

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Josh Hernandez

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)
8/30/24	1	Missing Newborn Simulation Survey	8/30/24 KA

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
10/2/24	Risk for Postpartum Hemorrhage	KA

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:		S	S	N/A	S	S	S	S	S	S	S	N/A	N/A					
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	S	N/A	S	S	S	S	S	S	S	N/A	N/A					
b. Provide care using developmentally appropriate communication.		S	S	N/A	S	S	S	S	S	S	S	N/A	N/A					
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	S	N/A	S	S	S	S	N/A	S	S	N/A	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	S	S	N/A	S	N/A	S	S	N/A	N/A					
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	S	N/A	S	S	S	S	S	S	S	N/A	N/A					
Clinical Location Age of patient		Empathy	Hearing and Vision school-aged	NO CLINICAL	Boys and girls club 5-9	OB Fisher Titus Ages: Infant to Post-partum mom	OB: Lactation consultant: Newborn	NA	St. Marys the school aged	Fisher Titus ER: Toddler	Firelands :OB Newborn	No Clinical	No Clinical					
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA						

Comments:

The stage of growth and development for my Patient was an Infant. The infant at this age is in the Trust and Mistrust stage of their life. The Infant trust on me to provide their basic needs and in this case I was able to feed him, change his diaper, and provide affection by rocking and being closest to the infant at all times. The baby depended on me to make sure I provided them with what they needed since they can't do it themselves just yet. **Nice job identifying the appropriate growth and development stage for the simulated newborn. In the future only clinical should be evaluated on the tool. Simulation are evaluated on the simulation tool at the end of this document. KA**

Week 3: The stage of Growth and Development for the population I screened during clinical was the school aged child. According to Erikson the school-aged child is industry vs. inferiority. During my clinical experience I let the child have some autonomy when it came to the vision screening since some of them said they have already done this before so I provided them with the headphones and offered words of encouragement at them which reinforces them to know they did a good job and their work is viewed in a positive light. If I would have done everything for the child they would have felt inferior and like they are in Erikson's terms "worthless" and not good enough to be able to do their part correctly which is following the directions. Great job identifying the growth and developmental stage for the third graders. You were able to describe behaviors such as wanting to keep their hair looking nice after wearing the headphones and supporting sports teams. KA

Week 3 – 1a-c: Went above and beyond this week while explaining directions and assisting the students with their hearing/vision screenings. Thankfully you were able to speak in fluent Spanish for the Spanish speaking students who did not have their interpreter present this week. This was a huge help and you were able to calm some students down who did not know what was going on. You were also able to do so while speaking at a level at which they could understand what to do. Great job! RH
Week 3 – 1b – You did a nice job discussing how you utilized the concepts of growth and development to communicate with the third graders in a concise and direct manner not utilizing medical terms. Nice job! KA

Week 5: The stage of growth and development that I had during my clinical experience was the school aged kid. According to Erikson the school-aged child's falls into industry vs inferiority. During my Clinical at the boys and girls club I did notice that the kids felt really good about themselves when they accomplished tasks correctly such as when me and my classmates project was too make a stethoscope and there was kids that wanted to take the lead and felt like they did not need any help with making the project. After learning about all the different stages of Erikson one let them try and help there other classmates and assist when they wanted help but this project help aid the child in feeling like they were contributing to making this project a success and could do it correctly. This project helped fulfill the industry side of Eriksons view rather than have the kids feel inferior to failing and not being able to accomplish this task. Great job and excellent description! KA

Week 5- 1b- Nice job adjusting your communication techniques to provide developmentally appropriate communication to the various age groups at the Boys and Girls Club. 1e- You were able to discuss some of the differences you noticed while working with children of various ages at the Boys and Girls Club. BS
Week 5 -1e – You did a great job describing the different age groups of school-aged children that you had the opportunity to work with this week at boys and girls club. You did a nice job highlighting how the attention span and ability to listen was shorter in the younger children versus the older children. KA

Week 6: For this week in Clinical I attended Fisher Titus OB department and I got to work with a Newborn Baby. According to Erikson stage of development the infant falls into the trust vs. mistrust category. During my clinical experience I got to see first hand how all the baby's that were there that day got this stage of Erickson's met. As the mom breastfeeded, changed diapers, and fed their baby which lets the infant know that they can trust on whoever is there caretaker to be there for them. Infants in the stage need a sense of security and with being cradled this bonding moment helps build the connection between mom and baby or caretaker and baby. If the baby does not feel safe and security with there person they are with then they will fall into the stage of mistrust in Erickson's model. Great job! KA

Week 6 – 1 B, C, D-This week you did an awesome job with providing developmentally appropriate care, appropriate assessment techniques, and developing safety measures to support your patient. MD
Week 6 – 1-This objective was met utilizing conversation and working with the postpartum mom and newborn. Great job! MD

Week 7: For this week in Clinical I attended Firelands Lactation consultant department and got to run through a visit with a newborn going home with a breastfeeding mom. According to this stage of Erikson the newborn will into the trust vs. mistrust category. During my clinical at the lactation consultant I got to see how the mother of this newborn achieved this by providing the infant with a bonding moment such as being skin to skin for breastfeeding and this connection will help make the infant feel secure and fulfill his stage of Erikson of building that trust with mother. The mother is the one that the baby would count on for his daily needs to be met and in this case for my clinical experience it would be nutrition. Great job! KA
Week 7 – 1a – You did a great job discussing a lactation visit and the breastfeeding mother you were able to work with on clinical. KA

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

Week 7 – 1c – You were unable to observe a breastfeeding, but were able to determine the newborn was successfully breastfeeding based on the mother's self-report of the breastfeeding process. KA

