

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

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

Student: Karli Schnellinger

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: Rachel Haynes
RN, MSN

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
9/13/24	Neonatal Hyperbilirubinemia	RH

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies:		NA	NA	S	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	S	S	NA	S	S	S	S	NA	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	NA	S	S	S	NA	NA	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	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
Clinical Location Age of patient		No clinical	No clinical	FT OB, 3 days old	Lactation, 34 yrs old	Boy and Girls, 6-12	FT ER, 80 years old	MIDTERM	Firelands OB, 1 day, 1 day	9,10,11,12	Clyde HS, 9,10,11,12	Empathy	No clinical	FINAL				
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

Comments:

1e. My patient was in the “trust vs. mistrust” stage of growth of development. He was only three days old, so he was still trying to figure out who was familiar to him, and who was not. When he was fussy, he seemed to calm down when he was with his mom because he trusted her and had a special connection with her. **Good job! RH**
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

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

1e. The patient that I helped care for was in the generativity vs. stagnation stage of growth and development. This is her first baby, and she was excited to finally be a part of a family with her husband. She took a lot of pride in being a new mom, and was very accepting to any help that was given to her. The baby was failing to thrive for the first seven weeks, due to it not getting enough milk from the mom's breasts, but I was happy to her the mom come in wanted help. Since she came in to see the lactation nurse, her baby had already gained 1 pound which was more than she did in seven weeks. **I am so glad the mother is seeking assistance to help her baby. RH**

Week 5: 1a, c- You did a good job explaining the assessment techniques used during the lactation visit that you observed. You also used developmentally appropriate language while communicating with the patient. RH

1e. During my time at the boys and girls club, all of the kids were either in the "initiative vs. guilt" stage or "industry vs inferiority". I noticed that the older kids seemed to have their friend groups and cared about that and did not venture far out from them, whereas the younger ones seemed to go out and talk to everyone and want to make new friends rather than stay in their little group. It also seemed like the 5th and 6th graders acted like they had a little more control of what was going on, where the kindergarteners seemed to be a little bit timid. **Good observations. RH**

Week 6- 1b- Nice job adjusting your communication techniques to provide developmentally appropriate communication to the various age groups at the Boys and Girls Club. 1e- You were able to discuss some of the differences you noticed while working with children of various ages at the Boys and Girls Club. BS

1e. This patient was in the "integrity vs. despair" stage of growth development. It was hard to determine what phase she was in because she kept ripping off her oxygen mask and refusing to be intubated by clenching her teeth. She seemed very scared due to so much happening at once. I wondered if she was not being compliant with the care because she was satisfied and at peace with her life, or if she had regrets, and was not ready to die. She fighting almost everything that was trying to be done, but I do not think she realized it was only to help her. **Sometimes this can happen when patients are very confused as well or when their oxygen saturation is very low. RH**

1e. My patient this week was in the trust vs mistrust stage of development. She was only one day old, so she was still trying to get used to how everything was working in the world. I could tell she seemed the calmest when with her parents, and seemed to get more upset when we took her off to the nursery to be assessed. I could tell this baby trusted her parents because they were taking good care of her by being consistent with feedings and providing good comfort to her as well. **RH**

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

Week 8 – 1a – You did a wonderful job providing holistic care to the baby you were assigned to this week. KA

Week 8 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. KA

Week 8 – 1d – You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process. KA

1e. All of the kids that we screened were in the "identity vs. role confusion" stage of growth and development. I could definitely tell that their friend group, and what others thought of them mattered while doing the hearing screen specifically. The kids would come in the room after joking with their friends, and when they left the room, many would tell the others whether they passed or failed the screening. Others would stand right in front of the glass windows to watch their friends as they were doing the test, which distracted them even more. **RH**

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
	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	NA	NA	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	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
g. Discuss prenatal influences on the pregnancy. Maternal		NA	NA	S	NA	NA	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	NA	NA	NA	NA	NA	S	NA	NA	NA	NA	NA	NA	NA	NA	S
i. Discuss family bonding and phases of the puerperium. Maternal		NA	NA	NA	NA	NA	NA	NA	S	NA	NA	NA	NA	NA	NA	NA	NA	S
j. Identify various resources available for children and the childbearing family.		NA	NA	NA	S	NA	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	S	S	S	S	NA	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	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

Comments:

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

Week 5: 1j- you shared some of the education that was provided to the mother during this visit and included some resources that were given to her as well. RH

Week 7: 1j- were there no resources available to the patient or their family members? Sometimes the house supervisor will come and be a support person for the family members during a difficult time and offer some resources to them. If there was no discussion of other resources, this can remain "NA" but if there were resources discussed with family members, I would change this to "S" RH

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	NA	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
b. Perform nursing measures safely using Standard precautions.		NA	NA	S	S	NA	S	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	NA	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
d. Practice/observe safe medication administration.		NA	NA	S	NA	NA	S	S	S	NA	NA	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	S	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	S	NA	S	S	S	NA	NA	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	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

