

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024**

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

Student:

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

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
10/25/24	1	Incomplete CDG post	11/1/24

Faculty’s Name	Initials
Kelly Ammanniti	KA
Monica Dunbar	MD
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
9/20/24	Risk for Acute Substance Withdrawal Syndrome	RH

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA S	NA S	S	NA	S	S	NA S	S	S	NA	NA	NA	NA	NA	NA	
b. Provide care using developmentally appropriate communication.		NA	NA	NA S	S	NA	S	S	NA S	S	S	NA	NA	NA	NA	NA	NA	
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA S	NA S	S	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	NA	S	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	S	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	
Clinical Location Age of patient		NA	LC, ages 1, 2, 2-3 days	Hearing/Vision <small>Child 4th</small>	OB/Fisher Titus, 1 Day	NA	Boys/Girls Club	MIDTERM	St Mary's	Firelands OB; 1 day old	FTMCE R	NA	NA	NA	NA	NA	NA	
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH					

Comments:

Week 3 e: Stage of growth and development for this clinical experience would be trust vs mistrust. Reason is that the baby is affected greatly by bonding and breastfeeding and if those go wrong, baby could be put into mistrust. If they go how they should, baby will be in trust. **Great job! RH**

Week 3: I changed 1a and 1c to "S" because you addressed this is your CDG this week. You were able to describe that since baby was born early, they were struggling with breastfeeding and what the lactation consultant was doing to assist that mom and baby (using a pump, using a nipple shield). RH.

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

Week 4 1e: The stage of growth and development for this age group would be identity vs. role confusion. That is because this group of individuals is seeking their sense of self and what they need to do to accomplish that. **Good job identifying the correct stage. RH**

Week 4 – 1a, b, & c – You did a great job utilizing the techniques your learning through your training to complete hearing and vision screenings on the high school students this week. You asked appropriate questions and communicated with the students utilizing your knowledge in growth and development. **KA**

Week 5 1e: Stage of growth and development for babe would be trust vs mistrust. He was just born and the care he is receiving is crucial to trust vs mistrust. **RH**

Week 5: 1a, c, d: You did a great job providing holistic care to the baby at clinical. You were able to perform an assessment on baby using developmentally appropriate interventions. You were able to identify any abnormal assessment findings and chart them correctly. You were able to correctly identify patient using proper identification process. **RH**

Week 7 1e: The stage of growth and development for this group of kids would be industry vs inferiority. These kids are at an age where they are comparing themselves to their peers and explore their personal abilities. **RH**

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

Week 8 1e: Stage of growth and development for the elementary school kids would be industry vs inferiority because they are exploring themselves and comparing to peers. **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 2e: Stage of growth and development for the newborn patient I had in the nursery would be trust vs mistrust. They are beginning to learn trust with bonding. **RH**

Week 9 – 1a – You did a wonderful job providing holistic care to the baby you were assigned to this week. You were thorough with your care and ensured all of the patient’s needs were met. **KA**

Week 9 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. **KA**

Week 9 – 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 10 1e: I took care of multiple patients during this experience so I will go with the 12 year old (pediatric) and that stage of growth and development would be industry vs inferiority. **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
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Competencies:		NA	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		NA	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	
g. Discuss prenatal influences on the pregnancy. Maternal		NA	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	
h. Identify the stage and progression of a woman in labor. Maternal		NA	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	
i. Discuss family bonding and phases of the puerperium. Maternal		NA	NA	NA	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	
j. Identify various resources available for children and the childbearing family.		NA	S	NA	S	NA	S	S	NA	S	NA	NA	NA	NA	NA	NA	NA	
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		NA	S	S	S	NA	S	S	NA	S	S	NA	NA	NA	NA	NA	NA	
l. Respect the centrality of the patient/family as core members of the health team.		NA	S	NA	S	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH					

Comments:

Week 3: Good job providing mom with a pump and nipple shield to assist with latching and milk production. Both of these resources are specific to what mom needed due to what was assessed during the lactation consultant visit. RH

