

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Andrea Pulizzi

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)
8/23/24	1	Lab Survey not complete	8/23/24

Faculty's Name	Initials
Kelly Ammanniti	KA
Monica Dunbar	MD
Rachel Haynes	RH
Brian Seitz	BS

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
9/20/24	Risk for ineffective thermoregulation	RH

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		N/A	N/A	S	S	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
b. Provide care using developmentally appropriate communication.		N/A	N/A	S	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		N/A	N/A	S	S	S	N/A	S	S	S	S	N/A	N/A	N/A	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	S	S	S	N/A	N/A	N/A	N/A	N/A		
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		N/A	N/A	S	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
Clinical Location Age of patient		N/A	N/A	Lactation	Firelands OB: 1 day	Boys & Girls Club	N/A	MIDTERM	ERM/ER, St. Mary's	Fisher Titus OB, 33 yrs	Green Springs H/V, School-Aged	N/A	N/A	N/A	N/A	N/A		
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH					

Comments:

Week 4: 1e.) Trust vs mistrust. During lactation consoling, mothers are learning proper techniques to make breastfeeding easy and effective for both themselves and baby.

Baby is relying on mother for nourishment and begins to build trust with mother. **Good job. RH**

Week 4: 1a, c: you did a good job describing the care techniques you and the lactation consultant used while caring for your patient in your CDG. You also provided information about how to assess baby latching and having a good suck and swallow for feeding. **RH**

Week 5: 1e.) Trust vs mistrust. For a one-day old infant, they are developing trust for their caregivers. This trust is established through feeds when infant is hungry, cleaning them when they soil a diaper, and keeping them warm and dry. RH

Week 5 – 1a – You did a wonderful job providing holistic care to the mom and baby you were assigned to this week. KA

Week 5 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. KA

Week 5 – 1d – You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process whenever returning the newborn to the parents from the nursery. KA

Week 6 – 1e.) Most of the children at the Boys & Girls Club were in the industry vs inferiority stage of Erikson's. I could see that the children sought validation from the adults and enjoyed being helpful. They also were very interactive with us nursing students. RH

Week 6- 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 6 – 1e.) ER: I cared for a few patients in the ER that were in the integrity vs despair stage of Erikson's; these individuals were over the age of 65. At this age, they struggle with maintaining integrity as illnesses begin to take some of their independence. In addition, they may face despair regarding the things they did not do in their lifetime or relationships that are not as strong as they wish. They may feel like time is running out to make things "right" in their life before illness takes over. Great explanation of this stage! RH

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

Week 9 – 1e.) The mother we cared for at clinical this week was in the generativity vs stagnation stage. She was continuing to grow her family by having her second child which contributes to generativity. RH

Week 9: FTMC OB Objective 1 A-E: This week in clinical, we discussed as a clinical group how to provide care with techniques and diversions appropriate for level of development, how to use developmentally appropriate communication, provide care utilizing systematic and developmentally appropriate assessment techniques, described multiple safety measures, and discussed the Erikson's stage of development of our labor patient. MD

Week 10 – 1e.) Industry vs. Inferiority. Children at this age gain confidence through achievements, particularly in school. They risk the sense of inferiority when they believe they fail. RH

Week 10: 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:		N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A		
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A		
g. Discuss prenatal influences on the pregnancy. Maternal		N/A	N/A	N/A	S	N/A	N/A	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A		
h. Identify the stage and progression of a woman in labor. Maternal		N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A		
i. Discuss family bonding and phases of the puerperium. Maternal		N/A	N/A	N/A	S	N/A	N/A	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A		
j. Identify various resources available for children and the childbearing family.		N/A	N/A	N/A	S	N/A	N/A	S	N/A	S	N/A S	N/A	N/A	N/A	N/A	N/A		
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		N/A	N/A	S	S	S	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A		
l. Respect the centrality of the patient/family as core members of the health team.		N/A	N/A	S	S	N/A	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A		
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH					

Comments:

Week 4: 1j- did you provide any resources for the family (mother, baby, siblings, etc) during your visit? If so, this should be changed to "S" but if not it can remain "N/A" RH

Week 8: 1j- did you provide any resources to the patients that you saw during the ER rotation? If so, this should be changed to an "S" but if not, it can remain "N/A" RH

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

Week 10: 1j: the nurse and you had discussion about some resources available to the students if the parents are unable to afford to take their children to the referrals. MD

*End-of-Program Student Learning Outcomes

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

Comments:

Week 4: 2g.) A couple returned with their 4 day old daughter for a follow up lactation visit. At the end of the appointment, the lactation consultant encouraged them to schedule another follow up next week. The mother expressed concern regarding leaving the house next week as it is supposed to be hot outside, and they do not have a working AC unit in either of their cars; she felt uncomfortable traveling from Norwalk to Sandusky with her new baby in a hot car. It was decided that she would call next week with an update about breastfeeding and schedule an appointment at that time. **Great job identifying this SDOH. I am impressed the mother thought of this and was willing to voice her concern and come up with an alternate plan that would still benefit them. RH**

*End-of-Program Student Learning Outcomes

Week 5: 2g.) The mother for my newborn patient this week was asked if she would be ok with having a student. While she was ok with having a student care for her she expressed that she did not want the student to palpate her fundus; while this can be disappointing to us as students, we need to be understanding that she may have personal reasons as to why. This was her third childbirth and she had 2 miscarriages in her past. It is not our place as nurses to expect an explanation or understand why, but to accept a patient's choices. Great explanation of why we should be accepting of patient's choices and not judgmental. Yes, I am sure this was disappointing, but we must do what the patient is comfortable with. RH

Week 5 – 2b – You were able to observe an NG placement on your newborn and the nursing interventions provided during and after the procedure to the newborn. KA

Week 5 – 2c – You did a wonderful job 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. KA

Week 5 – 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 had the opportunity to administer an IM injection to the newborn. You were skillful with the overall IM injection procedure process however, please remember to leave the needle in place and count to three before removing the needle from the skin to prevent leakage of the medication onto the skin. KA

Week 6: 2g.) I witnessed multiple SDOH that affected the children at this clinical. First, for many of the children the Boys and Girls Club is where they eat dinner due to the lack of financial stability at home. In addition, I noticed how the infrastructure of the building was very old. I could imagine how uncomfortable it is in there on hot days with no air conditioning. The building is quite old and because of that, if any construction was done on it, it would have to be brought up to current code, which would cost even more money, so they are unable to do that. They do have some fans that they use when it is very hot outside. RH

Week 6- 2g- You did a nice job discussing two social determinants of health that could affect the children at the Boys and Girls Club. BS

Week 8 – 2g.) ER: I noticed while in the ER that access to healthcare was a common social determinant of health. Some of the individuals that receive care in the ER do not follow with a primary care provider, perhaps due to health insurance reasons or transportation reasons. This leads to medical problems that could have been managed in a office setting, now progressing the need to seek medical care in the emergency room. This causes a burden to both the patients and the ER. This is very true. Access to health insurance as well. The emergency department cannot turn any one away, regardless of their ability to pay, so this can mean people who have no health insurance are using the emergency department as their primary care office because they know they will receive care even without coverage. RH

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

Week 9 – 2g.) Economic stability is a social determinant of health that affects this pt. Her family has just become a family of 4 so she and her partner will have increased expenses. This can include diapers, formula, wipes, and even health insurance. This could put an increased financial burden on the family depending on their income. This can also include child care when or if the mother decides to go back to work. RH

Week 9: FTMC OB Objective 2A-G: This week as a clinical group we discussed evidence-based practice in the OB department, used standard precautions, recognized the need for assistance in patient care, observed the administration of medications during an epidural and at the delivery of the placenta. We also discussed and had practice problems for pediatric math practice during clinical. We also utilized information obtained from report and from the family on their birth plan to determine appropriate decision making for the labor and delivery process. We also discussed SDOH during our clinical. MD