Comments:

2g. One of the patients that I helped take care of was a young mother who came in due to a potential membrane rupture. It was determined that she was not ruptured but has been having contractions for at least 10 hours, and was only 32 weeks and 6 days. Her other two babies were born premature at 34 and 35 weeks so we had to move fast to stop the contractions, to prevent a labor. One of the social determinants of health I noticed while I was in there was that the patient was unemployed and she relied only on her fiancé's income, which she mentioned was not very much. She mentioned that they live in a small apartment, but that they have a really good support system to help

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

them out. My worry would be that their baby will not be given the proper needs to thrive, so I would recommend giving her some resources that are available to her that could help her out. **What resources could we recommend to her? This is a great observation. RH**

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

2g. A social determinant of health that I noticed for my patient this week would be that she said she just recently quit her job. She needed to spend more time with her baby, and give her the care that she needed, and she said she could not do that if she was always working. Although I was initially worried about this, she later mentioned that she had a very supportive husband who has a good job, and he helps out a lot with the baby as well. This was also her first baby, so she is still trying to get the hang of how to do everything. There are several resources that could be offered to help her gain more knowledge regarding care of her newborn such as attending support groups. **Some families are able to have one parent be a stay at home parent due to the price of childcare, health insurance, and gas/mileage on a vehicle. It works that one parent will stay home while the other one works, but this is not always the case. I am glad that she felt that she needed more time with her baby and was supported by her husband and family. RH**

2g. The biggest social determinant of health I found during this clinical was that many of the children did not have access to much food at home. When we first got there, we went and sat with them as they ate their lunch. I did not hear any one of them complain about the food they were given and they all seemed to be so grateful to be able to have a hot meal in front of them. I even heard some of the m say that the lunch they were eating was the first meal they had all day. After hearing this, it made me really glad that this boys and girls club is here for the kids to get some food and have a good time at the same time. **This is such a great resource for these kids! RH**

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

2g. A social determinant of health I noticed while helping care for one of the patients in the ER was that she did not have any family come in with her. She lived by herself and nobody could get ahold of her daughter which was the only contact person listed for her. Having no family around can greatly impact the patient because they have no emotional support, healthcare-decision making help, or emergency support, such as noticing early warning signs. It makes me think what would have happened if the patient did not call the squad by herself and come into the ER. **This happens more often than one would think, especially for those who live in assisted living or nursing homes. RH**

2g. One of the social determinants of health I noticed for my patient this week was that when they are able to go home, she will have a clean environment and safe area to be in. While in the room with the parents, they were talking about how they are going to put child locks on doors and cabinets in their home, as well as keeping hazardous objects away from the newborn. I was really happy to hear this because I know some of the leading causes of death in infants is poisoning and choking, so knowing the parents are going to “child proof” their home was great to hear. **Good observation! RH**

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

Week 8 – 2b – You did a great job working with the nurse to DC the Foley catheter of the cesarean birth mother while on clinical. KA

Week 8 – 2d – You did a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. You were able to administer IM medication to the newborn. Your IM injection technique was excellent and you followed proper safety measures for both you and the patient. KA

Week 8 – 2f – You worked with the family to gather information on the baby to accurately document the patient’s I&Os. KA

2g. I think the biggest social determinant of health I noticed while at Clyde, was that many of the students we screened for vision and hearing actually failed the tests, however when talking with the nurses, not many of them actually follow up and schedule an appointment to correct the issue. I think this is mostly due to the lack of funds

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

the families might have, and they cannot afford to take their child to the doctor to get glasses or even hearing aids. Due to this, the kids might have a decrease in academic performance because they can't hear the teacher very well, or they cannot see the board on what is being taught. I was glad that the nurses said there are some resources available to those who cannot afford to pay for care they need. This was a very common finding, and when discussing with the nurses, they will see the trend from each year of being referred and no follow up taking place. RH

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

Comments:

3d. One of the things I noticed regarding legal and ethical issues was when my patient had to sign the consent papers to be transferred to Akron. I thought the nurses and doctor did a good job explaining what was happening to the patient and what to expect. Before she signed the papers, she knew what she was signing and the reason behind it. Something I would critique would be how some of the nurses acted towards the patient. The nurses were upset because the patient did not come in after contracting for 10 hours, which was forcing her into preterm labor. Since they were upset about this some of them tended to be very judgmental towards the patient and annoyed with her. However, I want to mention that although they had these feelings, they gave her the best care before she was transferred out. **I am glad they still gave the patient great care, even if they were frustrated. Something to think about would be what if she had nobody else to care for her other two children until that time and that is why she came in after 10 hours. If only her fiancé works, then she is probably the main caretaker for the children during the day.** RH

