

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Hannah Castro

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)

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
9/13/2024	Risk for infection (Impaired skin integrity)	BS

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		N/A	N/A	S	S	N/A	S	S	S	S	N/A	S	N/A	N/A				
b. Provide care using developmentally appropriate communication.		N/A	N/A	S	S	N/A	S	S	S	S	N/A	S	N/A	N/A				
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		N/A	N/A	S NI	S	N/A	S	S	S	S	N/A	S	N/A	N/A				
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	S	S	N/A	S	S	S	N/A	N/A	S	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	N/A	S	S	S	S	N/A	S	N/A	N/A				
Clinical Location Age of patient		No Clinical	Empathy	FRMC OB Department	Boys and Girls club	No Clinical	FRMC ED. 79		Fisher-Titus OB	Lactation Consult.	No Clinical	Clyde Vision and	No Clinical	No Clinical				
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS					

Comments:

Week 4- 1e: I chose the first stage because this would be trust vs. mistrust and it defines the ages 0-2 years old. The OB department is where the baby first comes into the world and starts to trust their parent(s). Please include patient age above. BS

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

Week 4- 1a-b: you were a little quiet with your patient, which is okay, but be sure to engage in conversation with them while caring for them so you can build a good caregiver/patient relationship as they will look to you for guidance when they have questions or concerns. 1c: you were able to do the BUBBLE assessment with a lot of guidance, I would recommend practicing this prior to your next clinical so you can gain some confidence in your abilities. You did so well explaining what we were going to do prior to going in the room, but once in the room you became very nervous. You know your stuff, you just have to build some confidence in yourself. BS/RH

Week 5: I will improve upon my postpartum assessment skills by going over the BUBBLE assessment before the next OB clinical. BS

Week 5 – 1e: I chose the third stage: school age because it would be industry vs. inferiority and it defines the ages 5-9, which were the ages we worked with. At the boys and girls club, the children are developing their self-confidence and deal with authority (teachers) on a daily basis. BS

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

Week 7: 1e: I chose the eighth stage: Integrity vs. reflection because my patient was 79 years old. This is time that my patient will be looking back on their life and assessing what they have achieved or may have feelings of loss or regret. This can help this age group face death without fear. Good job! BS

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

Week 8: I chose the sixth stage: Intimacy vs. isolation because my patient was 26 years old. This would be the time where people develop loving, lasting relationships or might develop isolation and feelings of loneliness. This stage represents young adulthood from 19 to 40 years of age. Good job, Hannah. BS

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

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

Week 9 -1e: I chose the sixth stage: Intimacy vs. isolation because my patient was 37 years old. This is the time that people are developing loving, lasting relationships and this is what my patient is doing. She 's creating a bond between her family by having a child. By having that child she is also creating a new relationship. Yes, good explanation. BS

Week 9- 1a- You did a nice job describing a visit that you and the Lactation Nurse Consultant had with a patient and discussing her experience with breastfeeding in the past. 1c- You were also able to see the baby latch onto the breast and hear him swallow. BS

Week 11 - 1e: I chose the third stage: school age because the children I worked with were 5-7 years old. This is the stage of industry vs. inferiority where children will start to learn new skills and build their confidence. This is also the time that they will look to authority, their teachers, for support in their decisions. BS

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

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

Comments:

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

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

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

Objective																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children encompassing cultural sensitivity and diversity. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Engage in discussions of evidenced-based nursing practice.		N/A	N/A	S	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A				
b. Perform nursing measures safely using Standard precautions.		N/A	N/A	S	N/A	N/A	S	S	S	S	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	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A				
d. Practice/observe safe medication administration.		N/A	N/A	S	N/A	N/A	S	S	S	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	S	N/A	N/A	S	S	S	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	N/A	N/A	S	S	S	S	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	N/A	S	S	S	S	N/A	S	N/A	N/A				
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS					

Comments:

Week 4-2g: One of my patient's was a 20-year-old woman living with her 1-year-old, boyfriend, and mom, and then she had just given birth to a little girl. She is a young mother with 2 children, she will also need to take some time off of work to care for her newborn, so there will be one less income in the house. **Yes, a lower income when their needs are going to be high is not ideal and could affect their access to healthcare and other things. BS**