Week 8: This week for clinical I went to St. Mary's school to present to the school aged children about the importance of Hygiene. According to Erikson's the school aged child would be under industry vs. inferiority. During the clinical experience a way that my group was able to fulfill this stage of development was to provide various opportunities for kids to be able to participate and as well as get a chance to answer a question that was in there developmental level so that they still challenged themselves but feel accomplished when they got the right answer. We made sure that we provided a supportive environment even if some of the kids did not know an answer so that they don't fall under the inferiority side of Erikson which we tried to avoid. Great job! KA

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

Week 9: This week for Clinical I went to Fishertitus ER and was able to provide care to a Toddler. According to Erikson's the Preschooler would fall under autonomy vs. shame and doubt. During my clinical in the ER there was many opportunities to be able to fulfill this in a child. During medication administration the child was given options such as letting the nurse administer the medication, mom, or the child themselves and the child was able to choose there mom because they felt more comfortable with them. Another situation I got to see this being done at was the child got to ask questions about there care and even though it was explained in terms the child would understand this will help ensure the child feels in control of what is going on. Giving the child opportunities of being in control of there care will help complete the autonomy portion in Eriksons and this helped when it came to the child being cooperative with care. You do such a wonderful job explaining your perspective and choice every week! KA

Week 9 – 1a – You did a wonderful job describing the patient you worked with in the ER and the care you provided them while they were there. KA

Week10: This week for Clinical I went to Firelands OB unit and was able to provide care for a Newborn. According to Erikson's the Newborn would fall under Trust Vs. Mistrust since they were at the 24hr mark. During my clinical I made sure to provide care that would be able to fulfill the Erikson's stage for the patient so I was mindful when providing care. One of the ways I was able to provide care for the patient that would help would be by providing a bath for the patient and getting them all cleaned up since they did passed there first meconium stool and this would help provide within the infant since I am fulfilling there basic needs since they are able to count on me and the care team to be able to make sure they are not uncomfortable. After the Patient was done getting cleaned up they were consistently with the mother after getting testing done in the nursery and this helps provide trust in mom signifying to patient that this is there caregiver and they count on them for comfort and feedings for example. We made sure to be able to work on trust with the infant since newborns are so small and developmentally they have to count on one to be able to help them out. You did such a great job caring for your patient and the other newborns in the nursery. KA

Week 10 – 1a – You did a wonderful job providing holistic care to the mom and baby you were assigned to this week. You were very thoughtful and kind with all your interactions with both the mother and the baby. KA

Week 10 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. KA

Week 10 – 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

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	S	N/A	S	N/A	S	S	N/A	N/A					
g. Discuss prenatal influences on the pregnancy. Maternal		N/A	N/A	N/A	N/A	S	N/A	S	N/A	S	S	N/A	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	N/A					
i. Discuss family bonding and phases of the puerperium. Maternal		N/A	N/A	N/A	N/A	S	N/A	S	N/A	N/A	S	N/A	N/A					
j. Identify various resources available for children and the childbearing family.		N/A	N/A S	N/A	S	S	S	S	N/A	N/A	S	N/A	N/A					
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		N/A	S	N/A	S	S	S	S	S	S	S	N/A	N/A					
l. Respect the centrality of the patient/family as core members of the health team.		N/A	N/A	N/A	S	S	S	S	S	S	S	N/A	N/A					
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA						

Comments:

Week 3 – 1j: You were able to have a conversation with the school nurse about referrals to healthcare providers for hearing/vision screenings and how the school has some resources available to families who cannot afford to take their children. RH

Week 3 – 1k – You did a great job describing the culture, beliefs, behaviors, and values that were displayed at the school during hearing and vision screenings. You emphasized their advocacy of the students and provided examples how they advocated what was best for the students in regards to the screening process. KA

Week 9 – 1k – You did a great job discussing how pain management may differ from patient to patient based on their cultural aspects. KA

*End-of-Program Student Learning Outcomes

Week 10 – 1i – You were able to identify the stage of bonding your patient was in as the taking hold phase and discuss why you chose that stage. You also discussed bonding between the mother, father, and siblings with the newborn and how they were excited to extend their family. KA

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	S	N/A	S	S	S	S	S	S	S	N/A	N/A					
b. Perform nursing measures safely using Standard precautions.		S	S	N/A	S	S	S	S	S	S	S	N/A	N/A					
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	S	N/A	S	S	S	S	S	S	S	N/A	N/A					
d. Practice/observe safe medication administration.		N/A	N/A	N/A	N/A	S	N/A	S	N/A	S	S	N/A	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	N/A	S	S	N/A	N/A					
f. Utilize information obtained from patients/families as a basis for decision-making.		N/A	N/A	N/A	S	S	S	S	N/A	S	S	N/A	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	S	N/A	S	S	S	S	S	S	S	N/A	N/A					
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA					

Comments:

Week2:Social determinant of health that have the potential to influence patient care would be transportation, safety, and expenses. I list these 3 because of how much I feel have an impact related to care for an infant. When being a caregiver to a patient one needs to have the ability to have transportation whether that be for food, medical office visits, or even an emergency where one needs to rush the infant to the hospital I feel like transportation is so vital when having to maneuver your way to place especially with an infant. Safety is another factor I feel has a big impact specifically with new parents such as me while I was doing this simulation I was scared at first because I do

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

not have kids myself so I feel that patients that are new as well it is very important to be educated prior to look for any signs the patient may do such as crying or sucking on their hand can mean hunger and for a new parent they probably won't know and this could lead to malnutrition or even dehydration of the infant. I feel like expenses of a newborn are very under-estimated so making sure one saves up before baby is born or even when planning on having a baby is very important because the cost of diapers and bottles feedings is pretty expensive so this can be a struggle for someone. **Great reflection on different aspects of SDOH that can affect the overall health of the newborn. KA**

