

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

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

Student: Lindsey Steele

Final Grade: Satisfactory

Semester: Fall

Date of Completion: 11/26/2024

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

Faculty eSignature: M. Dunbar DNP, RN

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)

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
9/10/2024	Risk for Thrombosis	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:		NA	NA	S	S	S	NA	S	S	S	S	NA	NA	NA	NA	NA	NA	S
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.																		
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	S	NA	S	S	S	S	NA	NA	NA	NA	NA	NA	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	S	S	S	NA	S	S	NA	S	NA	NA	NA	NA	NA	NA	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	S	S	S	NA	S	S	S	S	NA	NA	NA	NA	NA	NA	S
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	NA	S	S	S	NA	S	S	S	S	NA	NA	NA	NA	NA	NA	S
Clinical Location Age of patient		NA	NA	OB. 33 Firelands	Boys & Girls Club	Lactation	NA	MIDTERM	FT OB & St. Mary	Hearing & Vision	FRM CER 31. Male	NA	N A	N A	N A	N A	N A	FINAL
		BS	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

1e. According to Erikson's Stages of growth and development, I believe my patient was in the Generativity vs. Stagnation phase. My patient and her husband were both in their 30's and had baby #2 on the 10th. They are both working-class people who are contributing to the world by bringing more children into it. She is expanding her family, helping them grow, and seems to have fulfillment in being a mother. MD

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

1e. Most of the kids I taught and did activities with during my time at the boys and girls club were school-aged. According to Erikson's psychosocial developmental theory, the kids are in the "industry" phase. Their sense of worth was influenced by the staff and the other children around them. The girls gravitated towards me and told me "I want to be just like you when I grow up" or "You smile a lot, it makes me want to smile more". During our activity of fire and water (sharks and minnows but the fire safety version) the children's successes and failures were extremely important to them, which is a trait in the industry phase. **Awesome! MD**

1e. One area of improvement could be my ability to engage in conversation with the family more. I asked questions about the baby's name, how many kids the parents have, or pets, but I could expand my questions further. Today I asked the lady who came in for her appointment if she had any dry or cracked nipples that could impair her ability to breastfeed. I wish I would have had more knowledge regarding breastfeeding and maternal care so I could have asked better questions and engaged in a more therapeutic conversation. **Is this for Objective 6? This takes a bit of time to develop a comfort level with engaging with family. You got this! MD**

1e. According to Erikson's Stages of growth and development, I believe one of the moms who had lactation consulting was in the "Intimacy vs. Isolation" stage. When a mom breastfeeding she experiences a deep connection with her baby and also forms an emotional bond. This is strengthening the relationship between the mom and the baby, but also the mom and her partner. A mom also may feel isolated when dealing with the needs of her new baby. She may spend all of her time tending to the baby and spend less time with friends or family. If the mom and partner take turns caring for the baby, they may feel isolation in their relationship. It could also be possible that a mom may develop postpartum depression which can lead to withdrawal, social isolation, and sadness. **Awesome! MD**

1e. According to Erikson's Stages of growth and development, the children at St. Mary's were in the industry phase. I noticed that their actions were heavily influenced by their peers and environment. The children were learning self-discipline with rules, and homework, and patiently waiting for their turn to do CPR or the Heimlich. The students were learning how to behave while we were speaking, and they demonstrated behaviors of self-worth. **That is great! MD**

1e. According to Erikson's Stages of growth and development, I believe the children were in the identity versus role confusion. I believe that high school students are at an age where they participate in sports, redefine themselves, and gain self-identity. The teens examine their peer groups, family, and community while exploring their own interests, beliefs, and hobbies. **MD**

1e. According to Erikson, I believe my patient is in the intimacy vs isolation stage. He is 31, has never had a significant other, and does not plan on getting married. His son who was with him in the ER was special needs, and the patient verbalized how time-consuming it can be to tend to his child while also working enough to support them. These two factors can play a role in his not forming any interpersonal relationships. **This is a great analysis! MD**

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

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

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. 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

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

Week 9- 1a-c: you did a great job explaining the directions and helping the students with the hearing and vision screenings. 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	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		NA	NA	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
g. Discuss prenatal influences on the pregnancy. Maternal		NA	NA	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
h. Identify the stage and progression of a woman in labor. Maternal		NA	NA	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
i. Discuss family bonding and phases of the puerperium. Maternal		NA	NA	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
j. Identify various resources available for children and the childbearing family.		NA	NA	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		NA	NA	S	S	S	NA	S	S	S	S	NA	NA	NA	NA	NA	NA	S
l. Respect the centrality of the patient/family as core members of the health team.		NA	NA	S	S	S	NA	S	S	S	S	NA	NA	NA	NA	NA	NA	S
		BS	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