Week 10 – 2g.) Finances and access to health care is a social determinant of health that could affect children that need referrals to ophthalmology or audiology. The family may have a difficult time affording the office visits, not including glasses or hearing devices they may also need to buy. Due to these, these children may go on with poor hearing and vision which can affect them in their personal and academic lives. This can be a common issue in the school age children. The school nurses oftentimes have certain referrals they can provide that accept payment plans or who are lower cost than others. RH

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

Comments:

Week 4: 3d.) A mother who had returned for a lactation follow up wanted the lactation consultant to look at her c-section incision as she had some concerns. The lactation consultant did express that she was unsure if she should look at it and should tell the mother to follow up with her doctor instead. She did, however, look at the incision and found it to be healing well. In situations like these, where nurses find themselves in a sticky position as they are unable to diagnose, I believe it does not hurt to assess a patient's concern. Though we can't diagnose, nurses can steer patients in the right direction, to ease their concerns or suggest that they seek further medical attention. **This could become a legal issue if the nurse says it looks okay and the patient does not seek further medical attention for their concerns. This could lead to worsening infection or a wound that may not be healing properly. The patient could say the nurse said it looked fine so they did not do anything about it, which could cause delayed care. RH**

Week 5: 3d.) One of my classmates had a newborn patient that tested positive for cocaine and THC. The nurses caring for this patient were going to have to call CPS regarding this. I feel that this situation is both a legal and ethical issue. There are the obvious legal implications that could arise for mother, and I could see a potential ethical dilemma regarding the care for the mother. If I was her nurse, I would be upset to know that she exposed her newborn to those substances and the newborn had to suffer after the birth. The mother is still a patient herself, however, and she deserves quality and nonjudgemental care. **This can be a difficult situation to be in when caring for a mother who exposed their baby to these substances, however, you are correct in that they also deserve the best care as well. RH**

Week 6: 3d.) The child that I interacted the most with in the cafeteria was an 11 year old girl who was sitting by herself. She told me that the kids sitting on the other side of the table are not very nice to her; unfortunately, I witnessed this to be true. At the Boys and Girls Club there are much more children than there are adults so it can be difficult to monitor all of the interactions between the children. **Maybe she can switch tables? Or are they assigned where they need to sit? RH**

Week 6: 3c- I changed this to "S" because you followed the student code of conduct policy while attending clinical. This includes following the guidelines set by faculty, wearing the appropriate uniform, being professional, etc. RH

Week 8 – 3d.) ER: during my clinical in the ER I heard of the IV fluid shortage in the country due to the hurricane that affected North Carolina. One of the patients I was caring for was a 10 week pregnant female who was bleeding vaginally. She was given 2000 milliliters of normal saline. One of the nurses caring for the patient that gave her those fluids felt like she probably should have conserved the second thousand liter bag due to the shortage since the patient was stable. **That is a great point! We now have to be very careful and cautious with how we use our fluids due to the impending shortage. RH**

*End-of-Program Student Learning Outcomes

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

Week 9 – 3d.) A potential legal or ethical issue that could occur on an OB floor includes following birth plans. Some pregnant women come to the hospital with a birth plan that they want to strictly follow. This can become a problem when the health of mom and baby is at risk. It is important for the medical team to follow the wishes of the mother, however, when a safety issue arises, the team may have to deviate from the original plan to ensure safety of the pts. This would be a great time for education to the patient about why there is a need to deviate from their plan. If the patient is educated on the risk to themselves or the baby, they oftentimes will allow the healthcare providers to deviate from their original birth plan. Education can be done while the mother is creating a birth plan to include other options in case something were to not go as planned. RH

Week 9-FTMC OB Objective 3A-D: This week in clinical you acted with integrity, you were respectful, followed HIPAA, and followed the standards outlined in the Student Code of Conduct policy. As a group, we also discussed multiple examples of legal and ethical issues that could occur in the OB clinical setting. MD