Week 3: I believe that a social determinant of health that I had run into during my clinical experience would be a language barrier. While going through the day doing the hearing and vision screenings there was some Spanish speaking children but they ran into a problem when trying to screen them since the interpreter was out for the week so I was able to step in and help out with translation to make sure these kids were able to get their screenings done. I feel as if this could be a problem when trying to do these type of school exams since the children may be confused and even mess up their exam which might result in the wrong score which may lead to a kid needing glasses or hearing aides that does not really need them because of the lack of communication. **I agree this is a great example that brings up many other elements including advocacy, ethics, and legal concerns. KA**

Week 5: A cultural determinant of health that I feel has potential to influence patient care would be the lack of support that some of these children have at home. When talking to some of the kids in the cafeteria in the boys and girls club it was very consistent that some of them felt like their parents either one of them or both worked long hours at work. In regards to care I feel as if this could affect them emotionally and physically in some ways. Emotionally this could lead to a child feeling as if there is not anyone they could talk when they have an issue going on leading to this causing physical harm such maybe a child doesn't feel good but doesn't know how to communicate to their parent or want to tell their parents because this can throw off their routines. A child told me that when he goes home he plays video games all day and doesn't really have a set bedtime which could cause sleep deprivation and issues performing well academically. **You did a great job discussing support as an SDOH concern for children in your CDG this week! KA**

Week 5- 2g- You did a nice job discussing two social determinants of health that could affect the children at the Boys and Girls Club. BS You discussed how the amount of support a child has can impact so many aspects of their lives as a SDOH for this population. Great observation. KA

Week 6: A Social Determinant of health that I did see from one of the moms during my clinical was stress. As I went through my clinical experience I did see a mom that worked through her whole pregnancy and was actually supposed to work that day but had been having contractions and blood pressure issues so the doctor wanted her to go to OB so she stated someone had to cover her job since she is a Veterinarian and had animals to see that day. When further discussing her job she explained it can be very strenuous physically. This could lead to some complications when it comes to her labor process because excess stress could potentially be bad for the baby. With all of the different hormone changes and things changing so rapidly at home, being a vet could cause emotional issues for mom that could lead to potential anxiety and depression. **Great job looking at the overall picture of this patient's life and recognizing concerns that could affect both her current and future health. KA**

Week 6 – 2 B, C, F- This week you did an awesome job performing standard precautions by performing hand hygiene and wearing gloves when appropriate. You also performed nursing care in an organized manner and you were able to gather information for the mother to obtain information on newborn. MD

Week 7: A social determinant of health that I had seen during my clinical with the lactation consultant had to be with newborn and this would be safety. The mom during this clinical expressed on how she feels that she felt that she knew the amount of formula to be feeding baby and also believed to be expelling the adequate amount of milk for baby but this wasn't necessarily the case when the lactation nurse and I walked in. After further discussion with the lactation nurse it seems like the information about using other resources of nutrition such as the donor milk had to be reminded frequently because mom is not producing enough milk for baby and should be using some of the supplementation. Mom was in a way wanting to take control and just give baby her milk but was educating on the importance of meeting baby's nutritional needs. If the mom is not adherent to this information this can pose a safety issue for baby with possibly falling under the 7th percentile and falling into a failure to thrive situation. **You do such a great job looking at the whole patient and explaining your patient SDOH concerns. Terrific job! KA**

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

Week 8: During my clinical at the St. Marys School a social determinant of health that I came across was from a child in particular. The child had stated that they don't brush their teeth every day. I would see this as a social determinant of health regarding support systems. At this stage in a child's life, they are still dependent on a caregiver's assistance when it comes to oral hygiene. If this isn't fixed for the child they could be faced many complications when it comes to their hygiene and more specifically there dental health. The child my come across having gingivitis or decaying of their teeth due to inadequate support to help them through dental hygiene. Something as simple as having a parent set up there toothbrush and toothpaste as a reminder can lead to long term issues as the child grow's. The child learned so much through our education portion and stated that they were so amazed at all the different consequences of poor hygiene can lead to and will ensure to take matters into there own hands and try and correct forgetting to brush there teeth even though the help of caregivers can come help a ton. Such a great observation related to the education you provided. KA

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

Week 9: During my clinical at the Fishertitus ER a social determinant of health that I had seen was having health coverage. A way that I seen this during my clinical was this patient that had came in that was around 13 weeks pregnant and still has not gotten an appointment to the OBGYN due to not having any health insurance currently. At this point the patient would be heading into there second trimester which tons of development is being made by the mother and baby itself. If this issue is not fixed there could be issues with the baby such as preterm birth, low birth weight child and the list goes on. The patient stated they are waiting a couple weeks for there insurance to become active and until then we educated on the importance of seeking prenatal care as well as the OBGYNs in the area that would be able to see the patient. The patient verbalized that they understood the information and expressed that they were glad they were given some OBGYNs in the area since this would be there first pregnancy. What a great example. Lack of health insurance has a strong impact on this pregnant mother managing the health of her and her unborn baby. KA

Week 10: During my clinical at the Firelands OB unit a social determinant of health that I was able to see was stress. I wasn't necessarily assigned to this mom and patient but was able to answer a call light and assist with taking the baby to the nursery to do the baby's 24 hr testing to be done. Patient was a new mom and seemed to be showing signs of anxiety and stress when it came to the newborn. When going to pick up the newborn the mom had stated that they were concerned about the mark that was above baby's eye and after further evaluation I discovered it was a stork bite and I was able to educate the mom on what this was. Mom had also shown signs of being stressed every time baby was taken from her and asked and specifically wanted to know what was being done to baby. The stress of becoming a new mom can interfere with her home life after discharge and if mom is not able to take care of herself it can pose a risk to baby and her. The mom's partner seemed to be reassuring to her and could play a key role in helping to transition into new parents. Yes this is a great example. The mother's anxiety could potentially negatively affect her ability to manage the health of the newborn. KA