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

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

Week 5 2g: One thing I heard was how the club was struggling to staff people, and it was about half the amount of kids that they usually have. So, I was thinking that if they aren't able to keep the club open, what will happen with many of these kids? What if some kids relied on the meal that they are given? And what if the parents are not able to afford childcare? I also overheard a child who was talking about how his mom worked long hours and he wasn't able to see her a lot. This influences children because they don't have as strong a bond with their parent, and can impact them in the future, as an adult. Yes, many of these kids, and their parents, count on them being fed before they go home. If the club were to close, it would definitely cause problems for some of these families. Good points. BS

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

Week 7 – 2g: My patient lived at home by herself, while her daughter lived in a different state. My patient also had a blood disease where her normal hemoglobin was sitting at 6 all the time, so she is a frequent flyer at Firelands due to her getting blood transfusions. Since she doesn't have anyone at home with her, it is difficult to go back and forth to the hospital. There might be a time where she can't make it because she's so exhausted. Her blood pressure was 51/30 in the ER, which made her not able to walk. Yes, this is a good example, Hannah. Unfortunately, transportation is a problem for many of the elderly. With such a low blood pressure, I'm sure she was feeling pretty awful, and yes, it would be dangerous to have her stand up to walk. BS

Week 8 – 2g: My patient was dealing with her third child who was experiencing hyperbilirubinemia. They put her baby under a light, but he may need to be shipped out to a different hospital if his bilirubin levels keep rising. There is a big risk because her other two children experienced that exact thing when they were born. This means another bill at the NICU and a transportation bill on top of their bill at Fisher-Titus. This may become a financial problem for them, considering they are both young parents in their 20s. Many people struggle with just paying their hospital bill at the place where they gave birth. Yes, finances are one of the big challenges in raising a family. Good example. BS

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

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

Week 9 – 2g: My mom that I had was a new mom again after 21 years. This might become a financial problem for her, since she hasn't had to pay for a kid for a while. She is basically starting over with responsibility and finances when she had her newborn. Oh my! I couldn't imagine starting over again after 21 years! BS

Week 11 – 2g: When I was doing the vision and hearing screening, I noticed that there was a good number of kids who failed the vision part. I was told that they would get referred to an eye doctor, but also was wondering about the parents. What happens if a child needs glasses or an eye exam and the parents can't afford it. Healthcare is

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

expensive and having to deal with a child who may have to go many times because of their eyesight or hearing can really add up for the parents. Especially if they don't have health insurance. Great point, Hannah. Fortunately, there are programs in place that will provide eye exams and even glasses for those in need. They just need a referral from the school. BS

Objective																		
3. Summarize the legal, moral and ethical issues related to care of children and the childbearing family. (2,6,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Act with integrity, consistency, and respect for differing views.		N/A	N/A	S	S	N/A	S	S	S	S	N/A	S	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	S	S	S	S	N/A	S	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	S	S	S	S	N/A	S	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	N/A	S	S	S	S	N/A	S	N/A	N/A				
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS				

Comments:

Week 4-3d: There was an issue when a mom was dilating pretty fast and they didn't know if there was time for an epidural, even though she was wanting it and in a lot of pain. They did end up doing it in the end and she delivered safely. **This must have been quite scary for the mother to be! BS**

Week 5-3d: One issue would be when I heard that they were having problems with staffing the club. I noticed how there were only 2 people with about 50 kids, and I think it can be an ethical issue when you have that many kids. There could be an accident or a student might go missing. There are a lot of things that could happen. These children were also very rowdy and hard to control at times. **Yes, the loss of some of their funding has definitely brought about changes at the club. And I agree, it IS rowdy some times. BS**

Week 7-3d: One issue that I observed would be when the patient who came in c/o anxiety and depression, needed to leave because she had an "important" meeting. She signed an AMA and left. I thought this would be an ethical issue because she was not treated and it makes you feel guilty about letting a patient go back into the world without help, even though it's their right to leave. She wasn't homicidal or suicidal so they couldn't keep her against her will. **Good example. Definitely an ethical issue, but unfortunately when patients leave against medical advice our hands are tied in most circumstances. BS**