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

3d. This week at lactation, I was able to watch the patient sign consent forms regarding the care she was receiving, as well as for the information to go to the other providers that she was seeing to let them know the progress that has been made. In order to send out any patient information to anyone, the patient needs to approve of it, and that is what those papers she signed were for. One thing I would critique would be that the nurse had the papers on a clip board and told the patient to sign them without explaining to her what she was even signing. **It is very important to explain what the patient is signing. I wonder if the patient has to sign them after each visit and she already knew what they were. However, we should still be explaining it every time she needs to sign them to ensure she understands.** RH

3d. While at the boys and girls club it was really hard to find a legal and ethical issue to critique. All of the kids seemed to be treated fairly and equally regardless of their gender or race. Something that I did notice was that if a kid was acting out, they were be taken out of the room where they would miss out on whatever was being taught. This could be against the kid's education rights because they are missing out on learning because they are being forced to leave the room. This was the only thing I could think of because everything else seemed to be in line at this club. **This is a good thought process! Others have said lack of access to healthcare due to lack of funds, which could then lead to more illness or lack of treatment for chronic illnesses. RH**

3d. The biggest ethical issue I saw while down in the ER was in the very first patient that I got to watch the ER team take care of. She was in severe respiratory distress and her SpO2 was in the 60s, and she kept taking her oxygen mask off. Since she was becoming too tired to breathe, the doctors make the decision to intubate her, but when they asked the patient if they could, she shook her head no. The first time the doctor tried to insert the tube, she clenched her teeth, but he eventually got it in. This is something that could be an ethical issue because it is putting the patient's autonomy into question. **I wonder if they made the decision that she was not oriented enough to make that decision for herself. Another reason this could become a legal/ethical issue would be if the patient had a DNR on file and that document said "do not intubate" RH.**

3d. While on the Firelands OB unit, I could not find anything to critique when it comes to ethical and legal issues. However, I noticed some of the regulations they have in place to prevent such things. For example, every newborn gets a band around their ankle that identifies what family they belong to, and it also serves as a security system. If the band is removed then an alarm will go off alerting the floor, and it also tells them which baby it is. Another thing I noticed was that some hospital staff have access to the OB floor, but their badge only gets them onto the floor, and they have to ring the bell in order to leave. I didn't realize the reason behind this, until one of the nurses explained it. She said it was in case someone came in and took a baby, they cannot just run out with it because one of the nurses has to let them out. **All staff on the unit are to check to see if a person leaving the floor is suspicious of having a baby with them and the alarm that sounds is very loud. Security is also informed every time the alarm goes off and sends someone to the hospital exits to ensure the person cannot get too far. RH**
Week 8 – 3a & 3c – You were kind and respectful when interacting with children and staff at the school. All the teachers and the principal complimented your presentation and how wonderful you were with the children. Keep up the excellent work! RH

3d. Once a kid was finished with both of the screenings, I would keep their paper to turn into the nurses. One of the things I noticed was that a lot of the kids would come in and try to look at the other kid's scores when they handed me their paper. I tried the best of could to keep them covered up, or upside down, but you could still see through to the other side. I wish we would have got a folder or something to put these little slips of paper in, so the other classmates could not see their friend's results. **This is a great idea for next year to provide folders or something to place them in so others are not looking at the sheets. RH**

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Develop and implement a priority care map and/or plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	NA	S	NA	NA	NA	S	S	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	S	NA	S	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
d. Provide patient centered and developmentally appropriate teaching.		NA	NA	NA	S	NA	NA	S	S	NA	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	S	NA	S	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

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

Week 5: 4d- you provided a good summary of what education was provided to the mother regarding breast pumps and how to increase milk production. RH

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

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

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

Week 8 – 4b – You did a nice job documenting the newborn assessment in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessments accurately. KA

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

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. RH
	15. Evaluation includes one of the following statements: <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.

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

*****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *****

Faculty/Teaching Assistant Comments:

Total Points: 45/45

Faculty/Teaching Assistant Initials: RH

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

Comments:

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

Week 5: 4i- it is important to educate or inform breastfeeding mothers that they should have a healthy and substantial diet in order to maintain their milk supply. Many mothers are concerned with losing their baby weight, but then their milk supply drops and they do not understand why. RH

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	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
b. Evaluate own participation in clinical activities.		NA	NA	S	S	S	S	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	NA S	S	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	NA	NA	NA	NA	NA	S	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	NA	NA	NA	NA	NA	S	NA	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	NA	NA	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	NA	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

Comments:

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 5: lactation comment- Marked excellent in all areas. "Good job!" Rachel Figgins RN, CLC

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

Week 6: 5c- I changed this to “S” because you were still collaborating with the instructors at the boys and girls club, even if they were not healthcare members, it was a collaboration for care for the children. RH

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

Week 7: 5a- ER Comment: Marked excellent in all areas. Mikailey Hull, RN

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

Week 8 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You were able to see both a vaginal delivery and a cesarean birth while on clinical this week! KA

Week 8 – 5e – You did a great job navigating the EMR to gather information on your newborn to ensure your provided proper care and met all of their needs while on clinical. KA

