

Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student Kylee Cheek
K

Semester: Fall

Faculty:

Kelly Ammanniti, MSN, RN, CHSE; Monica Dunbar DNP, RN;
CNE; Rachel Haynes MSN, RN, Brian Seitz, MSN, RN

Final Grade: Satisfactory/Unsatisfactory

Date of Completion:

e:

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:	Absence: (Refer to Attendance Policy)			
Care Maps	Date	Number of Hours	Comments	Make-up (/Date/Time)
Patient/Family Education	8/22/2024	5	H&V Online Orientation	8/23/2024
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	Faculty's Name			Initials
Lasater Clinical Judgment Rubric	Kelly Ammanniti			KA
vSim	Monica Dunbar			MD
Simulation Scenarios	Rachel Haynes			RH
	Brian Seitz			BS

7/18/24 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe; accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded “U.” A “U” in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the “U”, the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available

Grey shaded weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.

SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
9/13/2024	Risk for uterine rupture r/t VBAC	BS

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	S	NA	S	S	S	NA	S	S	NA					
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	NA	S	S	S	NA	S	S	NA					
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	S	NA	NA	S	S	S	NA	S	NA	NA					
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	S	NA	NA	S	S	S	NA	S	NA	NA					
e. Identify stage of growth and development (Erikson's Stages) (List Below and explain reason for choice)*		NA	NA	S	S	NA	S	S	S	NA	S	S	NA					
Clinical Location Age of patient		NA	NA	FR M C OB 20	Bo ys and Gir ls Clu b	NA	FR M C ER 73		FT OB and St Mar ys	NA	Lact atio n	Cly de visi on and hear ing	NA					
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS						

Comments:

Week 4e). The stage of growth and development was the infant stage; trust vs. mistrust. During my time at this clinical there five babies that were born, so there were in their (trust vs. mistrust) infancy stage according to Erkison. BS

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

Week 4- 1a-c: You were able to assist with the care of your patient using appropriate communication and assessment techniques. You did well with asking questions to the nurse or myself when needed. You were able to follow the nurse and assess a mother while they were laboring until she gave birth. BS/RH

Week 5 E.) The stage of growth and development for this age group was school-age. So according to Erikson they are in their industry vs inferiority stage. This is the stage the children find their sense of worth and role. BS

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

Week 7e.) For this weeks clinical none of my patients fit into Erikson stages. This was because of all of my patients in the ER were older than 45 years old. There are stages for those older than 45. From 30-64 years it would be generativity vs stagnation and from 65 and up it is integrity vs despair.

Week 7- 1a- Nice job describing one of the patients you cared for at the FRMC ER and the care you provided to them. BS

Week 8e.) For this weeks clinical the growth and developmental stage was trust vs mistrust. Since I was on the OB unit all of these babies were considered their trust vs. mistrust since they were still infants. BS

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

Week 8- FTMC OB Objective 1 B, C, D-This week you did an awesome job with providing developmentally appropriate care, appropriate assessment techniques, and developing safety measures to support your patient. Objective 1-This objective was met utilizing conversation and working with the postpartum mom and newborn. Great job! MD

Week 10e.) During this clinical I was able to see was trust vs. mistrust developmental stage. The babies that we saw were only one day old so this is when the baby is developing a sense of who and what to and not to trust.

Week 10- 1a- Great job discussing a visit you and the Lactation Nurse Consultant had with a patient and also discussing the patient’s knowledge/background regarding the breastfeeding process. 1c- You were able to see the baby latch and swallow, and with a few tips, the new mom’s experience was enhanced, especially with the addition of the nipple shield. BS

Week 11e.) At the clinical this week the kids were in their industry vs inferiority stage. In this stage the kids are starting to develop their self worth and learning how to work with their peers to form relationships. BS

Week 11- 1a-c: you did an awesome job explaining the directions and helping the students with the hearing and vision screenings. MD

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

Comments:

Week 4- 1f-i: You were able to see two vaginal births as well as one cesarean delivery. In each of these instances, we discussed how the patient's body and mind changes through pregnancy, how important prenatal care is, how the progression of labor works (and varies based on number of previous births), and you were able to witness mother/baby bonding almost immediately after birth. BS/RH