Week 8-3d: One issue that could possibly happen would be if a mother were to not give consent for the vitamin K injection. We would know how risky it would be to not give it to the baby, and would educate mom, but she might still say no to it. Then we can't do anything about it, since it's not our child. **Yes, all we can do is provide the necessary information for them to make an informed choice, but ultimately it is up to them. BS**

*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! KA/MD/RH/BS

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

Week 9 - 3d: One ethical issue that might come up would be if a mom decided she wants to bottle feed her newborn, but the nurse might have different opinions and would rather she breastfeed. This becomes ethical because the nurse must educate, but also respect the mom's wishes. Good one. Some new moms do feel pressured to breastfeed. This can cause a lot of guilt, because for some, breastfeeding does not go well and must be stopped for one reason or another. Each mom has to decide what is best for her and her situation. BS

Week 11 -3d: Something ethical that could happen in school would be if a parent doesn't follow up with the eye doctor or ear doctor if their child were to fail the tests. As a school nurse, you would know that it's unethical to allow a child to struggle with school if they can't see or hear properly, but don't know what the parent is able to afford or what else might be going on at home. You would have to advocate for the student as much as you can. Yes, and the school nurses are well informed of the available resources and can assist parents and get them the required paperwork. BS

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

Week 4- 4a- You were satisfactory for your care map, nice job. In the future, please consult the care map guidelines and ask any questions you need to for clarification. 4b: you were able to chart your full head to toe assessment as well as postpartum vital signs this week with little assistance. BS/RH

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

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

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

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

Week 9- 4d- You did a nice job detailing the education you and the Lactation Nurse Consultant provided to the new mom you worked with. It sounds like it may help her breastfeeding experience more successful. BS

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

Student Name: H. Castro				Course Objective: Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children.			
Date or Clinical Week: Week 4							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Nice job listing observation and assessment findings based on your patient experience this week. Lab/diagnostic findings were also provided. Nice job reviewing and including pertinent risk factors related to your priority problem of risk for infection.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	1	Good job listing nursing priorities for your patient, however, of the priorities you have listed, impaired skin integrity would be higher priority compared to risk for infection. With impaired skin integrity and with risk for infection, your assessment findings of incision WNL, epidural site, IV intact, and vital signs should all be highlighted, as they are all relevant to both problems. We would also want to include the WBC value, if available.
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	1	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	A few points off here: assess vital signs should be your top priority in this case; if altered tissue perfusion is a priority there should be an intervention to assess it; same with anxiety and altered urinary
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	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	elimination. There is an intervention to monitor WBC- this should have been listed in your assessment findings and later re-evaluated in your evaluation (and if there was only one value available you would have just stated that in the evaluation).
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Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	0	In this section, you should re-evaluate each item highlighted in your assessment findings and labs/diagnostics. The two statements you have listed here are not evaluations, they are goals.
	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: Hannah, for future care maps please be sure to consult the care map guidelines available on the Edvance360. If you have any questions related to this care map, or any in general, please don't hesitate to ask. BS

Total Points: 36/45 Satisfactory!

Faculty/Teaching Assistant Initials: BS

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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	S	N/A	N/A	S	S	S	S	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	S	N/A	N/A	S	S	S	S	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	S	N/A	N/A	S	S	S	S	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	S	N/A	N/A	S	S	S	S	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	S	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A				
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS				

Comments:

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

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

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

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	S NA	S	S	N/A	S	S	S	S	N/A	S	N/A	N/A				
b. Evaluate own participation in clinical activities.		N/A	S NA	S	S	N/A	S	S	S	S	N/A	S	N/A	N/A				
c. Communicate professionally and collaboratively with members of the healthcare team.		N/A	N/A	S	S	N/A	S	S	S	S	N/A	S	N/A	N/A				
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		N/A	N/A	S	N/A	N/A	N/A	S	S	N/A	N/A	S	N/A	N/A				
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		N/A	N/A	S	N/A	N/A	N/A	S	S	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	S	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A				
g. Consistently and appropriately post comments in clinical discussion groups.		N/A	S NA	S	S	N/A	S	S	S	S	N/A	S	N/A	N/A				
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS				