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

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	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
b. Accept responsibility for decisions and actions.		NA	NA	S	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
c. Demonstrate evidence of growth and self-confidence.		NA	NA	S	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
d. Demonstrate evidence of research in being prepared for clinical.		NA	NA	S	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	NA	S	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
f. Describe initiatives in seeking out new learning experiences.		NA	NA	S	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
g. Demonstrate ability to organize time effectively.		NA	NA	S	S	S	S	S	S	S	NA	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	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
i. Demonstrates growth in clinical judgment.		NA	NA	S	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

Comments:

6a. An area of improvement for me would be to ask more questions to the nurses who are working on the floor at the time. Often times I have questions about what they are doing to a patient, or the reason they are giving a certain medication, but I am too afraid that I am annoying them or just getting in the way, but I know that I need to make the most out of my clinical experience by asking questions to help me understand. My goal for my next clinical experience is to not be afraid to ask questions because that is what is going to help me really understand what is going on in that situation. **Good goal to have! Most of the nurses are excited to see students who want to learn, so take every opportunity to ask questions to better understand what is going on. RH**

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

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. My weakness for this week at clinical would be being a little impatient. During lactation it can take a while for the baby to finally start to latch on, and I could tell I was getting restless just standing there, because I wanted to do something to help, but I could not interfere with the process. My goal is to try to just take some deep breaths to remain patient, and realize that everything takes time to occur, especially breastfeeding. This clinical can be a test of patience because some mothers need a lot of assistance or they refuse assistance because they want to do it themselves and it can take quite some time to get a good latch. RH

6a. An area of improvement for this clinical would be to get out of my comfort zone a little bit and interact with more of the kids. While talking to them during lunch, I seemed to stay at one table with the same kids, so therefore only really talked to a small group prior to doing our activity. My goal for next time would be to move to different tables and try to go out of my way to talk to more kids than just the same group for the whole time. Sometimes this can be hard because the kids like to keep your attention for so long, but this is still a good goal. RH

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

6a. An area of improvement for this clinical experience would be working at a very fast pace. I have never worked in an ER before, so the pace that you have to go at is something that I needed to adjust to. The assessments are done fast, as well as vitals in order to get that patient help as fast as you can. I feel like the first couple patients I helped care for; I was overwhelmed by how fast things were going since I had never experienced this style of pace before. My goal for next time is to be more prepared for what I am walking into, and have more confidence in my skills that I can do them fast and accurately. Working at a fast pace is a learned skill. It takes time and a lot of practice to be comfortable moving at that quick of a pace. This is one reason many ERs do not hire new graduates, because that base skill of learning how to do things in a good flow first is so important. Once you learn your flow of practice, you can then do skills and tasks at a faster pace. RH

6a. An area of improvement would definitely be my charting. Since I have not charted in a while, I was a little rusty when it came to doing the newborn assessment, and finding where everything was located within the chart. The more I was able to get on and take my time and go through everything, it started to come back to me, but I want to be more prepared for next time. My goal is to look back at some of the Meditech guidelines and papers we got regarding charting so I can familiarize myself with the system beforehand, rather than using my clinical time to do this. This is a good idea! We also have print outs of the charting that we use for Fisher Titus clinical, so we are able to provide you with a paper copy if you would like too. RH

6a. I think an area of improvement would be the hearing and vision screening process in general. Since we haven't gone over anything about it since the first week of school, I was definitely forgot the rules on how everything was run. I was glad the nurses went over it with us beforehand, and once I got started it wasn't so bad. My goal for next time would be to go back and look over all of the hearing and vision screening videos that we watched so that way I can have a little refresher prior to just jumping right into it. This is something we can add as a reminder to students who have it later in the semester so it can be a little more fresh in their minds. RH

Final comment: You have satisfactorily completed the clinical, lab, and simulation portion of the Maternal Child Nursing course. You have demonstrated growth in your knowledge, skill, and clinical judgment. As you reflect back on the semester I hope you realize how much you have learned and are proud of yourself. Keep up the great work and good luck as you continue in the program! RH

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

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

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

* Course Objectives

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

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/19	Date: 9/23	Date: 10/3	Date: 10/7	Date: 10/17 & 10/18	Date: 10/31	Date: 11/4	Date: 11/5 & 11/6	Date: 11/15	Date: 11/19	Date: 11/22	Date: 11/22	Date: 10/22
Evaluation	U	S	S	S	S	S	S	U	S	S	S	S	S
Faculty Initials	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
Remediation: Date/Evaluation/Initials	S 9/20 RH	NA	NA	NA	NA	NA	NA	S RH 11/15/24	NA	NA	NA	NA	N/A

* Course Objectives

Comments:

Pregnancy and PP simulation: Please see Lasater Rubric for reasoning of unsatisfactory rating. RH

Pediatric GI simulation: please see Lasater Rubric for reasoning of unsatisfactory rating. RH