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

Week 5: 1g- we had good discussion about prenatal care and how the mother's prenatal care impacted the infant and how the infant will have to be monitored more closely now due to those prenatal choices. RH

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

Week 9 – 1i – You were able to identify the stage of bonding your patient was in appropriately and discuss why you chose that stage. KA

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

Comments:

Week 3 2g: Social determinant of health and something I was able to witness firsthand is parental education level. Baby may not receive the necessary care if mom/dad do not have the knowledge on what that is. **Good observation. RH**

Week 3: I changed 2b to “S” due to you using proper standard precautions when caring for mom and baby (hand sanitizer, gloves). I also changed 2f to “S” because you were able to gather information from mother and babe to see what education needed to be provided and it influenced your plan of care. **RH**

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

Week 4 2g: A social determinant of health for this age group may be transportation. This age group, some of them are not able to drive or be their own transportation, so this may result being a determinant of health if dependent on someone else for this. **Most were also minors and would need a parental consent, even if they were to drive themselves to healthcare appointments. RH**

Week 4 – 2c – You were organized throughout the screening and assisted others quickly and efficiently when needed. You helped answer each other’s questions and worked as a cohesive unit. Nice job! KA

Week 5 2g: Drug abuse is the social determinant of health. Drug abuse from mom may result in babe not getting the proper care. **Multiple drug use as well. RH**

Week 5: 2c- you were able to assist your peers with their tasks as well as ask for assistance when assessing your newborn. RH

Week 7 2g: Poverty is the social determinant of health that could affect this group which could potentially lead to poor food intake. **RH**

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

Week 8 2g: Social determinant of health could be having parents that are unemployed. They could potentially not be able to afford medical for their children. **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: Social determinant of health for a newborn could be family religion. Newborn may come from a family that has religious beliefs that prevent certain medical treatment. **RH**

Week 9 – 2b – You did a great job DC’ing the patient’s IV site with good technique and utilizing appropriate precautions. KA

Week 9 – 2b – You were able to observe a circumcision and the nursing interventions provided during and after the procedure to the newborn. You also observed a hearing screening for the newborn and the pre and post procedure interventions by the nurse. KA

Week 9 – 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 9 – 2f – You worked with the family to gather information on the baby to appropriately document any feedings and output the newborn had while you were caring for them. KA

Week 10 2g: A social determinant of health would be lack of income for this group of patients. A lot of people that are seen in the ER don’t have the means to take care of their health the way it should be taken care of. **This can also tie in to access to health insurance or lack of funds to pay for medical bills. RH**

Week 10: 2e- you rated yourself as “S” for medication administration or observing safe medication administration. Did you not do medication math to obtain these medication orders? Please note that it says child AND adult doses of medications. If you did, please change 2e to “S”, but if not it can remain “N/A” RH

I did not calculate anything, I observed. 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.		NA	S	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		NA	S	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		NA	S	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		NA	S	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH				

Comments:

Week 3 3d: An example of an ethical issue for a newborn baby could be the newborn screenings. Parents can be worried for potential consequences of these screenings when in fact it is best for the baby to receive all of them. **This is such an important educational topic for prenatal appointments as well as after baby is born. Sometimes the parents are not sure of what everything is because it is so much information, but repetition is key. Making sure they understand the importance of these screenings and why they must be done. RH**

Week 4 3d: A potential legal issue for this group of individuals would be truancy. This group has a tendency to miss class more than other age groups and if enough is missed, it can turn into a legal issue. **Good thought process! I never think about truancy, but it can become a problem if it happens too frequently. RH**

Week 5 3d: An ethical issue for babe that had drugs in his system could be how the baby is treated. Should the baby receive morphine? Should babe let the symptoms work themselves out? There are people who think a drug like morphine shouldn't be given to a baby but sometimes it may be best if dosed correctly. **This can be a touchy subject because we want to help the baby with their symptoms of withdrawal, but it can be dangerous because morphine is a strong medication. RH**

Week 7 3d: I would say an ethical issue for this age group could be bullying. Bullying is unethical and violates others' basic right of not be treated fairly. **RH**

Week 8 3d: Legal issues for children could be with online use. A lot of these kids have phones already and there is a potential for legal issues if the internet isn't used properly. **RH**