Week 7- 1k- You did a nice job discussing some potential cultural implications that should be considered when planning care for patients. BS

Week 10- 1j- You and the Lactation Nurse Consultant were able to provide valuable breastfeeding education to the new mothers you visited with. I'm sure it has already enhanced her experience with breastfeeding. Nice job! BS

*End-of-Program Student Learning Outcomes

Week 11- 1j: the nurse and you had discussion about some resources available to the students if the parents are unable to afford to take their children to the referrals. MD

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

Comments:

*End-of-Program Student Learning Outcomes

Week 4 G.) A social determinant of health my patient had was unemployment. Since my patient was unemployed this put her at risk being able financially support this baby. This should be taken into consideration with helping her find some resources that could help with getting her the right equipment. **Yes, she will definitely need resources, especially now! BS**

Week 4- 2a: we all had a good discussion with the nurses and healthcare provider regarding the use of Cytotec on a mother who was being induced with a history of a VBAC. They provided information that it was contraindicated and how it was shown to increase risk of uterine rupture. 2b: you utilized hand hygiene and proper precautions while on clinical this week. You also were able to watch the procedure for infection control in the operating room during the caesarian delivery. **BS/RH**

Week 5 G.) A social determinant of health that I saw this clinical was hygiene. There were a few kids who I could tell had a harder time managing their personal hygiene than other children. This can be a problem when it comes to flu season and other sickness with stopping the spread. **Yes, good example, Kylee. BS**

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

Week 7 G.) A social determinant of health that I saw during this clinical was age. The patient who had come in was about 73 years old, and due to his age the fall he had come in for left him with two lacerations on the head and a small brain bleed. **Good example, Kylee. As we age, many changes occur that affect our health. Things like simple falls can cause devastating injuries for the elderly. BS**

Week 8 G.) A social determinant of health I saw during the St. Marys clinical was age and level of education. Since my group was demonstrating CPR and Heimlich maneuver it was a little difficult for the kids grade k-3rd due to their age and level of education. The older kids were able to understand why we did CPR and the Heimlich maneuver a little better than the younger kids.

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

Week 8- FTMC OB Objective 2 B, C, F-This week you did an awesome job performing standard precautions by performing hand hygiene and wearing gloves when appropriate. You also performed nursing care in an organized manner and you were able to gather information for the mother to obtain information on newborn. Objective 2 D-This week you were able to administer medications. You followed the rights of medication pass and were able to verify the patient’s name and date of birth. Great job! **MD**

Week 10 G.) One social determinant of health that I saw at this clinical were the parents jobs. Since both of the parents had jobs that required them to be fully energized, they were worried about how the feedings would interrupt their sleep schedule. It was difficult for them to come to the understanding that they will have to get up and feed the baby even if it means going to work with less hours of sleep than normal. **Oh, I remember this well. As a new parent, lack of sleep is one of many things they will need to get accustomed to! BS**

Week 11. G.) One social determinant of health I saw at this clinical was hand hygiene. Many of the kids that were at the school seemed to have some type of cold or ear infection going on. This is probably due to the kids being around each other and not doing proper hand washing to kill the germs. This then spreads to other kids. **Absolutely! Most kids are terrible at washing their hands. BS**

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

Comments:

Week 4 D.) An issue that I observed that could be considered ethical would be having a VBAC. Since the patient had a previous birth only 14 months ago as a C-section, it started to raise concerns on how to move forward with the current pregnancy. **Yes, good one. This is going to be one busy momma! BS**

Week 5 D.) An ethical issue I observed at this clinical site was the staff having to cut back on their employees due to financial issues. I view this as an ethical issue due to the fact that these workers are trying to help these kids and provide them with a safe place. **Yes, this is a very beneficial place for those who utilize the club. I would find it very challenging to do this day to day, especially short-handed. BS**

Week 7 D.) An ethical issue I observed at this clinical site was whether or not they should put in pacemaker for a patient who is 25 years old. Since he just started to have syncope episodes and they hadn't figured out what was the cause of his passing out episode. They were going to discharge him, and right before he was discharged he went asystole. This caused an conversation between the staff on what would be the right call for someone his age and getting a pacemaker. **Good example. For most, having an implanted pacemaker is a permanent thing. While 25 is a very young age for this, a temporary pacemaker (at least for now) is the right decision. If they can determine the cause of his episodes, they may respond to less invasive treatments and the temporary pacer can be removed. Or, they may determine that a permanent pacer is the better decision. Who knows what would have happened if the asystole was unwitnessed... BS**