Firelands OB 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. RH

FTMC OB Objective 1-This objective was met utilizing conversation and working with the postpartum mom and newborn. Great job! MD

Week 9- 1j: we had discussion about some resources available to the students if the parents are unable to afford to take their children to the referrals. RH

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

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

Comments:

2g. One social determinant of health for my patient is social support/ support systems. My patient is in the process of moving and she is moving further away from her mom. Since she and her husband work, she relies on her mom frequently to watch her oldest daughter. Now she is going to have a newborn baby and be further away from her support systems. This can affect her job, which can affect her income. Moving from her support systems may also cause loneliness, stress, and even anxiety. MD Firelands OB 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. RH

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

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. RH

2g. A social determinant of health for the kids could potentially be parental involvement or lack of social support. Some of the children attend school during hre dat, and then around 3 pm go straight to the boys and girls club. They stay until 6, then go home and start preparing for bed and school the next day. Parental engagement in their child's education and health can impact academic performance and overall well-being. This is a huge SDOH for the kids. MD

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

2g. One social determinant of health can be financial instability due to maternity leave. When a woman must take time off work, she may not get paid or may get paid significantly less. This can be an issue when trying to pay hospital bills, cribs, car seats, baby clothes, toys, diapers, formula, and much more. This can hinder the mom if she spends all of her money on her baby, she may have less food intake and not be receiving as many nutrients. The baby can be affected if the mom cannot finically provide for him or her. Absolutely! It is very difficult to be able to afford things when on maternity leave. What resources could you provide for patients who are in need? MD

2g. One social determinant of health can be childcare available, or access to affordable and quality childcare. My patient has five children, including her newborn baby. It can be difficult balancing 5 children on top of both the mother and father working. She had mentioned how their family lives further away, so she may have to rely on paying for childcare during times of need. This can be an issue because it can affect the physical, emotional, and mental well-being of everyone in the family. If the mom cannot afford child care, she can be at risk of becoming burnt out or overly stressed. This is huge and can be very costly. I understand completely with her situation. MD

2g. One social determinant of health can be the quality of their education or schooling. Some high school students may not have the resources to provide adequate education to all their students. Poor education can limit the child and hinder their ability to learn, get a high-paying job, and have less access to textbooks. Another SDOH can be If a child fails their vision or hearing screening. These factors can also hinder their education, since they may not be able to hear the teacher or see the information. This is so true! MD

2g. One social determinant of health was that my patient did not have a primary health provider, and did not have any idea how to get in contact with one. This lack of resources prevents the patient from receiving routine checkups, screenings, or possible management for any conditions. The lack of knowledge influences his ability to get treatment if it is needed. This is so important. What types of resources did you provide for him? How would you educate him to seek further PCP care? MD

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. MD

FTMC OB 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. Awesome job with administering the MMR vaccine! You were able to perform the steps of SQ injection well! 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

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

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

Comments:

3d. One issue that frequently occurred was the visitation policy and how the families of the newborns did not respect it. The visitation rule is that you can only have 2 visitors in the labor and delivery unit, but once you transfer to the postpartum unit, you can have multiple members. In the L&D unit, the support person cannot be a child younger than 18 unless the child is a direct sibling of the baby. An issue that occurred was a father who tried to bring his daughter into the unit but was not allowed since the mom already had two support people her mother and husband. This caused anger for the family. I noticed three families became angry due to the visitation policy. The nurses wanted to allow more families but could not. This can be an ethical concern if you look at the situation from the "autonomy" perspective. The visitation policies undermine the patient's right to have multiple support systems during labor, but the policies are set for infection control and safety. **This is a great issue for sure! MD**

3d. I did not notice any legal or ethical issues during my time at the Boys and Girls Club. A possible issue would be if a parent had never come to pick up their child. At around 6pm there was only one kid left, and one of the staff had to take them to the office and call their parents. This could become a both legal or ethical issue due to the fact the child needs to be supervised until they are safely picked up, and they may have to alert authorities such as the police or child protective services for assistance. **Absolutely. This is so important! MD**

3d. One ethical or legal issue could be a lactation nurse having to respect the choices a mom makes for her baby. The nurse has to provide unbiased education and information. If a mom has a preterm baby and refuses to breastfeed or accept donor milk, it could be an ethical issue. A legal issue is if a mom tries to leave the hospital without having a proper car seat or proper supplies to ensure the safety of her baby. The nurse may have to contact CPS or other authorities to promote the safety of the baby. **This is so true! These are both awesome examples of legal and ethical issues! MD**