Week 10 – 2b – You were able to observe a circumcision and the nursing interventions provided during and after the procedure to the newborn. KA

Week 10 – 2c – You did a wonderful job providing a baby bath to your assigned newborn. You monitored the newborn's temperature before and after bath as well as helped prevent hypothermia by utilizing appropriate warming techniques. You provided the congenital heart screening to your newborn ensuring the pulse oximeter was placed on the corrects limbs and monitored for 1 minute on each site. You then documented the findings appropriately in the patient's EMR. KA

Week 10 – 2d – You did a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. You were able to administer both PO and IM medications this week. Your IM injection was performed with practiced dexterity and disposed of the needle ensuring safety for both you and the patient. KA

Week 10 – 2f – You worked with the family to gather information on the baby to appropriately document any feedings and output the newborn had while you were caring for them. KA

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

Comments:

Week 2: An example of a legal and ethical issues that can be seen in the clinical setting would be when an a nurse does not practice non-maleficence and in this case would be not buckling the infant in their car seat leaving them prone to injury from possibly falling out. Another one I could see would be leaving the baby unattended which is abandonment and also neglecting care to the infant as well as just letting them cry and not change their diaper. Instead, I performed all of these duties, but this is not always the case in some households. **Great examples! KA**

Week 3. An example of a legal or ethical issue that I had seen when going into the hearing and vision screening would be doing the hearing and vision screenings at the same time with other students. I feel as if this may cross a HIPPA issue because technically the other student is able to see what the other student scored which may run a risk of the medical information being shared for others to know. I think that another legal and ethical issue that I could see being a potential concern would be that some students got the choice to grab there glasses if they forgot them in class whether did not get the chance and to be rescreened another time so this could play into the concept of Justice. **Very interesting. That is a great example of justice. I believe a part of the screening process is to screen all students with their glasses if available but if they did not bring them to school is it better to screen them without them and have the potential to rescreen them or wait for them to bring them to school? Nice example. KA**

Week 5: A ethical issue that I had seen during my time in the boys and girls club was one of them being bullying. I had seen that as I was talking to this group of kids at the cafeteria and as I wanted to get to know them there was this one girl in group that wasn't such nice things to these boys. I asked about who there favorite artist was and what sports they played and as one of the boys was trying to answer the girl said "no one asked you" and I tried to correct the situation by letting everyone know I would like to get to know everyone and it is okay to not like the same things as one another since I had seen that the boy got kind of quite after that comment the girl made. I feel that the act of bullying could make a child feel unsafe and less likely to participate in the boys and girls club. I think another potential ethical issue that could happen would be if a child is treated unfair and different from the rest of the group. Although I did not see this happening and every child regardless of anything were all treated with respect and were encouraged to be the person they could be. If this were to be an issue it would cause a barrier between the children and everyone would treating each other differently.

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This is a great example. How could this turn into a potential legal situation if the bullying is not addressed and continues causing the child and others to feel unsafe at Boys and Girls Club? KA

Week 6: A ethical issue that could be potentially seen in a OB unit would be the right to autonomy. I feel for example there is a lot of invasive procedure that a nurse does in the OB unit such as a sterile vaginal exam. Since this is so routine to do one can forget to ask for permission and just go ahead and perform the procedure anyway which could lead the pending mother to want to take this to a higher up matter since she would feel like she didn't have a choice to such a invasive procedure. Another issue that could potentially be in the OB unit would be to administer the routine medications after delivery such as erythromycin and vitamin K without the parents' permission trying to act with beneficence to the infant. These are both great examples. I know when it comes to the erythromycin ointment and the vitamin K injection the nurses seek out consent and educate the parents about this predelivery since immediately post delivery when the medications are being administered is not the ideal time to obtain consent and educate the patients. KA

Week 6 – 3-This objective was met by you acting with integrity, providing privacy for the patient with HIPAA, and you performed at high standards with the code of conduct of the school. MD

Week 7: A ethical situation that I believe could potentially be an ethical dilemma would be that the mom in my lactation visit is off of her psychiatric medications for her baby to be able to breastfeed. I believe that a problem that this could pose if the patient's schizophrenic symptoms come back especially since the patient is post-partum this could possibly lead to the patient being at greater risk for post-partum depression or postpartum psychosis. The patient also has a history of having problems recently with the law and with all of these different risk factors It should be weighed the risk and benefit of breastfeeding with putting mom back on her psychiatric medications for the baby's safety. One should look at the infant and that there is other options of nutrition's such as bottle feeding so that mom can get back on her psychiatric medications. Great thoughts! This is definitely a major concern that needs close monitoring. KA

Week 8:A ethical dilemma that I could see as a potential concern during my St. Mary's clinicals would have to be the principle of justice. During my groups project we felt that there was a lot of kids that it would be difficult to do each demonstration we had planned especially the hand washing portion were we could only pick a maximum of 3 kids for the presentation. I feel that because we picked the kids based off of gender and that gender was allowed to answer the question could run into justice issues and not be fair for the kids of the opposite genders because they can't do anything about what their gender is could be seen as not being treated equal. This is a great thought about the ethical dilemma of justice! KA

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

Week 9: A ethical dilemma that I could see potentially being able to see in the ER would be the principle of non-maleficence. As I was going through my ER clinical towards the end there was this psychiatric patient that had come in for acute psychosis and needed medications administered to them to calm them down so they wouldn't pose a threat to themselves. As they were getting ready to try and make sure the patient was as safe as they could be as well as the staff they had officer there that was asked to step out of the room since the patient did not feel comfortable with any males to be in the room. The officer finally stepped out after some requests and this could potentially break the non-maleficence principle in nursing. Instead of trying to act in doing no harm to the patient, even though physically the patient would have been fine but mentally there could have been worse issues with the patient. Such a great example. This situation also brings up potential legal implications in the care and safety of both the patient and the nurses. KA