*End-of-Program Student Learning Outcomes

Week 8 D.) A ethical issue I observed at this clinical was a baby who had really bad jaundice had to be put under phototherapy, but while under the lights he was very fussy and would not calm down. Since he had a high level of bilirubin before the first 24 hours of life it was very critical to get him under the lights to lower the bilirubin. It was a hard situation for the parents to hear and watch the baby cry for the majority of the time, but they know it is very important to have him under the lights. **Yes, I'm sure that was difficult for them. As you mention, though, this is necessary. Fortunately, it is temporary also. BS**

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

Week 8- FTMC OB Objective 3-This objective was met by you acting with integrity, providing privacy for the patient with HIPAA, and you performed at high standards with the code of conduct of the school. **MD**

Week 10 D.) One potential ethical issue I saw at this clinical was whether or not the parents should take the baby home even with high bilirubin levels. The family had been wanting to take their baby home that day, but were informed that the baby would have to still stay over night due to the high bilirubin levels. The medical staff then had a conversation on if the baby really needed to stay over night or if they should just bring the baby back tomorrow to get rechecked. I was unable to hear what conclusion they came before I had to left. **Good example. I wouldn't want to be the one making that decision. I'd hate to send the baby home and have a problem develop! BS**

Week 11 D.) One potential ethical issue I saw at this clinical was honesty from the children. Some of the kids during the hearing test would try and keep turning their head to see when I would press the button. This can cause an issue due to the kids not being honest about hearing the noise, and then not getting the help they need. **Yes, kids at this age want to please. For now, they want to please the adults. Pretty soon all they'll be worried about is being funny so they can please their friends. BS**

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

Week 4- 4a- Nice work, you are satisfactory for your care map. BS 4b- You were able to watch the nurses document this week and assist with vitals while in the labor unit. BS/RH

Week 5- 4d- You were able to provide developmentally appropriate education to children of various ages at the Boys and Girls Club. Nice job! BS

Week 7- 4a- Great job listing some priority nursing interventions that were performed for your patient in the FRMC ER. BS

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

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

Week 8- FTMC OB Objective 4 C, D, and E-You were able to discuss advocacy for the patient, provide appropriate education for the patient, and analyze pathophysiology about the patient. Objective 4D-This week you provided outstanding education for your patient! It was specific to her needs and you delivered the information in a caring and compassionate manner! You were also able to answer questions and seek clarification when needed! Awesome job! MD

Week 10- 4d- You and the Lactation Nurse Consultant were able to provide valuable education to the new mothers you visited with. This education will really enhance their confidence and success throughout the breastfeeding process. BS

Week 11- 4b: you correctly documented on all the student papers for their hearing and vision results. 4d: you were able to provide education to the students on how to properly perform the screenings with appropriate language for the age group. MD

Student Name: K. Cheek				Course Objective:	Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children.		
Date or Clinical Week: Week 4							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Nice job listing abnormal observation and assessment findings based on your patient experience this week. Abnormal lab/diagnostic findings were also provided. Nice job reviewing and including pertinent risk factors related to your priority problem of risk for uterine rupture r/t VBAC.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Five high priority nursing problems were identified. Risk for uterine rupture r/t VBAC was appropriately selected as the top priority problem. All relevant assessment data was highlighted pertinent to the priority problem. Two potential complications were identified, each supported with signs and symptoms to monitor for
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	2	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	2	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	Nursing interventions related to the top priority were listed. Interventions were appropriately prioritized. Each listed intervention included a frequency and most had rationales. All listed
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	interventions were individualized and realistic to the patient situation. I would suggest to include monitoring VS during labor (prior to birth), fetal monitoring as labor progresses
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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	Good job on your evaluation. A better, more specific way to phrase "anxiety lessened" would be "Patient states anxiety at x/10."
	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: Nice work on your care map, Kylee! BS

Total Points: 42/45 Satisfactory!