3d. During my time at clinical, I had the opportunity of watching a mom deliver a baby boy. The mom had a female partner, and they used IVF. It can become an issue if a nurse or other healthcare provider has strong beliefs against either of the factors and does not provide quality and respectable care. If the nurse doesn't give equal and fair care it will have negative consequences for the patient and her partner and can be a legal issue. **This is absolutely true especially with different beliefs. MD**

3d. A possible legal or ethical issue is if a child fails a vision or hearing screening, but the parents do not schedule an appointment for their children. If a parent knows their child has a visual or hearing limitation, the school can be at an ethical issue on the basis of getting involved or not. If a teacher knew a child needed glasses but the parents were not willing to help, I can imagine the school would want to help the child in any way they can. **Absolutely! What kind of resources could you provide the parents? MD**

3d. A legal or ethical issue I witnessed was a patient who approached the nurse's station and told the nurse she and her husband were going to go "lie down" in their car while they waited for the lab results. The patients came back a while later smelling like marijuana. Since it is now legal in Ohio and there was no proof it was done on hospital grounds, there was not much the nurse could do. Another legal issue I noticed was the nurses had a tendency to leave their computer screens on while they left the nurse's station. This can be a legal issue because patient information can be spread and HIPAA can be broken. **Very important legal issues! For the THC-technically patients are not to leave the department they are in while in hospital care. I am not sure of this situation in particular as to who was the patient but if something happened to them while they were not in the department that could turn into an even bigger legal issue. For the computers-absolutely this is a huge issue with HIPAA! If you were a nurse working in the hospital and noticed this occurring-what would you do? What would you say? MD**

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 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

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

Firelands OB 4b: You were able to assess your postpartum mother and document her assessment and vitals with minimal assistance. RH

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

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. MD

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

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

Week 9- 4b: you correctly documented on all the student papers for their hearing and vision results. RH

Week 9- 4d: you were able to provide education to the students on how to properly perform the screenings with appropriate language for the age group. RH

Student Name: Lindsey Steele				Course Objective:			
Date or Clinical Week: 9/10/2024							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	All criteria met. MD
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria	3	2	1	0	Points Earned	Comments	
13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. MD
	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 Satisfactory MD
	Faculty/Teaching Assistant Initials: MD

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

Comments:

Firelands OB 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. RH

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

Comments:

Firelands OB 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 cart related to your patient for your care map this week. 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

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

Boys and Girls Club Objective 5G-Great job with your CDG this week! You satisfactorily met all of the requirements. One thing to take note would be that your in-text citation should be (Linnard-Palmer & Coats, 2020). Let me know if you have questions. MD

Lactation Clinical Objective 5A- Marked excellent in all areas. Rebecca Smith RN, CLC for your lactation clinical! Great job! MD

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

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

Week 9- 5a: you were positive and energetic with all interactions with staff and students. RH

Week 9- 5c: You communicated well with both school nurses and teachers who were present. RH

Firelands ER Objective 5A-For this clinical site you were marked excellent in all areas with the comment: “Lindsey was a pleasure to precept, was proactive on reassessing her patients after intervention, and successfully placed a female foley.” By Kasey Haerr, RN. Wonderful job! MD

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

Comments:

6a. One area I could use improvement on is my communication with the patient's family. When I entered my patient's post-partum room, I always asked the family if they wanted anything to eat or drink, or if they needed anything. I had never taken care of a patient while there were 5+ members in the room. I was nervous and afraid the family would disapprove of someone so young helping to take care of a new mother. I can build my confidence and communication skills by looking up communication tips and asking my peers and instructors for tips before my next clinical. I will also use this clinical experience to learn from, reflect on, and build my communication skills. **Great goal! Communication gets easier the more you do it! MD**

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

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

6a. One area of improvement is I could have been sterner with the kids while playing the activity. I did not want to raise my voice too loud because many of them were prone to crying very easily. During our activity, the young kids tended to cry very easily if they got “tagged” or “became out” and a few of them also cheated to win. I found it difficult to correct them or quiet them down when they were becoming overly loud. I was afraid of making them cry or becoming upset. **How will you work on this for the next clinical experience? MD**

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

6a. One area of improvement could be my ability to engage in more in-depth conversations with moms taking care of their babies. I asked questions about the baby’s name, how many kids the parents have, or pets, but I could have expanded my questions further. Today I asked the lady who came in for her appointment if she had any dry or cracked nipples that could impair her ability to breastfeed. I wish I had had more knowledge regarding breastfeeding and maternal care so I could have asked better questions and engaged in a more therapeutic conversation. Another area of improvement was my inability to answer the mom's questions. She asked me what the difference was between the Spectra vs. Medela breast pump, and I was unable to answer. To improve these areas, I am going to do more preparation before my next clinical. I will conduct more prior research and ask my instructors for tips for more in-depth questions to ask. **This will come with some time and practice! Keep up the great work! MD**

MIDTERM-Great job this first half of the semester! Remember to keep seeking out learning opportunities! MD

6a. One area of improvement is being more aware of changing my education regarding different developmental groups. At St. Mary’s, when I was teaching CPR I tried to use very simple and clear terms and demonstrations. I accidentally used the word “unconscious” to the first graders, and immediately realized they most likely had no idea what it meant. I then scrambled to explain it in an understanding manner. One thing I can improve on is to pay attention to the students and think before I speak. To improve this skill in the future, I will remind myself before clinical and I will review the “growth and development” chapter in the textbook.