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

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

Week 9 3d: A potential legal issue in the nursery could be dropping the baby causing injury, this may turn into a lawsuit or legal consequence. RH

Week 10 3d: A potential legal issue in the ER would be getting sued for misdiagnosis or malpractice. Everything comes through the doors, and the doctors are only human, so there is always that little chance. This is a risk regardless of where one is to work, but if the healthcare provider and healthcare workers are diligent in their charting, it usually does not go far in court. 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)		NA	NA	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	NA	NA	NA	
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		NA	NA	NA S	S	NA	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	
c. Summarize witnessed examples of patient/family advocacy.		NA	NA	NA	S	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	
d. Provide patient centered and developmentally appropriate teaching.		NA	S	S	S	NA	NA S	S	S	S	S	NA	NA	NA	NA	NA	NA	
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH				

Week 3: You did a great job describing the type of patient centered care provided to the mother and baby during your lactation visit. Listening to the mother and trying to fix what the issue was with the baby latch but also with her milk production. RH

Week 4 – 4b – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You then helped alphabetize and document the information further on the required ODH documentation forms. This was a terrific help to the school nurse. KA

Week 4 – 4d – You did a nice job educating the high schoolers as needed on the screening process and ensuring they were able to perform it correctly so the results would be valid. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. KA

Week 5: 4b, c- you performed your newborn assessment and charted it correctly. You also were able to advocate for the patient and we had some discussion on some education that could be provided to mom for an informed decision for some care she was refusing. It is important that nurses provide factual information without bias to the patients so they can make an informed decision based on their situation. RH

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

Week 7- 4d- You were able to provide developmentally appropriate education to the children at the Boys and Girls Club. Nice job! BS

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

Week 9 -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 9 – 4e – You witnessed discharge teaching for the postsurgical patient and assisted with taking the patient to the discharge exit via elevator. You ensured the patient was in the car and safe with their support person before leaving them. KA

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	Don't be afraid to add more than the minimum requirements per the rubric. Still met satisfactory requirements but there was more assessment findings and risk factors that could have been added.
	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	Great list of nursing priorities, very detailed.
	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	
	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	
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> 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.

<p>Total Possible Points= 45 points 45-35 points = Satisfactory 34-23 points = Needs Improvement* < 23 points = Unsatisfactory*</p> <p>*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.</p> <p>***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. ***</p> <p>Faculty/Teaching Assistant Comments:</p>	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)		NA	NA	NA	S	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	NA S	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	NA	S	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	S	NA	S	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	S	NA	S	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH					

Comments:

Week 3: you mentioned previously that there was some educational differences from mother. Noticing this and using it to assist with how we educate and what resources we provide them with is important so we are sure they are understanding what is going on. RH

Week 5: 4g- I changed this to "S" because we had some good discussion with the nursery nurse about options for morphine for the baby in regards to their symptoms. Though this was not ordered, we did discuss in which situations the baby would receive morphine and what the requirements for administration are. RH

Week 9 – 4f, g, h, i – You did a nice job assessing your patient and researching their medical history. You actively discussed on clinical how the newborn's/mother's diagnostic tests, medications, medical treatments, and diet related to their current health status and potential complications that may require further intervention. KA

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

Comments:

Week 3: lactation comment- Attentive, asked good questions. Marked excellent in all areas. Hannah Alexander RN, CLC

Week 5: 5a- you did a great job showing interest and enthusiasm in clinical this week. I know a patient did not want a male nursing student, but you were okay with that and learned a lot from the remaining patients on the unit. RH

Week 5: 5f- I changed this to "S" because we did do a report with the nurse at shift change and we talked about your patient with your peers and you gave an SBAR to them when explaining the situation to them. RH

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

Week 7- 5a- You were active and engaged while providing education to the K-6 grade children at the Boys and Girls Club. BS

Week 7: 5d, e, f- I changed this to “NA” because there was no documentation or electronic health record for you to access for this clinical. I also changed 5f to “NA” because you did not use SBAR while communicating with the staff at the Boys and Girls Club. RH