Week 10: A ethical dilemma that I could potentially see in the OB unit would be the principle of confidentiality. Although most of the parents of the newborn more specifically the fathers are gonna be apart of the newborns life this still does not mean that they have anything to do with mom. So when going into room it is common to go and discuss all information about baby but this does not mean that one can just assess mom with father in the room. One must make sure that anything done to mom is okay with father being in the room because one can run into a situation where father is only there for baby and nurse can breach confidentiality if discussing post-partum treatment with mom as well. This can play in play in non-maleficence as well with trying to do no harm with mom but could potentially can be emotionally damaging to have your information discussed without your consent. Such great thoughts Josh! Always ask and assess the patient's comfort regardless. It is better to be safe and respect the patient's autonomy. Nice job! KA

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 S	S	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	S	N/A	N/A	S	N/A	S	N/A	N/A	S	N/A	N/A					
c. Summarize witnessed examples of patient/family advocacy.		N/A	N/A S	N/A	S	S	S	S	N/A	S	S	N/A	N/A					
d. Provide patient centered and developmentally appropriate teaching.		N/A	S	N/A	S	S	S	S	S	S	S	N/A	N/A					
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	S	N/A	S	N/A	S	S	N/A	N/A					
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA						

Week 3 – 4b: You correctly documented on all student sheets for their hearing/vision results. RH

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

Week 3 – 4c: You were able to advocate for the Spanish speaking students and understand what they needed. You did a great job speaking with them in their language so they felt comfortable and able to complete the screenings. RH

Week 3 – 4d: You were able to teach the students how to correctly perform their screenings with appropriate language for their understanding. RH

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

Week 5- 4d- You were able to provide developmentally appropriate education to the children at the Boys and Girls Club. Nice job! BS You discussed how you taught the children what a stethoscope was and helped them create stethoscopes of them own. Such a great idea! KA

Week 6 – 4a – You have satisfactorily completed your care map. Please see comments on the rubric for details. KA

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Week 6 – 4 C, D, and E-You were able to discuss advocacy for the patient, provide appropriate education for the patient, and analyze pathophysiology about the patient. MD

Week 7 – 4d – You did a wonderful job discussing some of the important education provided to the breastfeeding mother regarding the breastfeeding process and the different nutrition and fluid requirements during the breastfeeding period. KA

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

Week 9 – 4a – You did a great job discussing the 5 priority nursing interventions for your patient with the fractured arm. You did a nice job discussing how well each intervention worked. KA

Week 10 -4b - You did a nice job documenting the newborn assessment in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessments accurately. KA

Student Name: Josh Hernandez				Course Objective: 4a			
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	You did a nice job listing abnormal assessment findings, labs/diagnostics, and risk factors for your patient. KA
	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	1	You did a great job listing all nursing priorities for your patient. I am a little confused by your chosen priority though since this patient still seems to be in labor versus postpartum. This would definitely be a major concern in the postpartum period for her, however currently acute pain/labor pain appears to be the highest priority based on your noticing section. Because the patient is not in the postpartum period assessment findings like uterine atony and lochia are not available which would be more appropriate to highlight than the patient currently being dilated, effaced, and having contractions. You wrote an appropriate goal for your highlighted nursing priority. You chose 3 complications based on your highlighted nursing priority and identified signs and symptoms the nurse would assess the patient for. KA
	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	1	
	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	
Respon	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a wonderful job with your nursing interventions for your highlighted nursing priority. All interventions were prioritized, timed, individualized, realistic, and included rationales. KA
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

ding	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	You did a nice job reassessing your patient assessment data. Do not forget to reassess your highlighted lab/diagnostic findings. If you have no new labs you can just state that. You noted that your plan of care will be continued for this patient. KA
	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: You satisfactorily completed your care map. Please review comments above for areas to improve on in the future. Be thoughtful of your nursing priority selection in the future and ensure you have the assessment data to support your chosen top nursing priority. KA

Total Points: 41/45

Faculty/Teaching Assistant Initials: KA

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

Comments:

Week 2 – 4f, g, h, I, j – According to policy any competency left blank is marked as unsatisfactory. Please make sure to write a comment on how you will prevent receiving a U in these competencies in the future. KA

Week 3: A way that I will prevent myself from getting a U in the future would be by marking N/A under the competencies that did not perform but still fill out the blank boxes. I wrote myself a note in my calendar to not miss this again. KA

Week 6 – 4 F and H-This week you did an awesome job with correlating diagnostic tests and medical treatment for the patients you took care of. MD

Week 9 – 4f & 4h – You did a great job describing the diagnostics (x-ray) and medical treatments utilized to diagnoses and treat your patient's fracture. KA

Week 9 – 4g – You did a great job describing the medications utilized to manage your patient's pain and how when the initial medication did not work that the healthcare

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provider changed the patient's pain medication order. KA

Week 10 – 4f, g, h, I – You did a nice job assessing your patient and researching their medical history while on clinical. You actively discussed 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

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.		U	S	N/A	S	S	S	S	S	S	S	N/A	N/A					
b. Evaluate own participation in clinical activities.		U	S	N/A	S	S	S	S	S	S	S	N/A	N/A					
c. Communicate professionally and collaboratively with members of the healthcare team.		U	S	N/A	S	S	S	S	N/A	S	S	N/A	N/A					
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		U	S	N/A	N/A	S	N/A	S	N/A	N/A	S	N/A	N/A					
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		U	S	N/A	N/A	S	S	S	N/A	N/A	S	N/A	N/A					
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		U	S	N/A	N/A	S	N/A	S	N/A	N/A	S	N/A	N/A					
g. Consistently and appropriately post comments in clinical discussion groups.		U	S	N/A	S	S	S	S	N/A	S	S	N/A	N/A					
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA					