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

6a. One area of improvement could be my confidence in communicating with children with disabilities. During my time at clinical, I volunteered to do the vision screening for handicapped students. I thought it went well, but there is always room for improvement. One of the students walked in and I asked him, “Do you wear glasses or contacts” and I pointed to my face. The student looked at me with a blank stare and I immediately felt like I had done something wrong. A minute later a teacher walked in and explained how the student was nonverbal. I then struggled to give him the eye exam, since he could not communicate the letters. I also had another student that got angry with me because I circled “no” when I had asked if he wore contacts. The student then tried to take my pencil and tear up the report sheet. I have a handicapped

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

distant cousin, so before my next clinical I will reach out to my family members and ask for tips regarding communication techniques. I will also conduct some own personal research so I can feel more prepared and confident in the future. **This is a great goal! Let me know if you need any tips! MD**

6a. One area of improvement is my skill in inserting a catheter. I put in my first catheter during my ER clinical and it went well. I did not break sterile field and I remembered all of the proper steps I needed to take. I was fearful since it was my first time, so I noticed my hands were very shaky. I then became embarrassed of my hands. In the future, I want to feel more confident in my skills and be less fearful. When I am learning something new or demonstrating a new skill I want to focus on the task instead of feeling embarrassed or afraid. To improve this skill, I will take a deep breath before starting something new and will remember that all students start somewhere, and I should be confident and excited. **This is absolutely true!!! Also, practicing the skill will help solidify and help you be more confident! Let me know if you want to practice in the lab! MD**

FINAL: Lindsey- Congratulations! You have satisfactorily completed the clinical/lab/simulation portion of the Maternal Child Nursing course! You have grown so much over this semester! You have done an amazing job with learning maternal/newborn and pediatric content and applying it to each of your clinical experiences! I am excited to see you continue your growth in AMSN! 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	MD
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//18	Date: 10/31	Date: 11/4	Date: 11/6	Date: 11/15	Date: 11/19	Date: 11/22	Date: 11/22	Date: 9/26
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	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): Morgan, Plas, Steele

GROUP #: 7

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/19/2024 0700-0830

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>Patient identified and questioned about pregnancy. VS. Notice accelerations on fetal monitor. FSBS 200. Notices contractions and accelerations on fetal monitor. Pain reassessed following acetaminophen administration.</p> <p>Report received. Patient CO being dizzy and lightheaded. BP assessed. VS. Notices abnormal bleeding.</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>Prioritized need for VS, fetal monitor, urine sample. Fetal monitor waveform correctly identified. FSBS interpreted as abnormal. Interpreted UA results with report to provider.</p> <p>Bleeding interpreted as PPH. Reassessment of BP interpreted as being low, which improves with fundal massage and 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>Good communication with patient. Urine sample collected and sent to lab. Patient assisted to left side. Call to provider to provide UA results. When prompted, asks about pregnancy history (remember SBAR communication). Orders received for fluids, Procardia, acetaminophen, FSBS, and US to verify dates. Orders read back. New orders explained to patient. Patient questions the need for Procardia.</p> <p>Patient identified, allergies confirmed, medication prepared and administered. IV fluid initiated. Patient education provided regarding gestational diabetes, support groups. Peri-area assessed for bleeding.</p> <p>BP assessed in response to patient feeling dizzy and lightheaded. Bleeding noticed, fundus immediately massaged. Call to provider. Order received for methylergonovine. O2 applied. Reason for fundal massage explained to patient. BP reassessed. Methylergonovine prepared and administered. Orientation determined. Ensures patient is prepared at home and follow-up appointment confirmed. Education prepared regarding gestational diabetes and the need to continue monitoring.</p>
<p>REFLECTING: (6) *</p>						<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed</p>

<ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>the importance of SBAR communication when calling the provider, and with practice this will improve. Discussed the reason for using Procardia for a patient experiencing pre-term contractions. Team did a great job of providing education.</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. 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: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses</p>

Lasater Clinical Judgment Rubric Scoring Sheet:

SCENARIO: Empathy Simulation

STUDENT NAME:

OBSERVATION DATE/TIME:

<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)*3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)* <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>Comments</p> <p>You are satisfactory for this simulation.</p>

*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): Morgan (M), Plas (C), Steele (A)

GROUP #: 7

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/24 0700-0830

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (Link to Course Objectives) *</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</p> <p>Pain assessment: rating,</p> <p>Ask about contraction strength, duration, frequency</p> <p>Obtain vitals</p> <p>Obtain cervical exam prior to admin of nubain</p> <p>Reassessment of pain and contractions after nubain administration.</p> <p>Ask and inquire about birth plan with mother prior to birth and once pain is controlled</p> <p>Ask about cultural preferences</p> <p>Repeat cervical exam after reevaluation of fetal monitor</p> <p>Assess fundus after delivery to ensure is firm and at midline</p> <p>Deliver placenta and assess cord</p> <p>APGAR 1 minute: heartrate (155), respirations (46), cry, color, tone. Total score: 9</p> <p>Obtain baby temperature</p>
<p>INTERPRETING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Interpret vitals as WDL</p> <p>Interpret cervical exam as okay to give nubain</p> <p>Interpret fetal monitor as accelerations (fetal monitor is actually showing decelerations after nubain administration). After reassessment, students identify early decelerations caused by head compression. Identify patient has changed labor stage based on cervical exam</p>

<p>RESPONDING: (Link to Course Objectives) *</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>Discussion of pain management options</p> <p>Medication administration: nubain. Does not verify name/DOB, does not scan medications or patient, does double check dose and route, use of correct needle size, use of proper technique, use of needle safety.</p> <p>Education provided to mom that if medication is given too late into labor it could impact baby. Also educates on time when medication should start to work</p> <p>Call healthcare provider. SBAR organized. Discussion of risk for shoulder dystocia with provider and suggest amniotomy.</p> <p>Medication administration. PCN. Education provided as to why administering antibiotics. Does not verify patient name/DOB prior to administering, hang secondary bag above primary bag, check IV site after starting antibiotics. Clean hub prior to hooking up secondary tubing. Student nurse then state she would have checked name/DOB and scanned patient and meds prior to administration</p> <p>Education on shoulder dystocia prior to birth to prepare mother. Discussion of risk factors and what will happen if that occurs.</p> <p>Baby is coming: Call for help, McRobert's position, suprapubic pressure, evaluate for episiotomy, rotational maneuvers, remove posterior arm, roll to hands and knees.</p> <p>Immediately after delivery dry off baby, place hat on baby, do skin to skin with mother. Place in warmer</p> <p>Suction mouth and nose for baby prior to assessing lung sounds</p> <p>Medication administration: vitamin K and erythromycin. Education provided to mom on why medications are needed. Administer IM injection to baby with correct needle size, correct technique, use of needle safety. Did administer incorrect dose. Administer eye ointment with proper technique.</p> <p>Put clothes on babe after assessment</p>
<p>REFLECTING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B 	<p>Team identified good teamwork and communication. Team discussion of scenario and interventions performed. Discussion of</p>

<ul style="list-style-type: none"> • Commitment to Improvement: E A D B 	<p>interventions including HELPERR and types of heat loss in infants. Remediation done on medication math and administration of IM injection to infant. Medication administration steps reviewed and discussion of importance of patient identification and scanning of medications in simulation. Team discussed education provided to mother and why important.</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. (1, 2, 4, 5)* 6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)* 	<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. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response. 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 NAME:

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

CLINICAL JUDGMENT						OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*						<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>
• Focused Observation:	E	A	D	B		
• Recognizing Deviations from Expected Patterns:	E	A	D	B		
• Information Seeking:	E	A	D	B		
INTERPRETING: (2, 4)*						<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>
• Prioritizing Data:	E	A	D	B		
• Making Sense of Data:	E	A	D	B		
RESPONDING: (1, 2, 3, 5)*						<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> <p>Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.</p>
• 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>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 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; C=Charge Nurse

STUDENT NAME(S) AND ROLE(S): Morgan (A), Plas (M), Steele (C)

GROUP #: 7

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/31/24 0700-0830

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					
• Focused Observation:	E	A	D	B	Notice battery, scissors, and needle.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Assess chest/respiratory status. Place stethoscope under gown, visualize chest without gown.
• Information Seeking:	E	A	D	B	Pain assessment with faces scale.
					Obtain vitals. Notice elevated temperature
					Introduce self to father and ask relation to child
					Identify lung sounds as rhonchi. Notice retractions.
					Medication errors in chart not identified or investigated. Incorrect dose administered to child (ibuprofen, amoxicillin) During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient.
					Suction nose with bulb syringe.
					Repeat vital signs. Notice temperature came down. Reassess lung sounds.
					Notice cough and increased work of breathing
					Pain assessment with faces scale.
					Obtain vitals. Notice elevated temperature. Notice oxygenation status