Week 10 – 3d.) An ethical issue could arise for the school nurse if families do not want their children further evaluated for failed hearing and vision screenings. It may be ethically a problem for the nurse knowing that a child is struggling in school due to a hearing or vision problem that could be resolved with proper medical treatment. The nurse can ask the family what barrier is keeping them from making follow up appointments and attempt to find resources to help them with the issue. Good thought! RH

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

Week 4: 4d- you described in detail the different ways to teach a mom how to have a better latch for breastfeeding, great use of resources. RH

Week 5 -4b - You did a nice job documenting the newborn assessment in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessments accurately. KA

Week 5 – 4e – You witnessed discharge teaching for the mother and newborn couplet and how the patient is removed from the security system before discharge. KA

Week 6- 4d- You were able to provide developmentally appropriate education to the children at the Boys and Girls Club. Nice job! BS

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

Week 9: FTMC OB Objective 4A-D: You are rating these objectives as an NA due to not having hands on patient care during this clinical. You were able to observe a patient in labor and delivery of the newborn. MD

Week 9: FTMC OB Objective 4E: As a clinical group we discussed the pathophysiology of a laboring patient's disease process. MD

Week 10: 4b: you correctly documented on all the student papers for their hearing and vision results. MD

Week 10: 4d: you were able to provide education to the students on how to properly perform the screenings with appropriate language for the age group. MD

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

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. RH
	15. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	
Reference An in-text citation and reference are required. The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both. The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.							
Total Possible Points= 45 points 45-35 points = Satisfactory 34-23 points = Needs Improvement* < 23 points = Unsatisfactory* *Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. ***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *** Faculty/Teaching Assistant Comments:						Total Points: 45/45	
						Faculty/Teaching Assistant Initials: RH	

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

Comments:

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

Week 9: FTMC OB Objective 4F-J: Even though we were observing the labor patient, as a clinical group we were able to discuss diagnostic testing, pharmacotherapy, medical treatment, nutrition, and growth and development for the pregnant and laboring patient. MD

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

Comments:

Week 4: 5g- I changed this to "NI" because though you provided a reference, you did not provide an intext citation and per the grading rubric, this bumps you to an NI. In the future, be sure to have both a reference and an intext citation. RH This was an error, I'm sure, from me rushing to finish the assignment. I need to proofread my discussion posts before I submit them to catch errors like this in the future.

Week 4: 5a- lactation comment- marked excellent in all areas. Rebecca Smith RN, CLC

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

Week 5 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You were able to observe a hearing screening and PKU testing, provide a baby bath, and assist with performing a newborn heart screen along with many other skills while on clinical this week! KA

Week 5 – 5e – You did a nice job navigating the EMR and gathering information on your patient to ensure you could provide appropriate care throughout your clinical day. KA

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

Week 8 – 5a – You did a great job working the children at St. Mary’s Catholic School and not only did an excellent job presenting the education you developed but showed interest in the children and hearing what they had to say about your topic. The school and its students were very appreciative of everything you did. You should be proud of all your hard work! RH

Week 8: 5a- ER comment: Marked excellent in all areas. “Andrea does an exceptional job at assessing patients, informing patients of POC, always eager to learn new things, stays positive, demonstrates commitment to learning with enthusiasm.” A. Ernsberger, RN

Week 9: FTMC OB Objective 5A-C and E-G: This week in clinical you were very interested in clinical, participated in all activities we did in clinical, had professional communication with all members of the healthcare team, demonstrated the ability to look through a patient’s chart with guidance in Cerner, had clear SBAR communication about our laboring patient, and you also discussed what was required for a satisfactory CDG. Great job! MD

FTMC OB Objective 5D-you did not document in the patient’s EHR. MD

Week 10: 5a: you were positive and energetic with all interactions with staff and students. They really appreciated your assistance with these screenings! MD

Week 10: 5c: You communicated well with both school nurses and teachers who were present. MD