Comments:

Week 2 – 5a, b, c, d, e, f, g – According to policy any competency left blank is marked as unsatisfactory. Please make sure to write a comment on how you will prevent receiving a U in these competencies in the future. KA

Week 3: A way that I will prevent myself from getting a U in the future would be by marking N/A under the competencies that did not perform but still fill out the blank boxes. I wrote myself a note in my calendar to not miss this again. KA

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Week 3 – 5a: You were positive and energetic with all interactions with staff and students. RH

Week 3 – 5c: You were able to communicate well with the school nurses and teachers who were present. RH

Week 3 – 5g – You did a nice job responding to all the CDG questions on your clinical experience with hearing and vision screenings this week. Josh you shared your viewpoint and were thorough with your responses. You supported your responses with and in-text citation and a reference. Keep up the wonderful work! KA

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

Week 5 – 5g – Josh, you did a nice job responding to all the CDG questions on your Boys and Girls Club clinical experience this week. You shared your viewpoint with thorough responses and supported your information with references and in-text citations. In your reference you only need to include the year in the parentheses and should put the statement “Retrieved on Date from” before your web address. See example below. Great job and keep up the superb work! KA

Decker , E. (2023). *Why your child needs a support system and how to build one*. Building a Support System for Your Child | 700 Children’s Blog. Retrieved on September 17, 2024 from: <https://www.nationwidechildrens.org/family-resources-education/700childrens/2023/09/why-your-child-needs-a-support-system>

Week 6 – 5 A, B, and C-You did an amazing job with being interested and enthusiastic in clinical, participating and communicating professionally during this clinical experience! MD

Week 6 – 5g – You completed your care map this week for your OB clinical versus responding to the CDG questions therefore this competency is NA. KA

Week 7 – 5a – The Lactation Nurse marked you as excellent in all areas. The nurse left the comment, “Was very involved, asked good questions.” Hannah Alexander RN, CLC

Week 7 – 5g – You did a nice job discussing your experience with the Lactation nurse on clinical and the breastfeeding mothers you were able to observe. You supported your thoughts with an in-text citation and a reference. In the future remember to include the page number or the paragraph number if there are no page numbers in your in-text citation when citing a direct quotation. Overall great job and keep up the terrific work! KA

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! KA/MD/RH/BS

Week 9 – 5a – ER Clinical Comment: Marked excellent in all areas. Hannah Roth, RN

You did a great job discussing how you learned about continuous monitoring and how to perform intermittent blood pressures utilizing the monitors in the ER. KA

Week 9 – 5g – You did a wonderful job responding to all your CDG questions on your ER experience this week. You were thorough with your responses and shared your unique point of view. You supported your responses with an in-text citation and a reference. Keep up the excellent work! KA

Week 10 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You had the opportunity to see several procedures including hearing screenings, congenital heart screenings, PKU testing, and a circumcision while on clinical this week! KA

Week 10 – 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. You discussed the multiple ways the hospital tracks immunizations including the summary tab, the worklist, and the MAR. KA

Week 10 – 5f – You provided hand off report to the appropriate nurse when leaving clinical at the end of shift. KA

Week 10 – 5g – Josh, you did a great job thoroughly discussing your OB experience this week and the many things you were able to see and do. You were very thoughtful with your responses and shared true insight about your experiences in your post. You included a reference and in-text citation to support your ideas. Please remember to

include the page number or the paragraph number if there are no page numbers when in-text citing a direct quotation. Your in-text citation should look like this (Weaver, 2023, pg. X). KA

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

Comments:

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

Week 3: Week 3: A way that I will prevent myself from getting a U in the future would be by marking N/A under the competencies that did not perform but still fill out the blank boxes. I will write in area for improvement for my next clinical evaluation tool. I wrote myself a note in my calendar to not miss this again. KA

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Week 3: An area for improvement that I have was to keep track and see everything thoroughly so that I make sure I can complete everything in its entirety. I also feel that I could do better with my communication with the pediatric community since I feel that is how trust is built is from good communication. A way I will make sure to make sure I have everything done correctly would be to check my calendar every Monday for the week 3 times to ensure that I know what has to be done and set priorities. I will practice my communication with children with the boys and girls club and try and form trust with them so they can open more up with me. **These are both good goals and great plans to accomplish them. KA**

Week 5: An area for improvement that I would say I had was being able to try and get everyone's attention and get everything under control so that the kids could pay attention to me to demonstrate the project. I felt that if I got loud with them that would build a sense of distrust and maybe make them not like me because of it but when the teacher got a loud firm voice everyone seemed to quiet down really fast. An idea that I have is to look up various way a week prior to the St Marys project on ways I can get kids attention and I will at least gather 5 ideas to implement. **This is a great idea. Assertive communication takes time and practice. There is a time and a place for it and never be afraid to use it in appropriate situations. KA**

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

Week 6: An area for improvement that I would say I had was identifying the right needle sizes are for the infant. During clinical when asked about what needle size I would use during an IM injection for an infant I had told the instructor the size for an adult IM injection. I had learned that for infants the size for a subcutaneous injection would equal to the correct size for an IM injection for an infant. I see how this could lead to a safety issue when it comes to medication administration for an infant and needs to be taken serious. A week prior to my next OB clinical I am going to check pediatric medication administration 3 times to make sure this does not happen again. **Great goal. It is great to understand the different needle depths and gauges to ensure you select the correct equipment when administering medication. KA**