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

Week 9 – 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 a vaginal delivery while on clinical this week! You took the time to actively engage with the nurses and asked multiple questions related to the maternal newborn population. KA

Week 9 – 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 9 – 5f – You provided hand off report to the appropriate nurse when leaving clinical at the end of shift. KA

Week 10: 5f- did you not use SBAR to communicate patient report to any healthcare provider while on clinical this week? If so, please change this to “S”, but if not it can remain “N/A” RH

Week 10: 5g- This was changed to “U” because your CDG post did not contain 250 words. Using the CDG grading rubric, this puts you at a “U” and you must go back to this CDG to correct it. Please use the CDG grading rubric as your guide. Since this was rated a “U”, you also have received one hour of missed time. It needs to be made up and upon completion of correcting your CDG, it will be made up. Please correct your CDG by this Friday (11/1/2024) at 0800 for resubmission. Upon completion and regrading, your evaluation can be updated to an “S”. Please also respond to this “U” with a plan of how to prevent getting another “U” in the future. Failure to address this “U” will result in continuation of a “U” evaluation until it is addressed. RH

Week 10 5g: I corrected the CDG to fit the word requirement and submitted it under the original CDG post. Addressing this U, I will be sure to make sure my CDG posts in the future will meet all of the rubric requirements. I changed your week 11 evaluation to an “S” to reflect this change. Thank you. RH

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

Comments:

Week 2: 6e- this was marked as "U" due to your tool being turned in late. Please address this "U" and how you will prevent getting another "U" in the future. If this is not addressed, it will remain a "U" until it is addressed. RH

Week 2 6e: This U was due to a late submission. I will prevent another U in the future by not turning in my clinical tool past the deadline. I apologize for the late submission and will make sure it doesn't happen again. RH

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

Week 3 6a: An area of improvement would be to try and talk to the patients more. I had questions that I wanted to ask but I saved them all for the lactation consultant because I didn't know how they would respond/feel for me to ask them questions. The lactation consultant answered them for me; however, I will try to be more outspoken in the future and talk directly to the patient. **This can be a difficult thing to do because the patient is vulnerable at this time and it can be uncomfortable for us to ask questions in front of them. I like to remind students that sometimes a patient will have a question and be too afraid to ask, so when we ask questions, it can make them feel more comfortable, or it could be a question that they have as well.** RH

Week 4 6a: An area for improvement this clinical experience would be to stay more organized. I lost the eye cover at least 5 times throughout the clinical. I will keep my necessities within arm's reach next clinical so I have what I need. **Good goal.** RH

Week 4 – 6e – Trenton, you attended clinical in professional attire, however you were expected to wear khakis versus the grey dress pants you showed up in. Please pay more attention to detail in the future and ask questions if you need clarification. You will be expected to wear khakis with your jacket and white t-shirt in the future at the designated community site on your clinical schedule. KA

Week 5 6a: An area of improvement for this clinical would be more preparation. I didn't get much sleep or go to bed a decent time so I was a little groggy but I will be sure to get to sleep at an earlier time with such a long day in the future. **This is a great goal!** RH

Week 7 6a: An area of improvement could be communication. I think I did okay communicating, but I also feel like I could have communicated better with the younger kids. This will be very important for me to grow in because I will treat pediatric patients in the ER. **Talking and communicating with children is a whole different type of communicating due to the level of understanding that changes at each age. Practice does make it better.** RH

Week 7- 6d,e- You were prepared for your activities at the Boys and Girls Club and acted professionally at all times. BS

Week 8 6d: An area of improvement could be memorization. It took me a couple tries to get everything I wanted to say so next time I will make sure to memorize my part of the board before presentation. **This is a good goal to have for any type of presentation, not just school assignments. Think of preparing for an interview or presenting an idea to your director once you become a nurse.** RH

Week 9 6d: An area I would like to improve on would be my confidence in holding a baby correctly. **You can always practice with a baby doll or one of the simulation babies!** RH