	<p>low, applies oxygen</p> <p>Ask father about mucus production of child and if child has gotten worse throughout day</p> <p>Respiratory assessment. Take gown down to visualize chest. Identify lung sounds as stridor.</p> <p>Reassess vitals, respiratory, and pain after breathing treatment and steroid.</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>Inspect skin for damage from unsafe items in crib.</p> <p>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.</p> <p>Identify correct IVF rate. Correlate lung sounds could be caused by fluid overload. Does not call healthcare provider for a new order before changing the fluid rate.</p> <p>Nurse does not stay at bedside while patient in distress.</p> <p>Correlate retractions with increased work of breathing.</p> <p>Calculate correct dose of dexamethasone.</p> <p>Calculate correct medication math for acetaminophen for original order in chart 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.</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 unsafe items from crib.</p> <p>Education to father about plan of care.</p> <p>Medication administration: ibuprofen. Verify name/DOB, allergies, scan patient, scan medications, right route, right dose per order</p> <p>Put crib rail up when not in room sometimes, but other times leave down.</p>

	<p>Educate father on proper toys and unsafe items in crib.</p> <p>Call healthcare provider. SBAR somewhat organized. Concern for lung sounds.</p> <p>Medication administration: cetirizine and amoxicillin. Check name/DOB, scan patient, scan medications, right route, right math per order in chart</p> <p>Call healthcare provider. SBAR minimal. Update on lung sounds. Receive order for new IVF rate. Does not read back order.</p> <p>Call healthcare provider. Update on safety issues found in room this morning.</p> <p>Educate on use of cool mist humidifier or taking child outside to cool air to relax lungs.</p> <p>Verify order for oxygen and place oxygen on patient due to low oxygenation. Start at 2L</p> <p>Left patient room with side rail down</p> <p>Call healthcare provider. SBAR more organized. Update on new assessment findings. Receive order for dexamethasone. Does medication math with healthcare provider on phone. Readback order for verification. Receive order for oxygen.</p> <p>Call respiratory therapy for breathing treatment</p> <p>Medication administration: dexamethasone. Verify name/DOB, scan patient, scan medications, verify allergies, right route, right dose.</p> <p>Medication administration: acetaminophen. Verify name/DOB, scan patient, scan medications, verify allergies, 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 ranges of medications were checked and calculated by all students. Discussed medication errors and how to identify/prevent doing so in their practice as nurses. Students provided some education to father, identified could have educated more.</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: 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: 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>
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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): Morgan (C), Plas (A), Steele (M)

GROUP #: 7

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/6/2024 0700-0830

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>Pain assessment: description, location Obtain vitals Verify patient Ask about appetite, previous GI history, signs and symptom onset GI assessment. Lift gown to visualize stomach, listen to bowel sounds, palpate Ask mom about bruise on stomach. Ask about further bruising and Jack states his arm hurts too Asks Jack if feels safe at home in front of mom. Asks if dad is in the picture at home and mom states no. Mom leaves room, students enter room and further question about bruising Pain reassessment but does not ask rating</p> <p>Obtain vitals-no blood pressure GI assessment-listen, no palpation because patient vomits Ask mom about sunglasses and if she has head trauma, but mom declines and says she has headache Pain assessment using faces scale Pain reassessment using faces scale after acetaminophen administration No reassessment of vitals after IVF bolus</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>Temperature 102.5- interpret as elevated Skin turgor: elastic Temperature recheck: 100.9- interpret as improvement</p> <p>Skin turgor: tenting notes- interpret as dehydration Mucous membranes: pink and tacky- interpret as dehydration Temperature 102.1- interpret as elevated Temperature recheck 101.5- interpret as still elevated</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>Offer Pedialyte and emesis basin Call healthcare provider to question acetaminophen order. Request to change route to oral due to diarrhea. Receive new order for acetaminophen, read back order for verification. Call case management for suspected abuse Call healthcare provider in regards to bruising and suspected abuse.</p>