Week 6 – 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 7: An area for improvement that I would say I had during this week in clinical would be too be to review the different benefits on how a mom can enhance there milk production. This is important when going into this area of nursing because if mom has problems with feeding baby one should provide different action mom can take so baby does not fall into a nutritional deficit for example. For my next clinical such as OB I will go over the content we went over in class this week 2 times to be refreshed and make sure mom knows what to do when coming across this issue. **This would be great information to help with educating your patients while on OB clinical next time! KA**

Midterm – Josh, you are satisfactory in all competencies at midterm for this semester. You have had a variety of clinical experiences working with the maternal child population and have had the opportunity to practice and strengthen your nursing and communication skills. You do a great job both advocating and educating patients you work with. Continue to work hard as you enter the second half of the semester and finish strong. Keep up the exceptional work! KA

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

Week 8: An area for improvement that I would say I had during this week in Clinical would be when educating kids that are school-aged is to make sure I do not add so much medical jargon and put it in more of a way that they would understand. This would help ensure that kids understand what they are learning in a way where it fits their developmental level. Speaking in medical terms could be confusing and not be able to achieve the desired outcome which is for the child to achieve an understanding of what they are being taught and give feedback with questions. I will ensure to look up ways on how to explain situations in a better way such as medication administration prior to my next clinical which is in the ER where I can come across kids from all ages and I will make sure to do this twice before going into the ER. **Great goal! It takes practice to simplify medical terminology and education to the different age groups. As you work with more children you learn the best ways to simplify and explain common skills and procedures along with basic teaching needs such as handwashing and brushing your teeth. KA**

Week 9: I feel that an area I have for improvement for clinical this week would have to be to review some questions to ask for patients that are on their first pregnancy. I was allowed to ask assessment questions on this first-time pregnancy patient but kind of felt like I forgot some of the things to ask such as is there any abdominal cramping, blood tinged mucous or blood clots that have been seen. I believe these questions are important to ask pregnant women especially if it is their first pregnancy to get a good baseline. Before going into my next OB clinical I am going to ensure that I review some of the questions I could ask in the pregnancy chapter in my book 3 times to ensure that I ask important questions to be able to get a good picture of what is going on with mom and baby. **Great job recognizing an area to review for the future. Give yourself a little grace though since ER presents with a variety of patients and situations that you have not experienced and even when you have reviewed skills and content and feel prepared you cannot predict what you will see and do and be prepared for all situations. KA**

Week 10: I feel that an area I have for improvement for clinical this week would be for task management. There were things in the OB unit that required frequent charting such as the feedings of baby as well as charting on the Hepatitis B vaccination that I had administered. It is important to remember these tasks to be charted because if one does not put the information in it is like it was never done in the first place. Prior to my next inpatient clinical experience, I will make sure to write down some objectives to be done 1 time on a piece of paper to chart for example on I and O's because this information is very important to be on the patient's chart for the providers to see as well as the nurse to make sure there is no change in baseline. **Making checklists are very helpful when remembering to complete tasks or charting them. KA**

***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	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
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	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
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: 9/26 & 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: 8/28
Evaluation	S	S	S	S	S	S							U
Faculty Initials	KA	KA	KA	KA	KA	KA							KA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA							S

* Course Objectives

Comments:

Week 2 – Empathy Simulation – Survey not completed by Friday at 0800. Please complete survey. Once survey is completed you will be satisfactory for the simulation. Please make sure to make a comment on how you will prevent this in the future. KA

Week 3: A way I will prevent this issue from happening again is that I wrote myself a note in my calendar marking down what clinicals have surveys that need to be done. You completed your survey on 8/30/24. Thank you for completing it so promptly and making a plan for ensuring everything if done in its entirety in the future. KA

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Josh Hernandez

OBSERVATION DATE/TIME: 8/28/24

REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	You reflected on many aspects of your time caring for the newborn simulator. Your responses were thoughtful and reflective on how you felt and you compared your experience to caring for a real newborn. Great job. I enjoyed seeing your 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.

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Baum (C, Cheek (M), Hernandez (A)

GROUP #: 5

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2024 1330-1500

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>				
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. Notices 33-week gestation and contraction-like pain. Patient CO pain in abdomen rated at 5/10. VS. Mona begins CO being dizzy and lightheaded. Asks questions to determine cause. Notices soft uterus. Notices low BP, bleeding				
INTERPRETING: (2, 4) * - Prioritizing Data: E A D B - Making Sense of Data: E A D B	Prioritized the need for education related to food and drink choices. Prioritizes the need for FSBS-200: recognized as abnormal. Bleeding and low BP interpreted as abnormal. Prioritized the need to weigh peri-pad.				
RESPONDING: (1, 2, 3, 5) * - Calm, Confident Manner: E A D B - Clear Communication: E A D B - Well-Planned Intervention/Flexibility: E A D B - Being Skillful: E A D B	Fatal monitor applied. Patient repositioned to left side. Call to provider to report fetal strip. Urine sample collected and sent to lab. Asks about prenatal vitamins, home preparation/readiness for newborn. Asks patient about dietary preferences and suggests alternate foods, provides related education. Call to lab for UA results. Obtains FSBS. Call to provider about urine results. Orders receives for fluids, Procardia, acetaminophen, and US to determine gestational age. Orders read back. Mona is educated about the importance of prenatal care. IV fluids prepared and initiated. Medications prepared, patient identified, allergies confirmed, and medications administered. Call to provider to question Procardia. Fundus massaged while team member phones provider to report boggy uterus and heavy bleeding. Orders received for methylergonovine, monitor VS. Peri-pad weighed: 600g. Situation is explained to patient to keep informed. Methylergonovine prepared, patient identified, allergies confirmed, medication administered. BP reassessed after a few minutes. Call to provider to report fundus is now firm.				