Comments:

Week 3- This (empathy belly) was a simulation so no need to rate these competencies this week. BS

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

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

Week 7- 5a- You were able to learn about blood transfusion therapy during your time in the FRMC ER. Good job! BS

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

Week 7- 5a- Feedback from your FRMC ER preceptor; Hannah Castro: Marked excellent in all areas. “She was asking appropriate questions related to our patient’s care. She was also asking questions and engaged in other critical patients care while she was here.” Kalie Voss, RN

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

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

From your Lactation Nurse Consultant preceptor: Hannah Castro: Marked excellent in all areas. “Asked good questions, sought out learning opportunities.” Rachel Figgins RN, CLC

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

Comments:

Week 4 – 6a: I think some areas of improvement would be when I did the mommy assessment on my patient. I froze up when trying to remember the acronym BUBBLE-LE and my instructor had to take over to show me. I think it was like that because it was my first time, so hopefully next time I can do it without issue. Good observation, Hannah. The first time we do something new it can be challenging. With time and practice, most things become second nature before long. BS

*End-of-Program Student Learning Outcomes

Week 4- 6f: You were nervous, but willing to be put in situations that made you uncomfortable this week to learn something new, great job putting yourself out there. The nurses on the floor all commented on how nice it was to have students who wanted to learn new things. BS/RH

Week 5 – 6a: I felt like an area of improvement would be my communication with the children, I felt like I couldn't think of things to ask them. Then I got very overwhelmed when all of them were asking me questions at the same time while we were doing the activity. Being in that situation can be overwhelming, but you made it through. Practice in these challenging situations makes you a stronger, more resilient person. I'm sure you were nervous, but you did it anyway, and the next time (whenever that may be), it will be easier! BS

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

Week 5- 6e- You received a U in this competency for not having your completed tool turned in on time. Please comment below regarding how you will prevent this from happening in the future. BS

Week 5- 6e – I will prevent this in the future by making sure I am doing the clinical too correctly and making sure it's in by 0800 every Friday.

Week 7 – 6e: An area for improvement would be speaking up to do things because the nurse was taking FSBS and VS, and I could have been doing that for her. I was hesitant and didn't want to get in her way of doing her job. On the other hand, once I got more comfortable with my preceptor I felt comfortable to speak up and do things like hang IV fluids or help someone on the bedpan. Some goals for next clinical would be more hands-on. Nice job, Hannah. It can be uncomfortable being put in new environments and situations. As you continue to be exposed to different experiences, you will gain a sense of comfort with this. BS

Hannah, nice work this first half of the semester. Keep up the good work! BS

Week 8 – 6e: An area for improvement would be becoming more confident in my assessment skills because when I did the mommy assessment, I didn't feel for the fundus correctly, so I thought something was wrong. So, when the instructor felt it, she could feel it at midline where it was supposed to be. To do better for next clinical, I will brush up on my assessment skills. Good idea. Practice makes perfect. BS

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

Week 9 - 6e and 6g: I gave myself NIs for these competencies because I turned in the clinical tool late, I will set an alarm to turn in the clinical tool on time to fix that for next week.

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

Week 9 – This week I think I need to improve in time management skills and just being overall comfortable with educating my patients. I will do that by setting an alarm for next week to make sure my clinical tool is turned in on time. Then will practice educating to my family to feel more comfortable with patients. Great. Comfort in educating patients will come with practice and experience. Use each experience to improve and you will be comfortable in no time. BS

Week 9- 6e- You received a U in this competency for not submitting your after 0800 on 10/18/2024. Please respond below regarding how you will prevent this in the future. BS

Week 10-6e: I will prevent receiving a U in this competency in the future by setting an alarm and making sure I get the clinical tool on time every week by 0800 on Friday. BS

Week 11-6a: This week I feel like I need to improve my communication with children a bit because I was using words that they wouldn't understand at times. I 'm not around little kids a lot so I forget that my language needs to be more simple for them. I will remember to do this for the next time I work with children. Yes, it's definitely a different ballgame interacting with little kids. BS

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

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

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

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

* Course Objectives

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (*1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn 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	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:

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

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

GROUP #: **6**

SCENARIO: **Pregnancy and PPH**

OBSERVATION DATE/TIME(S): **9/12/2024 1500-1630**

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B					Mona CO abdominal pain rated 5/10. VS. Contractions 5-6 min. apart. Assess VS. Asks questions about pregnancy/gestation.