<ul style="list-style-type: none"> Being Skillful: E A D B 	<p>Get orders for imaging for right upper arm and abdominal CT. read back orders for verification.</p> <p>Medication administration: acetaminophen. Does not verify name/DOB, educate what medication is for. Correct medication math self identifies later during simulation that she should have performed her checks and scanned the patient/medication.</p> <p>Call lab for stool culture results. Patient is positive for rotavirus. Place patient in contact precautions</p> <p>Medication administration: cetirizine. Verify name/DOB. Scan patient, scan medication.</p> <p>Call healthcare provider before lying eyes on patient. missing all assessment data.</p> <p>After vomiting, patient head of bed elevated</p> <p>Call healthcare provider with reassessment update, request IV fluids. Get new orders for IVF bolus, maintenance fluids, and Zofran. Read back orders for verification.</p> <p>Update mother on plan of care</p> <p>Medication administration: IVF bolus. Flush IV to ensure patency. Verify name/DOB, scan patient, scan medications. Program pump with assistance.</p> <p>Medication administration: Zofran. Verify name/DOB, scan patient, scan medication. Correct medication math.</p> <p>Change IV pump to reflect maintenance fluid after completion of bolus</p> <p>Medication admiration: acetaminophen. Verify name/DOB, scan patient, scan medication. Correct medication math</p> <p>Education provided to mother about rotavirus. Encourage fluids, promote BRATTY diet, frequent handwashing</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 the scenario. Discussed the importance of checking recommended doses of medications to ensure safe dose is ordered.</p> <p>Discussed contact precautions and education provided on how to prevent spreading illness at home. Educated on BRATTY diet.</p> <p>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.</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"> 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)* <p>*Course Objectives</p>	<p>Nice work! You are satisfactory for this scenario. 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: Focuses on the most relevant and important data useful for explaining the patient’s condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</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>
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: OBSERVATION DATE/TIME: 11/19/24 SCENARIO #: Student Developed Scenarios

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 deviations from normal with physical assessment and inquiry. Information seeking regarding patient condition as well as with parent/support person at bedside when appropriate.</p> <p>When developing your scenario, you noticed the important assessment aspects to include for a patient/support person with your assigned diagnosis.</p> <p>Through the scavenger hunt you were able to notice various details of each of the ten scenarios simulated.</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>You were able to interpret data pieces and prioritize accordingly.</p> <p>For each scenario, care was given in gathering details needed in order to phone the healthcare provider and provide SBAR.</p> <p>When developing your scenario, you interpreted the expected path of the disease process and necessary nursing interventions to include in the patient's care.</p> <p>You utilized clinical judgment to interpret appropriate responses to NCLEX style questions related to each scenario.</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>Responded with communication that was collaborative between roles. Clear communication was utilized between colleagues.</p> <p>Clear communication was utilized with patient and family and layman's terms were utilized when appropriate.</p> <p>Responded with interventions that were planned accordingly and verbalized when necessary.</p> <p>Skill in identifying focused assessments as well as timely reassessments were utilized.</p> <p>Family members and others of the healthcare team were kept up to date on patient condition and given education for current condition as well as for preventative measures.</p> <p>In response to your assigned disease process you developed a</p>

	<p>comprehensive simulation that encompasses aspects of assessment, interprofessional communication, and nursing interventions appropriate for the patient scenario you developed.</p> <p>You developed appropriate NCLEX questions for your scenario based on your disease process.</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>Reflected with a self-analysis of assessment and analyzation of data to identify missing pieces of the scenario.</p> <p>Actively participated in providing constructive feedback to all groups observed throughout the simulation.</p> <p>You developed debriefing questions specific to your scenario to assist your peers in reflecting on the importance of your simulation.</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 or higher in all areas is required for satisfactory completion of this simulation.</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Provide quality, patient-centered care in an organized, safe manner to patients and families. (1, 2, 4, 5)* 3. Prioritize patient care of the patient after end-of-shift report. (2, 5)* 4. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 5. Utilize the concepts of growth and development to provide therapeutic communication with the patient and family. (1, 3, 5, 6)* 6. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 	<p>The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS/RH</p>

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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Hannah Baum, Nadia, Drivas, Andrea, Pulizzi, Lindsey Steele

OBSERVATION DATE/TIME: 11/22/24 SCENARIO: Comprehensive Simulation

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					
• Focused Observation:	E	A	D	B	You noticed suspicious bruising on patient and patient's physical appearance and psychosocial status as deviation from normal.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	You noticed environmental concerns throughout the home that would be safety hazards.
• Information Seeking:	E	A	D	B	You noticed abnormal family functioning as you progressed through the simulation. You noticed the signs of respiratory distress and dehydration in the children. In the mother encounter you noticed suspicious bruising on the mother's face and neck. You also noticed the poor environment with chips, pop, rats, spider, and cockroaches scattered throughout the room. You also obtained vital signs during your visit. Additionally, you noticed that the mother had a unprescribed medications, is a current cigarette smoker, and had a dysfunctional family dynamic when having conversations on home life. Noticed multiple bugs in kitchen. Noticed exposed cleaning supplies that kids could get into. Noticed expired infant formula. Noticed lack of nutritious foods in the refrigerator. Noticed open beer bottles. Witnessed father preparing bottle. You provided a thorough assessment to the children of the household recognizing concerns of an asthma attack in the 8-year-old and dehydration and failure to thrive in the newborn.
INTERPRETING: (2, 4)*					
• Prioritizing Data:	E	A	D	B	You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit.
• Making Sense of Data:	E	A	D	B	You were able to interpret safety and health issues with each member of the family. You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit. You interpreted acute respiratory status changes and lethargy as major assessment