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. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* *Course Objectives	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: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Baum (M), Cheek (A), Hernandez (C)

GROUP #: 5

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/26/24 1330-1500

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
NOTICING: (Link to Course Objectives) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Introduce self. Identify patient name/DOB Pain assessment: rating, location, timeframe, description Obtain vitals Ask about contractions. Frequency, duration, strength. Feel fundus during contraction Assess legs for edema and cap refill Ask questions about pregnancy including prenatal care, diet, gestational diabetes Obtain cervical exam prior to nubain administration Reassess pain after nubain administration. Reassess vitals. Reassess cervical exam Assess emotional state of patient based on stage of labor Immediately following labor, check fundus and bleeding. Fundus is firm APGAR 1 min: cry, tone, color, heart rate, respirations. Total: 9
INTERPRETING: (Link to Course Objectives) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interpret fetal monitor as early decelerations (actually accelerations). After discussion with healthcare provider identify correctly as accelerations. Interpret vitals as WDL Identify change on fetal monitor to decelerations and is caused by head compression. Identify stage of labor based on second 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 other than epidural Turn patient to left side Education provided to mom about epidural and how it can still be an option if patient wants. Call healthcare provider. Good SBAR. Discuss nubain administration and fetal monitor. Medication administration: nubain- see if patient has questions, provide education on medication, check allergies, scan pt and medication, check name/DOB, verify correct dose, correct needle size used, needle safety engaged. Make sure needle is inserted to the hub rather than only halfway. Educate patient on NPO/ice chips only. Medication administration: PCN- explain this is for GBS+ status, check name/DOB, check allergies, scan medication, hang secondary bag above primary bag, cleaned hub prior to hooking up secondary tubing, program pump correctly. Call healthcare provider for update on labor. Good SBAR. Education provided to mom about medications that will be administered to baby. Education provided about Hepatitis B vaccine in the hospital. Call healthcare provider informing patient is ready to deliver Encourage deep breathing Call for help, McRoberts position, suprapubic pressure, remove posterior arm, rotational maneuvers, roll to hands and knees, evaluate episiotomy Immediately dry baby, wrap baby up, place on warmer, put hat on baby Medication administration: vitamin K- correct technique drawing up medication, use of actual IM needle but would not want to use that on newborn as needle is too long (should use subcutaneous needle but still do IM injection), verify baby and mom bands, use of needle safety. Educate on thermoregulation of baby.
REFLECTING: (Link to Course Objectives) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Team remediated on correct needle size for IM injection on infant. 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 thermoregulation in the newborn. (1, 2, 5)*	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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success. Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Is hesitant or ineffective in using nursing skills. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Josh Hernandez 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
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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Baum (A), Cheek (C), Hernandez (M)

GROUP #: 5

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/24/24 1330-1500

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Introduce self, check identification. Notice battery, scissors, and needle. Remove from crib. Obtain vitals. Notice increased temperature. Pain assessment using faces scale. Respiratory assessment. Lift gown prior to listening to lungs. Correctly identify lungs sounds as rhonchi. Identify bilateral equal chest rise. No cyanosis noted. No retractions noted. No nasal flaring. Asks about patient positioning (tripod and sniffing) Verify symptoms with father. Ask about home care. Gather information on asthma history from father. Medication errors in chart not identified or investigated. Incorrect dose administered to child. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient. Reassess vitals. Notice improved temperature Notice increased cough upon return to room. Start respiratory assessment. Lift gown prior to listening to lungs. No cyanosis noted. No nasal flaring noted. Retractions noted. Obtain vitals. Notice low pulse ox, notice slightly elevated fever. Notes that pulse ox drops to 87% Pain assessment with faces scale Reassess patient after breathing treatment but does not listen to lungs. Does not apply oxygen for pulse ox 91%.
INTERPRETING: (2, 4) *					Calculate correct medication math for original orders in chart (amoxicillin and ibuprofen) but does not catch error in orders. Does not identify IV fluids are running too quickly. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient. Correlate retractions with increased work of breathing and respiratory distress Does not leave bedside of child while in respiratory distress. Waits until respiratory therapy is in room Calculate correct dose dexamethasone

RESPONDING: (1, 2, 3, 5) *					Remove unsafe items from crib. Educate father on symptom management at home including cool mist humidifier as well as outside cool air can help with breathing. Gather information/educate on possible triggers for asthma for patient. Educate on limiting secondhand smoke exposure. Leave top part of crib open when left room. Medication administration: cetirizine, amoxicillin, ibuprofen. Scan patient, scan medications, verify allergies, educate why meds are given to patient and to father. Correct route Education to father on respiratory distress (retractions, anxiety, breathing fast, tripod positioning, sniffing position) Elevate head of bed to facilitate breathing Call respiratory therapy for breathing treatment No oxygen applied to patient even with 87% pulse ox. Call healthcare provider. SBAR organized. Provides good update, asks for any additional orders. Receives order for dexamethasone. Does medication math while on phone with provider. Reads back part of order but not whole order. Medication administration: dexamethasone. Check name/DOB, scan medication, scan patient, correct dose Does not administer acetaminophen for throat/ear pain. Call healthcare provider for update. Get order for oxygen via nasal cannula. Applies oxygen at 1L due to low pulse ox
REFLECTING: (6) *					Team discussion of scenario and recognition of teamwork/communication. Identified lack of double-checking orders for medications. During debriefing all safe dose medications were checked and medication safe doses were calculated by all students. Discussed medication errors and how to identify/prevent doing so in their practice as nurses. Team provided great educate to father and child on illness as well as medications administered and what to watch for at home.

SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)*	You are Satisfactory for this scenario! RH Lasater Clinical Judgement Rubric Comments: Noticing: 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. 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 Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.
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EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date: _____