Information Seeking: E A D B	Report received. Mona CO not feeling well (hot, sweaty, dizzy). Nurse enter, remember to identify patient. Takes pulse, pulse ox, and RR but no BP. BP checked after fundus noted to be firming up.
INTERPRETING: (2, 4) * - Prioritizing Data: E A D B - Making Sense of Data: E A D B	Interpreted the need for fetal monitor and attempt to interpret waveforms. UA results received and interpreted. Interpreted need to check FSBS. FSBS 200- interpreted as abnormal. Identifies history of gestational diabetes. Identifies need for education about blood sugar management. Ask about lochia. Heavy lochia interpreted. Fundus interpreted as boggy. HR interpreted as high. Check BP and pulse ox after medication administration. Interpret fundus as being firm after medication administration.
RESPONDING: (1, 2, 3, 5) * - Calm, Confident Manner: E A D B - Clear Communication: E A D B - Well-Planned Intervention/ Flexibility: E A D B - Being Skillful: E A D B	Urine collected and sent to lab. Fetal monitor applied. Patient moved to left side. Called report to healthcare provider (remember to gather all information prior to calling in order to give full report with all data). Orders from healthcare provider for IV fluids, Procardia, acetaminophen, and ultrasound for gestational age. Orders read back. Initiate IV fluids. Mona asks about Procardia and medication not administered. Acetaminophen administered with all correct rights. When HCP calls back, re-evaluate Procardia administration. Administers Procardia and explains use to Mona and why it is indicated. US report given to Mona. Education provided to Mona about THC in pregnancy (educate on various anxiety relief methods). Remember to educate on gestational diabetes and other healthy habits with pregnancy. Call provider and report heavy bleeding. Fundus assessed and found to be boggy. Order received for methylergonovine. Need to massage fundus explained to patient and significant

	other. Methylergonovine medication explained to patient and administered with correct technique. Remember to double check the dose administered and the needle size (used blunt tip).
REFLECTING: (6) * - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: - Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* - Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* - Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate	You are Satisfactory for this scenario! BS Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful 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: Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily 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

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	identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses
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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME:

OBSERVATION DATE/TIME:

REFLECTING: (6)* - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy. Great job.
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric Simulation Objectives: Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)*	Comments You are satisfactory for this simulation. BS

2. Describe how patient-centered care is dependent on past medical history, cultural history, social history, and pregnancy/birth history. (1, 2, 4)* 3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)* Developing to accomplished is required for satisfactory completion of this simulation.	
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*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Castro (M), Felder (A)

GROUP #: 6

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/26/24 1500-1630

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
NOTICING: (Link to Course Objectives) *					Introduce self.
• Focused Observation:	E	A	D	B	Pain assessment: rating,
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Obtain vitals
• Information Seeking:	E	A	D	B	Did not obtain cervical exam information prior to administration of nubain
					APGAR 1 minute: heart rate (146), respirations (40), cry, tone, color. Total:

INTERPRETING: (Link to Course Objectives) *					Interpret vitals as WDL
• Prioritizing Data:	E	A	D	B	Interpret fetal monitor after nubain administration as decelerations, associates with head compression.
• Making Sense of Data:	E	A	D	B	Identify imminent delivery
RESPONDING: (Link to Course Objectives) *					Offer pain medication based on pain assessment
• Calm, Confident Manner:	E	A	D	B	Call healthcare provider to clarify antibiotic dose
• Clear Communication:	E	A	D	B	Education provided on antibiotics and pain medication to mom.
• Well-Planned Intervention/ Flexibility:	E	A	D	B	Medication administration: verify name/DOB, check allergies, scan patient and medications. Nubain- correct dose, incorrect needle size (used subcutaneous needle size when should be IM size), correct technique, engage needle safety. PCN- hang primary bag below secondary bag, clean hub prior to hooking secondary line to primary line, hook secondary tubing above IV pump, *timeout for assistance with IV pump*, unclamp secondary tubing.
• Being Skillful:	E	A	D	B	Call healthcare provider for update on fetal monitor
					Call healthcare provider when realize delivery is about to happen
					Call for help, McRoberts, suprapubic pressure, roll to hands and knees, rotational maneuvers, remove posterior shoulder, evaluate for episiotomy
					Immediately after birth dry off baby and wrap in blanket, place baby on warmer, put on hat/clothes
					Medication administration: vitamin k- draw up medication with needle rather than blunt tip and does not change needle prior to administration, use of correct needle size, use of needle safety but double checks safety with fingers (do not

	touch needle or safety with fingers due to risk for needle poke) applies ointment to baby eyes. Did not verify baby name/DOB prior to administer medications.
REFLECTING: (Link to Course Objectives) * - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPER and types of heat loss for infant. Team remediated on correct needle size for IM injection on mother. Team remediation in debriefing on correct needle size. Discussion on how to program IV pump. Members looked up nubain and had discussion about what assessments needed to be done prior to administration (cervical exam) and when not to administer to mom (too far into labor)
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)*	You are Satisfactory in this simulation! RH Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have

4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)* 5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)* 6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)*	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.
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **H. Castro**

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

CLINICAL JUDGMENT						OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*						Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.
• Focused Observation:	E	A	D	B		
• Recognizing Deviations from Expected Patterns:	E	A	D	B		
• Information Seeking:	E	A	D	B		
INTERPRETING: (2, 4)*						Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.
• Prioritizing Data:	E	A	D	B		
• Making Sense of Data:	E	A	D	B		

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	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

of the health team. (5)* *Course Objectives	to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses
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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Baker (M), Castro (A), Felder (C)

GROUP #: 6

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/24/24 1500-1630

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *					Introduce self
• Focused Observation:	E	A	D	B	Obtain vitals. Notice temperature elevated.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Respiratory assessment. Listen to lung sounds. Identify lung sounds as rhonchi and stridor. Only rhonchi. Did not lift gown to visualize chest
• Information Seeking:	E	A	D	B	Identify IV fluids running incorrectly and notify healthcare provider that rate should be changed.
					Pain assessment with faces scale.

	Medication errors in chart not identified or investigated. Incorrect dose administered to child. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient. Return to visualize chest. Notice mild retractions. Pain and temperature reassessment after medication administration. Notice battery, scissors. Remove from crib. Did not locate syringe in crib Pain assessment using face scale Obtain vitals Respiratory assessment. Lift gown to visualize chest. Listen to lung sounds. Identify lung sounds as wheezes. Actual lung sounds are stridor. Notice increased work of breathing and retractions. Notices low pulse ox level. Medication error in chart not identified or investigated. Incorrect dose administered to child. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient.
INTERPRETING: (2, 4) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Calculate correct medication math for original orders in chart (amoxicillin and ibuprofen) but does not catch error in orders. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient. Correlate retractions with increased work of breathing and

	respiratory distress. Nurse remains at bedside until respiratory therapy comes to room for breathing treatment. Calculate correct dose of dexamethasone Calculate correct medication math for original order in chart for acetaminophen but does not catch error in orders. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient.
RESPONDING: (1, 2, 3, 5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Leave side rail down when leave room. Does not notice safety items in crib. Call healthcare provider. SBAR provided after prompting that provider does not know patient. Identify IV fluids running very quickly and ask to change to 52mL/hr rather than order in chart. Medication administration: amoxicillin and ibuprofen. Educate patient as to why medications are given. Check name/DOB, does not scan medication or patient, right dose, right route. Identifies need to scan wristband and medications after medication has been administered. Call healthcare provider for update on temperature and pain since medication administration. Notify of intercostal retractions. Medication administration: cetirizine. Verify name/DOB. Scan patient, scan medications, education on what medication is and why needed. Verify allergies, right dose, right route. Call respiratory therapy for breathing treatment Call healthcare provider. Notify of increased work of breathing