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Houghtlen, Schnellinger

GROUP #: 9

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/19/2024 1000-1130

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>Hand hygiene, patient identified. VS, heart and lung sounds assessed. Pregnancy history obtained. BP reassessed prior to administering Procardia. Charge and medication nurses staying outside the patient room during entire assessment. Not introducing self and not assisting.</p> <p>Patient identified, begins to CO of being dizzy and lightheaded. Charge nurse and medication nurse not very involved, should be in the room helping.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interpreted need for fetal monitor. Fetal strip interpreted- good variability, accelerations, contraction time, and frequency. UA results interpreted. BP interpreted as WNL. Indication for Procardia interpreted.</p> <p>Notices boggy uterus and excessive bleeding. Notices BP and HR improving following methylergonovine. Uterus noted to be firm. Charge nurse and assessment nurse stay outside patient room until they are asked to assist.</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>Fetal monitor applied. Patient assisted to left side. Urine sample collected. Call to HCP, (remember to gather necessary information prior to calling). Assessment nurse left patient room to phone the provider. Charge nurse should be attentive to what is going on, get a report from the assessment nurse, and make the phone call. Additional assessment data gathered. Call to HCP with additional assessment information and UA results. Orders received for fluid, Acetaminophen, Procardia, orders read back. Pain assessed- rated 4-5/10. Prenatal care encouraged. Call back to HCP by assessment nurse. Orders for US to verify dates, patient education. US complete, date verified confirming 33 weeks. Call to HCP to question Procardia due to lack of history of hypertension. Indication determined. IV fluid initiated. Prenatal and dietary education provided. Four calls to the provider all made by the assessment nurse. Charge nurse and medication nurse hesitant to get involved in scenario.</p> <p>Assessment nurse notices PPH and begins to massage fundus and calls HCP. Team members – should come in to help and assist- this is an emergency. In this situation, the priority for the assessment nurse is</p>

	<p>to massage the fundus while the charge nurse or medication nurse (whoever is free) makes the phone call. Other nurse offers to help and comes in to take over phone call. Order received, medication prepared and administered. BP and HR reassessed with noted improvement. Pads weighed- 600g. Education provided by all three team members</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Discussed the importance of teamwork and SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.</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>You are Unsatisfactory for this scenario. BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment Is ineffective in seeking information; relies mostly on objective data; has difficulty interacting with the patient and family and fails to collect important subjective data</p> <p>Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data In simple, common, or familiar situations, is able to compare the patient’s data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance</p> <p>Responding: Except in simple and routine situations, is stressed and disorganized, lacks control, makes patients and families anxious or less able to cooperate Has difficulty communicating; explanations are confusing; directions are unclear or contradictory; patients and families are made confused or anxious and are not reassured 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 Is unable to select and/or perform nursing skills</p> <p>Reflecting: Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Houghtlen C, Schnellinger A

GROUP #: 9

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/19/2024 1000-1130

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>Introduction, patient identified. Patient CO abdominal pain rated 5/10. VS initiated. Charge nurse gathers pregnancy history information.</p> <p>Patient identified. Patient CO feeling lightheaded and dizzy. BP measured. Notices low HR. Notices boggy uterus and 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>Interpreted the need to place fetal monitor on patient. Monitor waveforms interpreted- contractions q 2 min, FHR 145.</p> <p>BP interpreted as being low. Interprets HR as being high due to falling BP. Interprets uterus firming up as indication of medication effectiveness.</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>Patient questioned about pregnancy/prenatal care. Prenatal care encouraged. Gestational diabetes history discussed. Questions regarding contractions- duration, frequency. Fetal monitor applied. Urine sample sent to lab. Patient assisted to left side. Call to lab for UA results. Call to HCP with report, pertinent information relayed to HCP. Orders received for IV fluids, acetaminophen, Procardia, and US to verify dates. Medications prepared, patient identified, allergies confirmed. IV fluid initiated, acetaminophen and Procardia explained and administered.</p> <p>Measures BP in response to patient CO dizziness and lightheadedness. Peri area assessed, fundus immediately massaged, requests charge nurse to assist. Call to HCP to report hemorrhage. Orders</p>

	<p>received for methylergonovine. Medication prepared and administered. Uterus massaged until firm. Patient states feeling better. BP HR reassessed- found to be normalizing. Pads weighed- 600 g. Call to HCP to report blood loss volume and resolution of hemorrhage and symptoms. Patient education provided regarding lochia color and what to expect over the next few weeks.</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 scenarios. Team met all expectations of the scenario and preformed well. Teamwork and communication were very good. Work was efficient and team worked together well to complete all tasks and objectives. Very nice job.</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. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 7. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 8. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 9. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 10. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information Recognizes most obvious patterns and deviations in data and uses these to continually assess 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>

*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): Stang (C), Houghtlen (M), Schnellinger (A)