	<p>concerns in the children in this home environment.</p> <p>In the mother encounter you interpreted the suspicious bruising on the mother's face for physical abuse from her partner. You identified there were educational opportunities for abused women and children. You were also able to interpret the safety concerns throughout the room with the environment, unprescribed medications, cigarette smoking, and her high blood pressure from not taking her medications. You encouraged the mother to discuss more of her dysfunctional family dynamic</p> <p>Interpreted conditions in the kitchen as being dirty, messy, and unsafe for children. Interpreted exposed cleaning supplies as dangerous for children. Interpreted the lack of nutritious foods as not ideal for the family. Interpreted multiple empty beer bottles as potential alcohol abuse. Interpreted father's bottle preparation method to be inadequate (formula expired, not using the correct quantity).</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>You responded to patient's admission of abuse calmly without judgement. Communicated alternatives clearly and empathetically.</p> <p>You responded with intervention regarding safety of children; flexible and creative with ideas and interviewing each member of the family.</p> <p>You responded by prioritizing the safety and health concerns of each family member and seeking further treatment for them.</p> <p>You sought further information regarding potential abuse from all members of the family.</p> <p>You were respectful and calm in communicating with potential abuser. Coping skills were discussed.</p> <p>You responded to safety, psychosocial issues calmly. You were confident in your approach to each family member.</p> <p>In the mother encounter you provided education on abuse resources and emotional support groups and safety plans along with encouraging her that the abuse is not her fault. You also provided education on smoking cessation, not taking unprescribed medications, and safer sleeping options for the newborn rather than using a pack-n-play for sleep. You provided education on birth control to prevent another pregnancy and information on breastfeeding the newborn more frequently. Great job with the mother encounter!</p> <p>Educated father that cleaning supplies should not be stored in places where the children could get access to them. Educated father to pay attention to expiration dates and how to properly and safely prepare a bottle. Educated that there are resources available to assist with healthy food choices.</p> <p>You recognized the need for involvement by CPS, law enforcement, and</p>

	<p>hospitalization for medical treatment of both children.</p> <p>You recognized that you only had consent to treat the mother in this situation and sought maternal consent to call for medical assistance and treat the children of the household.</p> <p>You recognized the need and ability to educate the 8-year-old son in the family and educated him on better tv programing to watch versus a scary tv show.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: m A D B • Commitment to Improvement: m A D B 	<p>Group discussion of how reviewing the chart during prebrief assisted with developing a plan for the “home visit.” Discussion of what they noticed in the mother room including the physical abuse, filth, lack of bonding between mother/new baby, manipulation/control issues in relationship, anxiety, depression/post-partum depression. Group was able to educate on medication importance/compliance, WIC, and healthy foods. Group did mention they would have liked to also add a post-partum assessment of mother and include education on cleaning/pest control. During discussion of partner visit, group noticed the open chemicals, photos on the refrigerator, and excessive alcohol present. The group educated partner on how to make a proper bottle, how to store chemicals, anger management, lactation consultants, and healthy food choices for the family. They did not mention or notice an attitude from the partner during the visit. During the children visit, the biggest thing they noticed was all the safety issues in the room. They noted the space heater, lack of safe sleep, beer, and juice in the sippy cup for Jill. This group wanted to educate but was not sure how to educate an 8-year-old on safe sleep when he was just trying to keep the baby warm. After assessment of both children, group was able to get Jack, Jill, and mother to ER for further evaluation. Team lead discussion with little prompting and were able to have good discussion about their assessment findings and interventions.</p> <p>Upon completion of the simulation, you created an education plan focused on Monica for post-partum depression, hypertension, and home safety.</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 or higher in all areas is required for satisfactory completion of this simulation.</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. Provide quality, patient-centered care in an organized, safe manner. (1, 2, 4, 5)* 	<p>Excellent job in communicating without judgement and providing appropriate education, information regarding resources, and intervention for family.</p> <p>You are satisfactory for this scenario. KA/MD/BS/RH</p>

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| <ol style="list-style-type: none">2. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*3. Utilize the concepts of growth and development to provide therapeutic communication with the family unit. (3, 5)*4. Identify safety measures for the family unit in the home setting. (1,3,5)*5. Demonstrate thorough environmental assessment in the home setting. (1,3,5)* | |
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*Course Objectives

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: _____ Lindsey Steele ____ 11/26/2024 _____