	and poor oxygen status. Get order for oxygen therapy. Get order for dexamethasone. Does medication math on phone with provider. Does not read order back for verification. Medication administration: dexamethasone and acetaminophen. Check name/DOB, scan patient and meds, check allergies, right dose, right route. Educate on what medications are for. Elevate head of bed. Place oxygen on patient at 1L
REFLECTING: (6) * - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	Team discussion of scenario and recognition of teamwork/communication. Identified lack of double-checking orders for medications. During debriefing all safe dose medications were checked and medication safe doses were calculated by all students. Discussed medication errors and how to identify/prevent doing so in their practice as nurses. Team provided great educate to father and child on illness as well as medications administered and what to watch for at home.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives:	You are Satisfactory for this scenario! RH Lasater Clinical Judgement Rubric Comments: Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most

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)*	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.
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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): Castro (A), Felder (M)

GROUP #: 6

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/5/2024 1500-1630

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *					Introduce self; identify patient Obtain vitals Pain assessment with faces scale. GI assessment. Notices bruise on stomach but does not inquire more about it. Reassess pain after acetaminophen administration Notice bruising on right upper arm after prompting from Jack. Nurse asks mother to step into hallway to question/educate about asthma triggers. Other nurse begins to question Jack about his various bruising. Asks about what happened to mom as well Patient complain of abdominal pain and nausea. Obtain vitals Patient vomits. Identify emesis is Pedialyte mixed with bile. Pain assessment using faces scale Reassess vital signs
INTERPRETING: (2, 4) *					Temperature 102.5-interpret as elevated Reassess temperature 100.5- interpret as improvement after acetaminophen Temperature: 102.1- interpret as elevated. Blood pressure: 82/50-interpret as decreased and potentially due to dehydration Heart rate in 130s: interpret as sign of dehydration Reassess temperature: 100.5-notes improvement but still elevated
RESPONDING: (1, 2, 3, 5) *					Call lab for stool culture results. Informed that patient is positive for rotavirus. Implement contact precautions.

• Calm, Confident Manner:	E	A	D	B	Call healthcare provider for clarification on acetaminophen order and route. Receive new order for acetaminophen. Call pharmacy to verify acetaminophen order is within safe dose range for patient. Medication administration: acetaminophen. Check name/DOB, scan patient, scan medication. Incorrect medication math. Call healthcare provider and request IVF due to blood pressure and sodium level. Provider states to push fluids as long as patient is not vomiting. Provide Pedialyte and emesis basin to encourage fluids. Medication administration: cetirizine. Verify name/DOB. Scan patient, scan medication. Educate mother on rotavirus diagnosis and how to prevent spread of illness. Explain reasoning for precautions to mother as well. Call case management due to suspected abuse of patient related to bruising on right upper arm and on abdomen. Follow up case management call after inquiring with patient about what caused bruises. Call healthcare provider with update on patient status. Get new orders for IVF bolus, maintenance fluids, and Zofran. Readback IVF orders but did not read back Zofran order. Medication administration: IVF bolus. Program pump to hourly rate rather than to bolus. Verify name/DOB. Flush IV prior to starting IVF to ensure patency. Medication administration: Zofran. Verify name/DOB, scan patient, scan medication. Correct medication math. Push medication slowly. Call healthcare provider and updated on fever. Receive order for ibuprofen. Readback order for verification. Call pharmacy for verification of safe dosage for ibuprofen order. Medication administration: ibuprofen. Verify name/DOB, scan
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/					
Flexibility:	E	A	D	B	
• Being Skillful:	E	A	D	B	

REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	patient, scan medication. Correct medication math. Team discussed the scenario. Also discussed importance of checking recommended doses of medications to ensure safe dose is ordered. Discussed contact precautions and education on how to prevent spreading illness at home. SBAR communication used while calling members of the healthcare team. Recognized need to contact someone to investigate bruising and signs of abuse. Identify need to also investigate abuse on mother as well. Recognition of IV bolus needing to be programed into pump first prior to maintenance fluids due to dehydration status.
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	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

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	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.
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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: _____