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)*		N/A	N/A	S	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
b. Accept responsibility for decisions and actions.		N/A	N/A	S	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
c. Demonstrate evidence of growth and self-confidence.		N/A	N/A	S	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
d. Demonstrate evidence of research in being prepared for clinical.		N/A	N/A	S	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		N/A	N/A	S	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
f. Describe initiatives in seeking out new learning experiences.		N/A	N/A	S	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
g. Demonstrate ability to organize time effectively.		N/A	N/A	S	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		N/A	N/A	S	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
i. Demonstrates growth in clinical judgment.		N/A	N/A	S	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A		
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH					

Comments:

Week 4: 6a.) Before seeing patients together, the lactation consultant asked if I had any questions about breastfeeding; I did not have any specific questions, so she gave me a general run down about it. While I did research in our book about breastfeeding so I had an idea about it before the clinical, I wish I had come with a few questions so we could better engage in a conversation about breastfeeding. In the future, I will prepare 2-3 questions to ask. This will allow the other person to know that I did some previous research and I am interested in the topic. **This is a great goal to have! RH**

Week 5: 6a.) After giving my patient her hep B vaccine, I tossed the syringe in the sharps container not knowing that I needed the sticker off of it. I needed the sticker for the paper documentation of the vaccine. I luckily was able to grab the syringe before it fell into the container. Going forward, I will not assume what is the next step and

wait for my instructor to provide me with the next step. As students, we may begin to feel confident with procedures, however, we need to remember that processes may be different depending on what floor we are on. **This is for all vaccines, so if you were to give a Tdap vaccine to a mother, you would also need the sticker for the vaccine information as well. RH**

Week 6: 6a.) Looking back I wish I would have interacted with more children in the cafeteria; I stayed with the same few children the whole time. It would have been beneficial to meet more of the children and learn their names for when it came time to do our presentations. If in a similar situation in the future, I will go around and introduce myself to more of the children. **Sometimes this is hard because the children love to hold one person's attention for as long as they can, but this is a good gal to have. RH**

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

Week 8 – 6a.) ER: During clinical I felt like I needed to do a refresher on lung sounds. I was not as confident as I would have liked to be with the location and sound of lung sounds since I have not had to listen to them since my clinicals in med surg. To improve in this, I will look over the correct positions of lung sounds in my textbook as well as refresh on the sounds themselves. I am glad that this clinical brought about the need to refresh this skill as it is an important one for a nurses to have. **This is a good time to start practicing as you will be returning to a lot of those MSN skills when starting AMSN in the spring. RH**

Week 9 – 6a.) We did a lot of review during our clinical since we only had one pt during our clinical. I recognized that I will need to review our previous units prior to our final. I will review topic such as BUBBLE-E, HELPPER, the symptoms and care for obstetric emergencies, and other topics as well. I will review the chapters in the book as well as my notes. **Good plan! RH**

Week 9: FTMC OB Objective 6A-I: This week you were able to identify areas of improvement, accepted responsibility for actions, demonstrated great growth and self-confidence, were prepared for clinical, showed wonderful professionalism, sought out new learning experiences, were organized, used an ACE attitude, and had growth in clinical judgment based on our conversations of the delivery process to our patient and newborn. Great job! MD

Week 10 – 6a.) I should have looked over the information regarding hearing and vision before this clinical as I have not reviewed that information since the beginning of the semester. Luckily, we reviewed how to use the equipment and what constitutes pass or fail. In the future, I should review any information that would be beneficial to know during clinical. This could include assessments or disease processes. **Great plan. RH**

Week 10: 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

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	U	U	U	U	U	U	U	U	U	U	U	U	U	U
Faculty Initials	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
Remediation: Date/Evaluation/Initials		S RH 8/23	S RH 8/23	S RH 8/23	S RH 8/23	S RH 8/23	S RH 8/23	S RH 8/23	S RH 8/23	S RH 8/23	S RH 8/23	S RH 8/23	S RH 8/23	S RH 8/23	S RH 8/23

* 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)	Meditch (*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	U	U	U	U	U	U	U	U	U	S
Faculty Initials	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
Remediation: Date/Evaluation/Initials	S RH 8/23	S RH 8/23	S RH 8/23	S RH 8/23	S RH 8/23	S RH 8/23	S RH 8/23	S RH 8/23	S RH 8/23	NA