Faculty/Teaching Assistant Initials: BS

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

Comments:

Week 4- 4f-g: we had discussion about prenatal laboratory testing that is done for every pregnancy and how some of it is reportable to the health department. We discussed the importance of this testing and how it can impact the pregnancy and delivery for the baby and mother. We also discussed pain management and vaccine recommendations for mothers who are postpartum. BS/RH

Week 7- 4f, g, h- You were able to discuss some diagnostic procedures and medications involved in the care of your ER patient. BS

Week 8- FTMC OB Objective 4 F and H-This week you did an awesome job with correlating diagnostic tests and medical treatment for the patients you took care of. MD

Week 11- 5a: you were positive and energetic with all interactions with staff and students. They really appreciated your assistance with these screenings! 5c: You communicated well with both school nurses and teachers who were present. MD

*End-of-Program Student Learning Outcomes

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

Comments:

Week 4- 5a, c, e: You were very excited throughout clinical and were positive throughout the day. You had professional discussions with staff and your peers throughout the day regarding patients and labor/delivery in general. This was nice for some in depth conversation with some content experts. You also were able to show that you could

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

find information in the cart related to your patient for your care map this week. BS/RH

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 7- 5a- You were able to observe a cardiac catheterization and a temporary pacemaker placement. Hopefully they were able to explain the procedure(s), which will come in handy next semester. BS

Week 7- Feedback from your FRMC ER preceptor; Kylee Cheek: Marked excellent in all areas. "Kylee actively engaged in patient care, asked questions, and did well! She got to see a lot of cool things." Kasey Haerr, RN

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 8- FTMC OB Objective 5 A, B, and C-You did an amazing job with being interested and enthusiastic in clinical, participating and communicating professionally during this clinical experience! MD

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

Comments:

Week 4 A.) An area of improvement I have would be to get a better understanding of the medications. I will do this by reviewing over our medication list before my next OB clinical. This will help me understand more as to how these drugs are used in real life situations. **Good idea. Repeated exposure will help you to retain information. BS**

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

Week 4- 6f: you were very willing to be put in a situation that made you uncomfortable or a situation you were unfamiliar with so you could learn, this was much appreciated by me and the nurses commented on how nice it was to have students who were willing to learn. BS/RH

Week 5 A.) An area for improvement would be making sure to do an activity where all the kids can make and do their own project. Since the kids were all so eager to try this activity it started a few arguments, which could have been avoided with each student having their own separate project. For the next clinicals I will make sure to collaborate with my team members and come up with a more effective plan and activity. It can be difficult trying to maintain control in an environment like this, but you guys did a nice job. BS

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

Week 7 A.) An area for improvement would be making sure to stay busy. This clinical was different from other clinicals I have been to. Since my nurse only had 2 patients there was not a lot for me to do during the time being. I was able to see other procedures on other patients, but other than that I felt like I was standing around a lot. So next clinical experience I will make sure to keep asking if they have any tasks for me to do. Good idea! Try and see and do all you can while you're a student, it will make the transition to your new role as an RN a little easier. BS

Kylee, great work this first half of the semester, keep it up! BS

Week 8 A.) An area for improvement would be education on discharge. Since it was my first time giving discharge education there were some parts that I could have explained a little better. For future clinicals I will make sure to fully explain each education for discharge. Each time you do something like this you will become better and a little more thorough. Comfort will come with time. Keep up the good work! BS

Week 8- FTMC OB Objective 6-You have done very well obtaining this competency this week! You were able to demonstrate growth in all areas including decision making, being prepared for clinical, being professional, seeking out learning experiences, being organized, using an ACE attitude, and growing throughout the clinical experience. AWESOME job! MD

Week 10 A.) An area of improvement from this clinical would be asking more questions. Since it was a pretty busy day for lactation I did not want to interrupt them by asking questions. For the next clinicals I will make sure to find appropriate time to ask questions. Yes, most preceptors prefer when students ask questions and show interest. Remember, they were once in your shoes. BS

Week 11 A.) An area of improvement from this clinical would be explaining the directions a little better for the kids. Some of the kids had a hard time understanding what to do, so for the future I will make sure to fully explain the task and make sure they understand before we start. Yes, many of the younger kids will struggle with this. This will soon change, though. In a few years they won't even need an explanation. BS