GROUP #: 9

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/24 1000-1130

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2,5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Introduce self, identify patient (name/DOB)</p> <p>Pain assessment: location, rating</p> <p>Obtain cervical exam prior to nubain administration</p> <p>Assess fundus after delivery: firm and midline. Obtain vitals after delivery</p> <p>APGAR 1 minute: heartrate (150), respirations (50), cry, color, tone. Total: 10</p> <p>Assess reflexes in newborn to ensure all are positive. Complete newborn assessment</p> <p>Repeat post-partum assessment after time has passed. Reassess pain after delivery. Does full post-partum assessment on mom (bowels, breasts, bladder, uterus, legs/edema, emotional state)</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>Interpret fetal monitor and correctly identify frequency of contractions, interpret fetal monitor as accelerations</p> <p>Identify vitals are WDL</p> <p>Identify imminent delivery</p>

<p>RESPONDING: (1,2,3,5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Call healthcare provider. SBAR organized.</p> <p>Offer pain management options. Education on pain medication ordered and how it would impact baby.</p> <p>Education provided on penicillin and why needs to be administered.</p> <p>Medication administration: nubain and PCN. Check name/DOB, verify allergies, scan patient, scan medications, hang secondary bag above primary bag, clean hub prior to hooking up secondary tubing. Hook up secondary tubing below the pump.</p> <p>Nubain admin: correct dose, verify name/DOB, use of subcutaneous needle rather than IM needle, correct IM technique used, use of needle safety.</p> <p>Baby is coming, does not call healthcare provider prior to attempting delivery</p> <p>Baby is coming: call for help, McRoberts, suprapubic pressure, rotational maneuvers, roll to hands and knees, evaluate for episiotomy, remove posterior arm</p> <p>Immediately after delivery dry off baby, put baby in warmer,</p> <p>Verify mom is okay with medication administration to baby (vitamin K and erythromycin)</p> <p>Medication administration: erythromycin ointment- applied appropriately, scan patient and medication. Vitamin K: correct dose, correct technique, correct location, use of needle safety. Use of adult IM needle for infant injection.</p> <p>Education on bleeding expectations for new mother. Education provided on post-partum depression/baby blues</p> <p>Does not place hat on baby</p> <p>Call healthcare provider with update on mother after delivery.</p> <p>Gather consent for circumcision on baby. Education provided on circumcision care on baby after procedure will be done.</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 interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Team remediated on correct needle size for IM injection on infant. Team remediated on correct needle size for adult IM injection. Discussion on importance of hat on baby. Team discussed all interventions done and education provided to mom during simulation. Team reflected well on their performance.</p>

<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)* 5. Identify ways in which heat loss occurs in infants. (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: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</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: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Is hesitant or ineffective in using nursing skills.</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: Karli Schnellinger

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

CLINICAL JUDGMENT	OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Responded to safety issues by correcting each of them to provide a safe environment for the patient's care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient's respiratory distress by providing the patient with the ordered breathing treatment. Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p> <p>Scenario Objectives:</p>	<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>

<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>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>
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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Karli Schnellinger OBSERVATION DATE/TIME: 10/22/24

<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.</p> <p>Great job.</p> <p>I enjoyed seeing your pregnancy photo!</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p>Simulation Objectives:</p> <ol style="list-style-type: none"> 1. Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)* 2. Describe how patient-centered care is dependent on past medical history, cultural history, social history, and pregnancy/birth history. (1, 2, 4)* 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; C=Charge Nurse

STUDENT NAME(S) AND ROLE(S): Stang (C), Houghtlen (M), Schnellinger (A)

GROUP #: 9

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/31/24 1000-1130

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Introduce self</p> <p>Pain assessment with faces scale</p> <p>Obtain vitals. Notice elevated temperature</p> <p>Notice battery, needle, and scissors in crib</p> <p>Respiratory assessment. Notices abnormal lung sounds</p> <p>Ask father about history of respiratory illness. Ask about family history of chronic lung disorders. Asks about frequency of stridor.</p> <p>Medication errors in chart not identified or investigated. Incorrect dose administered.</p> <p>Identified IVF rate was incorrect.</p> <p>Reassess respiratory status. Pulls down gown to assess chest. No retractions. Listen to lung sounds.</p> <p>Reassess vitals and pain</p> <p>Notice increased cough and increased work of breathing. Ask father how long it has been going on</p> <p>Pain assessment with faces scale.</p> <p>Obtain vitals. Notice low oxygen level</p> <p>Respiratory assessment. Take gown down to visualize chest. Notices retractions. Assess skin color. Identify lung sounds as wheezes rather than stridor.</p> <p>Reassess respiratory status after breathing treatment complete. Identifies normal lung sounds and retractions are less than previous.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Calculate correct medication math for original 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>Calculate correct dose of dexamethasone</p>