* Course Objectives

Comments:

Maternal Child Nursing 2024
Simulation Evaluations

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/19	Date: 9/23	Date: 10/3	Date: 10/7	Date: 10/17 & 10/18	Date: 10/31	Date: 11/4	Date: 11/5 & 11/6	Date: 11/15	Date: 11/19	Date: 11/22	Date: 11/22	Date: 10/28
Evaluation	S	S	S	S	S	S	S	S					S
Faculty Initials	RH	RH	RH	RH	RH	RH	RH	RH					RH
Remediation: Date/Evaluation/Initials	NA	NA	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): **Knupke M, Pulizzi C, Swinehart A**GROUP #: **10**SCENARIO: **Pregnancy and PPH**OBSERVATION DATE/TIME(S): **9/19/2024 1200-1330**

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Assessment begins with VS. FSBS- 200. Patient CO feeling dizzy and lightheaded. Notices bleeding. Notices BP improving following methylergonovine.
• 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 need for fetal monitor. Interpreted need for FSBS. FSBS 200- interpreted as high. Fetal strip interpreted- accelerations. Prioritized assisting patient to left side. Prioritized BP when patient CO dizziness, interpreted as low. Prioritized the need for fundal massage. Notices fundus firming after methylergonovine.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1, 2, 3, 5) *					Urine sample collected and sent to lab. Call to lab for UA results. Fetal monitor applied. Patient questioned about pregnancy history. FSBS obtained. Patient assisted to left side. Call to HCP with report (great job). Orders received for fluids, acetaminophen, Procardia, US to verify dates. Orders read back. Call to imaging regarding US. IV fluid initiated. Patient identified. Call to pharmacy to question indication for Procardia, explanation provided. Medications prepared, patient identified, allergies verified, medications administered. US confirmed 33 weeks gestation. Dietary education, THC cessation, support groups, and the importance of prenatal care discussed. BP assessed to be low. Bleeding discovered, fundus immediately massaged. Call to HCP to report PPH and request orders. Order received for methylergonovine. Medication prepared and administered appropriately. Mona's symptoms reassessed following medication administration. Patient education provided. Call to HCP to report resolution of symptoms and bleeding.
• 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	
REFLECTING: (6) *					Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did very well with each. Good use of resources when calling pharmacy regarding the actions of
• Evaluation/Self-Analysis:	E	A	D	B	

• Commitment to Improvement: E A D B	Procardia. Great job also with SBAR communication when phoning physician. 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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment 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: Focuses on the most relevant and important data useful for explaining the patient’s condition 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 Shows mastery of necessary nursing skills Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Knupke (A), Pulizzi (M), Swinehart (C)

GROUP #: 10

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/24 1200-1330

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	Introduce self, identify patient (name/DOB) Ask about contraction frequency Obtain vitals Ask about health history regarding pregnancy (gestational diabetes, weight gain, history of previous pregnancies, prenatal care) Continue head to toe assessment Pain assessment: type of pain, rating, Obtain cervical assessment prior to nubain administration Reassess pain after nubain administration Obtain vitals on mom post delivery APGAR 1 minute: color, cry, tone, heartrate (152), respirations (44). Total-9 Assess fundus on mom: firm and midline, perform remainder of post-partum assessment
INTERPRETING: (2,4) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interpret fetal monitor as accelerations and associate that with fetal wellbeing Interpret vitals as WDL