Week 10 6d: An area of improvement I would like to improve on for this clinical experience would be patient education. There's so much to learn and know to treat patients in the ER, so I know that will come with time. **One way to improve your patient education is to read through any handouts that may be provided to patients in the ED. Some handouts offer great teaching on specific illnesses or conditions.** RH

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

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

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

* Course Objectives

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

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/19	Date: 9/23	Date: 10/3	Date: 10/7	Date: 10/17 & 10/18	Date: 10/31	Date: 11/4	Date: 11/5 & 11/6	Date: 11/15	Date: 11/19	Date: 11/22	Date: 11/22	Date: 10/11
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): **McIntyre A, Troike M, Wilson C**

GROUP #: **11**

SCENARIO: **Pregnancy and PPH**

OBSERVATION DATE/TIME(S): **9/19/2024 1330-1500**

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Orientation established. VS. Heart and lung sounds. Notices accelerations on monitor. Patient CO feeling dizzy and lightheaded. Bleeding noticed. Notices lower BP.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>FSBS 200- interpreted as above normal. UA results interpreted. Prioritized the need to massage fundus. Prioritized obtaining BP following medication administration.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • 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 						<p>Questions patient about pregnancy, frequency of contractions. Patient assisted to left side. Urine sample collected and sent to lab. Call to HCP to give report. Orders received for acetaminophen (remember to read back order). Patient is questioned about medical and pregnancy history. UA results received. FSBS obtained. Questions patient about drug use and prenatal care. Acetaminophen prepared, patient identified, allergies verified, medication administered. Call to HCP, orders received for IV fluids, Procardia, education, and US to verify due dates (remember to read back orders). Education provided regarding marijuana use during pregnancy, prenatal care. IV fluid and Procardia prepared. Call to HCP to question Procardia with a SBP of 115. Fluids initiated and Procardia administered. BP reassessed.</p> <p>Boggy uterus assessed and fundus massaged. Call to HCP to report PPH. Order received for methylergonovine (not read back). Methylergonovine prepared and administered.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 						<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the</p>

	importance of providing education to patients.
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 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)* <p>*Course Objectives</p>	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p>

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): McIntyre (M), Troike (C), Wilson (A)

GROUP #: 11

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/24 1330-1500

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2,5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Introduce self</p> <p>Pain assessment: location, rating, description</p> <p>Assess breasts, assess abdomen, verify allergies, verify patient name/DOB, assess legs and edema,</p> <p>Obtain vitals</p> <p>Obtain cervical exam</p> <p>Assess IV site</p> <p>Reassess vitals and pain after nubain administration</p> <p>Asks about contraction frequency</p> <p>Perform second cervical check after change in fetal strip</p> <p>Suction baby mouth and nose</p> <p>APGAR 1 minute: heartrate (140), respirations (46), tone, color, cry. Total: 10</p> <p>Obtain vitals after delivery, assess lochia, does not assess fundus</p>
<p>INTERPRETING: (2,4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Identify fetal monitor as moderate variability with accelerations and associates with fetal wellbeing</p> <p>Identify vitals as WDL</p> <p>Identify change in fetal monitor after nubain administration. Ensures to visualize more than one deceleration prior to assessing second cervical exam</p>

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
				Obtain fingerstick blood sugar
				Offer education on pain management and impact of meds on baby
				Call healthcare provider. SBAR organized but missing some information. Inquire about nubain order and ensure is okay to administer.
				Education on pain medication to patient
				Medication administration: verify allergies, assess pain prior to administration, use of correct needle size, use of correct technique, use of needle safety. Does not verify patient name/DOB
				Call healthcare provider with update on cervical exam and fetal monitor changes. SBAR more organized
				Medication administration: penicillin. Education provided on reason for antibiotic. Verify allergies, hang secondary bag above primary bag, program pump correctly, scrub hub prior to hooking up secondary tubing, connect secondary tubing at appropriate hub, program pump correctly. Does not verify patient name/DOB or scan medications.
				Baby is coming: call healthcare provider with update on baby delivery is imminent
				Baby is coming: McRoberts , suprapubic pressure, rotational maneuvers, episiotomy, roll to hands and knees, call for help, remove posterior arm
				Immediately dry baby off after delivery and take to warmer
				Education provided to mom about vitamin K and erythromycin ointment and gather consent.
				After newborn assessment: swaddle baby and place hat on baby. Offer skin to skin with mom
				Medication administration: vitamin K- administer in correct location, use of correct needle size, use of correct technique, proper dose administered, use of needle safety. Does not check name/DOB or scan medications. Erythromycin: apply with correct technique.
				Call healthcare provider after delivery. Update provider on baby and