	<p>Correlate retractions with increase work of breathing.</p> <p>Calculate correct medication math for original order in chart for acetaminophen but does not catch error in orders. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient</p> <p>Nurse stays at bedside until respiratory arrives for breathing treatment.</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>Raise crib side rails when not in room</p> <p>Medication administration: amoxicillin, cetirizine, ibuprofen. verify name/DOB, scan patient, scan medication, right dose, right route, educated on what each medication is for.</p> <p>Education to father about respiratory effort, ask about frequency of stridor and what makes better/worse. Educate on cool mist humidifier or taking child outside at night for cool air. Educate on respiratory distress signs and symptoms (tripod positioning, restlessness).</p> <p>Call healthcare provider. SBAR organized. Update on patient status. Receives dexamethasone order. Does correct medication math on phone with healthcare provider. Healthcare provider brings up IVF seems fast and students calculate hourly rate should be 52mL/hr. Readback orders for verification.</p> <p>Correct fluid rate on IV pump.</p> <p>Medication administration: dexamethasone. Check name/DOB, educate what medication is for, scan patient and medications, right med, right route, right dose.</p> <p>Apply oxygen via nasal cannula. Start at 1L</p> <p>Medication administration: acetaminophen. verify name/DOB, verify allergies, scan patient, scan medication, right dose, right route, right med.</p> <p>Call healthcare provider for update on respiratory status. Receive order for additional dose of dexamethasone. Read order back for verification.</p> <p>Call respiratory therapy for breathing treatment</p> <p>Medication administration: dexamethasone. Check name/DOB, educate what medication is for, scan patient and medications, right med, right route, right dose.</p> <p>Set up cool mist humidifier for room. Elevate head of bed.</p> <p>Remove oxygen to trial room air with patient after breathing treatment complete</p>

<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario and recognition of teamwork/communication. Identified lack of double-checking orders for medications. During debriefing all safe dose medications were checked and medication safe doses were calculated by all students. Discussed medication errors and how to identify/prevent doing so in their practice as nurses. Team provided great education to father and child on illness as well as medications administered and what to watch for at home.</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 A= Accomplished D= Developing 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: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient 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>

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse; C=Charge (Course Specific)

STUDENT NAME(S) AND ROLE(S): Stang (M), Houghtlen (C), Schnellinger (A)

GROUP #: 9

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/6/2024 1000-1130

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>Identify patient, introduce self Pain assessment using faces scale Obtain vitals GI assessment. Lift gown to visualize abdomen, listen to bowel sounds, ask about vomiting pattern, ask about energy level, does not address bruising Reassess vitals GI reassessment Returns to address bruising on abdomen. Per prompting from Jack does skin assessment and notices right upper arm bruise Begin to inquire about bruising while mom at bedside rather than separating them.</p> <p>Patient vomits Pain assessment with faces scale Obtain vitals GI assessment. Ask about bowel habits, ask about vomiting, ask about specific pain Reassess 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>Mucous membranes slightly tacky, interpret as possible dehydration Temperature 102.5- interpret as elevated Temperature reevaluation 101.1- interpret as improvement</p> <p>Mucous membranes pink and tacky- interpret as dehydration Skin turgor tenting- interpret as dehydration Temperature 102.1- interpret as elevated Reassess skin turgor, some tenting noted but interpret as improvement. Mucous membranes pink and starting to look moist- interpret as improvement Temperature 101.1- interpret as elevated but improvement</p>

<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Call healthcare provider to question acetaminophen and cetirizine orders (safe dose ranges). Receive new order for acetaminophen 450 mg PO every 6 hours as needed. Student does not read back orders.</p> <p>Medication administration: acetaminophen and cetirizine. Verify patient name/DOB, scan patient, scan medication. Incorrect medication math for acetaminophen (2mL = 130 mg)</p> <p>Medication administration: IVF. No order for IVF in chart or MAR. Start fluids at maintenance rate. Correctly calculate maintenance rate. **Starting IV fluids at this point in the scenario was prescribing a medication without a license. This falls outside the scope of nursing practice.</p> <p>Call lab for stool culture results. Patient is positive for rotavirus; initiate contact precautions</p> <p>Update and educate mother on rotavirus (precautions, how to prevent spread, plan of care)</p> <p>Offer some Pedialyte in small sips</p> <p>Provide education to mom about smoking cessation during pregnancy</p> <p>Call case management due to concerns for abuse/bruising</p> <p>Inform mother of case management consult</p> <p>Offer emesis basin</p> <p>Call healthcare provider. Receive order for IVF bolus (600 mL NS), IVF maintenance rate (D5 NS at 71 mL/hour), and Zofran (0.15 mg/kg IV every 6 hours prn nausea/vomiting. 30kg x 0.15 mg = 4.5 mg). Student does read back orders for verification.</p> <p>Medication administration: IVF bolus. Does not verify patient name/DOB, does not scan patient or medication. Does program pump appropriately.</p> <p>Medication administration: Zofran and acetaminophen. Check name/DOB. Scan patient, scan medications. Incorrect medication math for Zofran. (4.5 mL = 9 mg)</p> <p>Medication administration: IVF maintenance rate. Change pump appropriately, does not check</p> <p>Remediation: Students each completed a variance report for all medication errors performed during the simulation. Each student also had to fill out reflection questions related to if there was a cause of the medication errors, how to prevent this incident from happening in the future, what potential effects the patient could have presented with due to the medication errors, and they had to provide an SBAR report to the healthcare provider in regards to the medication errors. After remediation you are now satisfactory in this scenario due to your new evaluation being “developing”.</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. Discussed importance of checking recommended doses of medications to ensure safe dose is ordered. Discussion of contact precautions and education provided to prevent spread of illness. 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.</p> <p>Identified incorrect medication administration of acetaminophen and Zofran. Each student calculated correct medication math for dosing for orders provided to show correct dosage calculation for each medication.</p> <p>Identified that students started IV fluids in first part of scenario with no order. Discussion of how this could be a sentinel event and how this is not within nurse scope of practice. Review of MAR to have</p>

