventions performed. Discussion of interventions including HELPERR and types of heat loss in infants. Remediation done on medication math and administration of IM injection to infant. Medication administration steps reviewed and discussion of importance of patient identification and scanning of medications in simulation. Team discussed education provided to mother and why important.
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,**	**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 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. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks

5)* **3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*** **4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)*** **5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)*** **6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)***	for understanding. Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. 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.

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Katelyn Morgan OBSERVATION DATE/TIME: 10/17-18/2024 SCENARIO: Escape Room

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					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.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (2, 4)*					Interpreted 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
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	

	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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Morgan (A), Plas (M), Steele (C)
GROUP #: 7
SCENARIO: Pediatric Respiratory
OBSERVATION DATE/TIME(S): 10/31/24 0700-0830

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Notice battery, scissors, and needle.
• Focused Observation:	E	A	D	B	Assess chest/respiratory status. Place stethoscope under gown, visualize chest without gown.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Pain assessment with faces scale.
• Information Seeking:	E	A	D	B	Obtain vitals. Notice elevated temperature
					Introduce self to father and ask relation to child

	Identify lung sounds as rhonchi. Notice retractions. Medication errors in chart not identified or investigated. Incorrect dose administered to child (ibuprofen, amoxicillin) During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient. Suction nose with bulb syringe. Repeat vital signs. Notice temperature came down. Reassess lung sounds. Notice cough and increased work of breathing Pain assessment with faces scale. Obtain vitals. Notice elevated temperature. Notice oxygenation status low, applies oxygen Ask father about mucus production of child and if child has gotten worse throughout day Respiratory assessment. Take gown down to visualize chest. Identify lung sounds as stridor. Reassess vitals, respiratory, and pain after breathing treatment and steroid.
INTERPRETING: (2, 4) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Inspect skin for damage from unsafe items in crib. Calculate correct medication math for original orders in chart (amoxicillin and ibuprofen) but does not catch error in orders. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient. Identify correct IVF rate. Correlate lung sounds could be caused by fluid overload. Does not call healthcare provider for a new order before changing the fluid rate. Nurse does not stay at bedside while patient in distress. Correlate retractions with 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. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient.
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. Education to father about plan of care. Medication administration: ibuprofen. Verify name/DOB, allergies, scan patient, scan medications, right route, right dose per order Put crib rail up when not in room sometimes, but other times leave down. Educate father on proper toys and unsafe items in crib. Call healthcare provider. SBAR somewhat organized. Concern for lung sounds. Medication administration: cetirizine and amoxicillin. Check name/DOB, scan patient, scan medications, right route, right math per order in chart Call healthcare provider. SBAR minimal. Update on lung sounds. Receive order for new IVF rate. Does not read back order. Call healthcare provider. Update on safety issues found in room this morning. Educate on use of cool mist humidifier or taking child outside to cool air to relax lungs. Verify order for oxygen and place oxygen on patient due to low oxygenation. Start at 2L Left patient room with side rail down Call healthcare provider. SBAR more organized. Update on new assessment findings. Receive order for dexamethasone. Does medication math with healthcare provider on phone. Readback order for verification. Receive order for oxygen. Call respiratory therapy for breathing treatment

	Medication administration: dexamethasone. Verify name/DOB, scan patient, scan medications, verify allergies, right route, right dose. Medication administration: acetaminophen. Verify name/DOB, scan patient, scan medications, verify allergies, right route, right dose.
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 ranges of medications were checked and calculated by all students. Discussed medication errors and how to identify/prevent doing so in their practice as nurses. Students provided some education to father, identified could have educated more.
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	**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: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills. 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

development to provide therapeutic communication with the toddler and their family. (3, 5)*	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: _____