RESPONDING: (1,2,3,5) *					Education provided on risk factors of shoulder dystocia
• Calm, Confident Manner:	E	A	D	B	Call pharmacy to verify antibiotic compatibility with LR
• Clear Communication:	E	A	D	B	Medication administration: penicillin. Education provided on reasoning for administration. Hang secondary bag above primary bag, check name/DOB, verify allergies, scan patient and medications, program pump correctly. Scrub hub of tubing before hooking up secondary tubing.
• Well-Planned Intervention/ Flexibility:	E	A	D	B	Turn patient to left side for some pain relief.
• Being Skillful:	E	A	D	B	Educate patient on risks of shoulder dystocia prior to delivery
					Educate patient on pain management options.
					Medication administration: nubain. Correct dose, correct route, correct needle size, use of needle safety. Verify allergies prior to administration but did not verify name/DOB.
					Call healthcare provider. SBAR quick and to the point.
					Education provided on expected bleeding amount after birth, importance of follow up appointments
					Baby is coming: call for help, McRoberts, suprapubic pressure, rotational maneuvers, remove posterior arm, roll to hands and knees, episiotomy
					Call healthcare provider to inform patient is in labor
					Immediately after delivery: dry baby off, offer skin to skin with mom, place baby in warmer
					Medication administration: erythromycin ointment. Explain to mom why it is to be administered. Administered with correct technique.
					Medication administration: scan patient, scan medications, correct dose, correct route, correct location, use of correct needle size, use of needle safety.
					Put hat on baby, swaddle baby, and do skin to skin with baby
					Call healthcare provider (pediatrician) for update after delivery. Update on baby delivery and apgar scoring

REFLECTING: (6) * - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Team 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 in this simulation! RH Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes 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. 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. 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. Shows mastery of necessary 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.

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Andrea Pulizzi

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: SCENARIO: Empathy Simulation

STUDENT NAME: Andrea Pulizzi OBSERVATION DATE/TIME: 10/28/24

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	Comments You are satisfactory for this simulation.

completion of this simulation.

***Course Objectives**

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Knupke (C), Pulizzi (A), Swinehart (M)

GROUP #: 10

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/31/24 1200-1330

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES				
NOTICING: (1, 2, 5) *					
• Focused Observation:	E	A	D	B	Introduce self
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Notice needle and battery in crib. Did not notice scissors
• Information Seeking:	E	A	D	B	Pain assessment but only asks about pain does not get rating
					Obtain vitals
					Remove gown to visualize chest. Perform respiratory assessment. No retractions noted, skin color good, listen to lung sounds. Identify lung sounds as crackles.
					Identify medication errors in chart (all four medication errors). Calls healthcare provider and pharmacy to verify safe dosage and get new orders.
					Notice increase cough
					Obtain vitals. Notice low oxygen level
					Remove gown to visualize chest. Begin respiratory assessment.
					Notice retractions. Identify lung sounds as wheezes instead of stridor.
INTERPRETING: (2, 4) *					
					Calculate correct medication dosages for ibuprofen and amoxicillin with new orders.

• Prioritizing Data: E A D B • Making Sense of Data: E A D B	Calculate correct IVF maintenance rate Correlate increased work of breathing and retractions. Nurse does not stay at bedside while patient is in distress Calculate correct medication math for dexamethasone
RESPONDING: (1, 2, 3, 5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Remove 2/3 unsafe items from crib. Educate on more appropriate toys. Call pharmacy for safe dosages for amoxicillin, acetaminophen, and cetirizine. Leave crib side rail down when leave room Education provided to father on plan of care Call healthcare provider for incorrect medication orders for amoxicillin. Read back order for verification. Catch acetaminophen order, gets new order from provider and reads back order for verification. Call pharmacy for safe dose range for ibuprofen Call healthcare provider for incorrect ibuprofen order. Gets new order for ibuprofen from provider, readback for verification. While on phone with provider identify incorrect IVF rate and calculate correct dose. Get new order for fluids but does not read back order. Medication administration: cetirizine, amoxicillin, and ibuprofen. Check name/DOB, scan patient, scan medication, educate what each medication is for, right med, right dose, right route. Change IVF to correct rate Does close upper part of crib but not lower part of crib Education to father on symptom relief for barky cough, when to call healthcare provider. Elevate head of bed Apply oxygen via nasal cannula at 2L