Week 11- 6h: You did an excellent job staying over clinical to assist the nurse in finishing one of the classes! This was such a great ACE attitude and the nurse was extremely grateful for your continued commitment and assistance! MD

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

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

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

* Course Objectives

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (*1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermometer (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditech (*1, 2, 3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/21	Date: 8/22	Date: 10/21
Evaluation	S	S	S	S	S	S	S	S	S	S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/12	Date: 9/23	Date: 9/26	Date: 10/7	Date: 10/17 & 10/18	Date: 10/24 & 10/31	Date: 11/4	Date: 11/5 & 11/6	Date: 11/15	Date: 11/19	Date: 11/22	Date: 11/22	Date: 9/19
Evaluation	S	S	S	S	S	S							S
Faculty Initials	BS	BS	BS	BS	BS	BS							BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA							NA

* Course Objectives

Comments:

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: 5

SCENARIO: Pregnancy and PPH

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

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES			
NOTICING: (1, 2, 5) * - Focused Observation: E A D - Recognizing Deviations from Expected Patterns: 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			

●	Information Seeking: B	E	A	D	
INTERPRETING: (2, 4) *					Prioritized the need for education related to food and drink choices. Prioritizes the need for FSBS-200: recognized as abnormal.
●	Prioritizing Data:	E	A	D	B
●	Making Sense of Data: B	E	A	D	
RESPONDING: (1, 2, 3, 5) *					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.
●	Calm, Confident Manner:	E	A	D	B
●	Clear Communication: B	E	A	D	
●	Well-Planned Intervention/ Flexibility:	E	A	D	B
●	Being Skillful: B	E	A	D	
REFLECTING: (6) *					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.
●	Evaluation/Self-Analysis:	E	A	D	B
●	Commitment to Improvement: B	E	A	D	
SUMMARY COMMENTS: * = Course Objectives					You are Satisfactory for this scenario! BS
Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.					Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective

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	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
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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME:

OBSERVATION DATE/TIME:

REFLECTING: (6)*					You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy. Great job.
●	Evaluation/Self-Analysis:	E	A	D	
●	Commitment to Improvement:	E	A	D	
	B				

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. BS
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*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): 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	Introduce self. Identify patient name/DOB Pain assessment: rating, location, timeframe, description Obtain vitals Ask about contractions. Frequency, duration, strength. Feel fundus

Expected Patterns: E A D B ● Information Seeking: E A D B	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: Select physical assessment priorities based on individual patient needs. (1, 2)* Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)* Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)* Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)* Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 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 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: K. Cheek

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	
INTERPRETING: (2, 4)*						Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.
●	Prioritizing Data:	E	A	D	B	
●	Making Sense of Data:	E	A	D	B	
RESPONDING: (1, 2, 3, 5)*						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.
●	Calm, Confident Manner: E	A	D	B		
●	Clear Communication:	E	A	D	B	
●	Well-Planned Intervention/ Flexibility:	E	A	D	B	
●	Being Skillful: B		E	A	D	
REFLECTING: (6)*						Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.
●	Evaluation/Self-Analysis: E	A	D	B		
●	Commitment to Improvement:	E	A	D	B	

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

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.
● Focused Observation:	E	A	D	B	Notice battery, scissors, and needle. Remove from crib.
● Recognizing Deviations from Expected Patterns:	E	A	D	B	Obtain vitals. Notice increased temperature.
● Information Seeking: B	E	A	D	D	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
● Prioritizing Data:	E	A	D	B	
● Making Sense of Data:	E	A	D	B	
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.
● Calm, Confident Manner:	E	A	D	B	
● Clear Communication:	E	A	D	B	
● Well-Planned Intervention/ Flexibility:	E	A	D	B	
● Being Skillful:	E	A	D	B	

	Call healthcare provider. SBAR organized. 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) * ● Evaluation/Self-Analysis: E A D B ● Commitment to Improvement: E A D B	Team discussion of scenario and recognition of teamwork/communication. Identified lack of double-checking orders for medications. During debriefing all safe dose medications were checked and medication safe doses were calculated by all students. Discussed medication errors and how to identify/prevent doing so in their practice as nurses. Team provided great educate to father and child on illness as well as medications administered and what to watch for at home.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives:	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

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)*	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: _____