	mom.
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>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 verification for medication administration for patient (name/DOB). Team discussed all interventions done and education provided to mom during simulation. Team reflected well on their performance.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)* 5. Identify ways in which heat loss occurs in infants. 	<p>You are Satisfactory in this simulation! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>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.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.</p> <p>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.</p>

<p>(1, 2, 4, 5)*</p> <p>6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)*</p>	
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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Trenton McIntyre

OBSERVATION DATE/TIME: 10/11/24

<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>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.</p> <p>Great job.</p> <p>I enjoyed seeing your pregnancy photo!</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p>Simulation Objectives:</p> <ol style="list-style-type: none"> 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)* 	<p>Comments</p> <p>You are satisfactory for this simulation.</p>

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.

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Trenton McIntyre

OBSERVATION DATE/TIME: 10/17-18/2024 SCENARIO: Escape Room

CLINICAL JUDGMENT	OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>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.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>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.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/Flexibility: E A D B 	<p>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.</p>

<ul style="list-style-type: none"> • Being Skillful: E A D B 	<p>Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 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)* <p>*Course Objectives</p>	<p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key</p>

decision points are identified, and alternatives are considered
 Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): McIntyre (), Troike (A), Wilson (M)

GROUP #: 11

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/31/24 1330-1500

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *					
• Focused Observation:	E	A	D	B	Pain assessment using faces scale
• Recognizing Deviations from					
Expected Patterns:	E	A	D	B	Respiratory assessment. Lifts gown to visualize chest. Listens to lung sounds. Identify lung sounds as stridor rather than rhonchi
• Information Seeking:	E	A	D	B	Asks about appetite
					Obtain vitals. Notice elevated temperature
					Notice battery
					Reassess temperature, pain, and respiratory assessment after ibuprofen administration
					Notices scissors and needle in crib.
					Medication errors in chart not identified or investigated. Incorrect dose administered.
					Notice increase work of breathing and increase in coughing
					Obtain vitals. Notice decreased oxygen.
					Pain assessment using faces scale

					<p>Respiratory assessment. Removes gown to visualize chest. Listens to lung sounds. Identifies lung sounds as wheezes but set for stridor</p> <p>Medication errors in chart not identified or investigated. Incorrect dose administered.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 					<p>Calculate correct medication math for original order in chart for ibuprofen but does not catch incorrect orders in chart. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient</p> <p>Calculate correct medication math for original order in chart for amoxicillin but does not catch incorrect orders in chart. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient</p> <p>Correlate increased work of breathing and retractions</p> <p>Nurse does not stay at bedside when patient has stridor/respiratory distress</p> <p>Correlate retractions with increase work of breathing.</p> <p>Calculate correct medication math for original order in chart for ibuprofen and amoxicillin but does not catch error in orders. Does not identify that IVF are running too fast. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient. during debriefing all students calculate correct IVF maintenance rate for this patient.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • 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 					<p>Remove 1/3 unsafe items from crib</p> <p>Leaves crib side rail down when leaves room</p> <p>Medication administration: ibuprofen and cetirizine. Verify name/DOB, scan patient, scan medications. Right med, right dose, right route</p> <p>Call respiratory therapy for breathing treatment</p> <p>Education provided to father about smoking around child due to</p>