	Call respiratory therapy for breathing treatment Call healthcare provider to update on patient status. Receives new order for dexamethasone. Does medication math while on phone with provider. Read back order for verification. Medication administration: dexamethasone and acetaminophen. Check name/DOB, scan patient, scan medications, educate on what medications are for. Right medication, right dose, right route.
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. Discussion of identification of medication errors found in chart. Students stated orders were not written to be weight based and discussion had informing them the orders were written how they would be in the hospital setting (will not be written as XX mg/kg per dose in the order). All students involved in discussion of resources to find safe dose ranges in hospital setting. Provided great education to father on plan of care and symptoms 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: - Select physical assessment priorities based on individual patient needs. (1, 2)* - Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the	You are Satisfactory for this scenario! RH Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes 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: 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. 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

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)*	patient progress closely and is able to adjust treatment as indicated by patient response. Shows mastery of necessary 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 Roles: A=Assessment Nurse; M=Medication Nurse; C=Charge (Course Specific)

STUDENT NAME(S) AND ROLE(S): Knupke (M), Pulizzi (C), Swinehart (A)

GROUP #: 10

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/6/2024 1200-1330

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *					Introduce self, identify patient
• Focused Observation:	E	A	D	B	Pain assessment with 1-10 rating
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Obtain vitals
• Information Seeking:	E	A	D	B	GI assessment. Ask about vomiting pattern, ask about bowel pattern, lift gown to examine abdomen and notice bruise
					Ask about bruise on abdomen, mom states he fell off bike
					Ask about pain anywhere else and is prompted that his right arm hurts. Notice upper arm bruise
					Offer mom to leave for break to allow one on one time with Jack to

					inquire further about bruising Reassess abdominal pain and vitals after acetaminophen Ask mom about any bruises she may have Obtain vitals Patient vomits Pain assessment with 1-10 scale Reassess vitals after bolus
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B					Temperature 102.5- interpret as elevated Temperature rechecked 100.5- interpret as improvement Mucous membranes pink and slightly tacky- interpret as possible dehydration Skin turgor- elastic- interpret as adequate hydration Mucous membranes pink and tacky- interpret as sign of dehydration Blood pressure 83/54- interpret as low and sign of dehydration Temperature 102.1- interpret as elevated Temperature 100.9- interpret as improved
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					Offer Pedialyte Call lab for results of stool culture. Patient is rotavirus positive. Call infection control to report rotavirus and to inquire about isolation precautions. Implement contact precautions. Call healthcare provider to update on rotavirus results. Request to have acetaminophen to be changed to oral route rather than rectally. Does not read back orders for verification. Updates healthcare provider about bruising and request right arm xray to evaluate for fracture. Also request consult to case management Educate mom on rotavirus Medication administration: acetaminophen and cetirizine. Verify name/DOB. Scan patient, scan medications. Correct medication math for acetaminophen Flush IV to assess patency Inform mom of case work consult and offer resources for safe environment at home. Educate mom on BRATTY diet to follow when at home Call case management for suspicion of abuse After patient vomit, make patient NPO Call healthcare provider for update on patient status. Receive new

	orders for IVF bolus, maintenance fluids, and Zofran. Does not read back orders for verification Medication administration: IVF bolus and Zofran. Does not verify name/DOB, does not scan patient, does not scan medication. Correct medication math for Zofran. Program IV pump correctly. Reprogram pump for maintenance fluids correctly. Does not verify patient name/DOB, does not scan patient, does not scan medication.
REFLECTING: (6) * - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	Team discussed scenario. Discussed importance of checking recommended doses of medications to ensure safe dose is ordered. Discussed contact precautions and education provided on how to prevent spreading illness at home. Educated on BRATTY diet. Recognized need to contact someone to investigate bruising and signs of abuse. Identified mother was also at risk for abuse and could have been more inquisitive with her as well. Recognition of IVF needed due to dehydration signs and symptoms identified in assessment.
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)* - Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* - Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*	Nice work! 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: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately

9. Utilize the concepts of growth and development to identify concerns in assessment findings associated with potential child abuse and make appropriate referrals as necessary. (1, 3, 5)* 10. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* *Course Objectives	evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.
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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: _____