	<p>smoke being a trigger for asthma and coughing/croup.</p> <p>Remove scissors and needle from crib.</p> <p>Medication administration: amoxicillin. Verify name/DOB, scan patient, scan medications. Right med, right dose, right route.</p> <p>Call respiratory therapy for breathing treatment, encourage RT to be urgent</p> <p>Apply oxygen via nasal cannula due to low oxygen level. Start at 0.5L</p> <p>Medication administration: ibuprofen and amoxicillin. Verify name/DOB. Scan patient, scan medication. Educate on what medications are for. Identify that ibuprofen now given for pain not for fever. Right dose, right med, right route.</p> <p>Healthcare provider calls students for update on patient. Give new order for dexamethasone while on phone. Does medication math while on phone with provider. Readback order for verification.</p> <p>Medication administration: dexamethasone. Check name/DOB, verify allergies, educate what medication is for, scan patient and medications, right med, right route, right dose.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>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 education to father and child on smoking around child and how to prevent exposure to triggers for child.</p>

<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 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)* 	<p>You are Satisfactory for this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information.</p> <p>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.</p> <p>Responding: 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.</p> <p>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.</p>
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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): **McIntyre (A), Troike (M), Wilson (C)**

GROUP #: **11**

SCENARIO: **Pediatric GI**

OBSERVATION DATE/TIME(S): **11/6/2024 1330-1500**

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Introduce self, identify patient Pain assessment using faces scale GI assessment. Ask about bowel pattern, ask about emesis pattern, lift gown to visualize abdomen, notice bruise and ask about it (mom answers it was a bike accident), listen to bowel sounds After visualize bruise on abdomen does full skin assessment to look for other bruising. Notices right upper arm bruise. Obtain vitals Mom steps out of room. Nurse asks Jack about home life and bruises Nurse starts to ask mom about abuse at home, asks about sunglasses, asks about “friend” in the home, asks if they feel safe, mom denies abuse to self but does admit to issue with stairs and “friend” rather than the bike accident Pain reassessment with faces scale after acetaminophen</p> <p>Obtain vitals, does not obtain blood pressure GI assessment. Bowel sounds, palpate abdomen, ask about frequency of bowel movements Pain assessment using faces scale Reassess vitals after IVF bolus Reassess pain after acetaminophen administration</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Mucous membranes pink and slightly tacky, interpret as potential dehydration Skin turgor elastic, interpret as adequate hydration Temperature 102.5- interpret as elevated Temperature 100.5- interpret as improvement</p> <p>Mucous membranes pink and tacky- interpret as dehydration Skin turgor tenting- interpret as dehydration</p>

					<p>Temperature 102.1- interpret as elevated Temperature reassess 100.5- interpret as improvement</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • 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 					<p>Call healthcare provider with update on patient status and to question acetaminophen suppository. Receives new order for acetaminophen. Read back order for verification. Receive order to encourage PO fluids and then transition to BRATTY diet Call lab for stool culture results. Patient is positive for rotavirus. Initiate contact precautions Call case management in regards to bruising on body that is not consistent with the story provided. Education provided to mother about rotavirus results Medication administration: acetaminophen and cetirizine. Verify name/DOB, scan patient, scan medications. Incorrect medication math for acetaminophen. Call case management with update on information found from Jack and mother about abuse</p> <p>Offer emesis basin Call healthcare provider and update on patient status. Requesting IV fluids and NPO status due to emesis. Receive orders for IVF bolus, maintenance fluids, and Zofran. Read back orders for verification. Medication administration: IVF bolus and Zofran. Verify name/DOB. Scan patient, scan medications. Correct medication math for Zofran. Flush IV to ensure patency. Program pump correctly. Educate mother on BRATTY diet, avoid sugary drinks Medication administration: acetaminophen and IV fluid maintenance. Scan patient, scan medication. Incorrect medication math for acetaminophen. Program pump correctly for maintenance fluids.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 					<p>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. Group members all discussed medication math related to acetaminophen and calculate correct dose as a group.</p>

SUMMARY COMMENTS: * = Course Objectives

Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.

E= Exemplary

A= Accomplished

D= Developing

B= Beginning

Scenario Objectives:

6. Select physical assessment priorities based on individual patient needs. (1, 2)*
7. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)*
8. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*
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

Nice work! You are satisfactory for this scenario. RH

Lasater Clinical Judgement Rubric Comments:

Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.

Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.

Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.

Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date: _____Trenton McIntyre, 11/13/24_____