	<p>each student identify the order was for an IV flush. Full faculty discussion with students upon completion of debriefing in regards to implementing IV fluid orders without prescription/order. Students received remediation assignment for completing an incident report related to their medication errors along with answering questions related to just culture.</p> <p>Remediation: Students each completed a variance report for all medication errors performed during the simulation. Each student also had to fill out reflection questions related to if there was a cause of the medication errors, how to prevent this incident from happening in the future, what potential effects the patient could have presented with due to the medication errors, and they had to provide an SBAR report to the healthcare provider in regards to the medication errors. After remediation you are now satisfactory in this scenario.</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"> 11. Select physical assessment priorities based on individual patient needs. (1, 2)* 12. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 13. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 14. 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)* 	<p>You are unsatisfactory for this scenario. RH</p> <p>After remediation you are satisfactory in 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. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring but not competence. Focuses on developing a single intervention, addressing a likely solution, but it may be vague, confusing and/or incomplete; some monitoring may occur. Is unable to select and/or perform 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>

15. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)*

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Karli Schnellinger 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 						<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>

<ul style="list-style-type: none"> • Being Skillful: E A D B 	<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 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, 5)* 	<p>The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS/RH</p>

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Cameron Beltran, Grace Catanese, Karli Schnellinger, Savannah Willis OBSERVATION DATE/TIME: 11/22/24
 SCENARIO: Comprehensive Simulation

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>You noticed suspicious bruising on patient and patient’s physical appearance and psychosocial status as deviation from normal.</p> <p>You noticed environmental concerns throughout the home that would be safety hazards.</p> <p>You noticed abnormal family functioning as you progressed through the simulation.</p> <p>You noticed the signs of respiratory distress and dehydration in the children.</p> <p>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 and performed a BUBBLE LE assessment 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.</p> <p>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.</p> <p>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.</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 interpreted there were multiple safety concerns as well as education opportunities throughout the family unit.</p> <p>You were able to interpret safety and health issues with each member of the family.</p> <p>You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit.</p> <p>You interpreted acute respiratory status changes and lethargy as major assessment 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. Additionally, you interpreted her BUBBLE LE assessment to tailor appropriate information for education. You encouraged the mother to discuss more of her</p>

	<p>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 educated on the abuse and that it is not her fault. You discussed options for insurance such as Medicaid/Medicare and the importance of having these for medical care. You provided information on not taking unprescribed medications and to lock up all medications so the children do not have access to them. You discussed the importance of taking her prescribed medications (labetalol and Zoloft) everyday and provided resources for delivery services for receiving her medications as well as grocery services. When you performed your BUBBLE LE assessment, you discovered that the mother was breastfeeding occasionally and provided resources for her to obtain a breast pump along with breast care information. Awesome job in 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 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 proper baby care and safety concerns in the environment.</p> <p>You recognized the crib may not be the safest option for the newborn in the household and placed the infant in a low-lying clean dresser drawer.</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>Group discussion of how reviewing the chart during prebrief assisted with developing a plan for the “home visit.” Discussion of what they noticed in mother’s room including abuse, poor nutrition, unlabeled medications, and the filth. The group did a full post-partum assessment on the mother and educated her on post-partum depression as well as a safety plan/resources for abused women. They also educated on breastfeeding since she was reporting poor breastfeeding success, as well as educated on importance of not taking unprescribed medication. During discussion of the partner visit the group noticed the differing stories and were mindful of how to talk to the partner. They also noticed the excessive alcohol present as well as the inappropriate photos on the refrigerator. The group did remove the photos and say those should not be posted as they are concerning. They educated on proper storage of cleaning supplies, bottle preparation, importance of checking expiration dates, and proper nutrition. They offered resources such as WIC and food stamps. When attempting to educate on reduction of alcohol intake, the partner stated he did not have a problem and would not listen to education provided. Discussion of the children’s visit was centered around safety. The lack of safety in the room included pillow/lack of safe sleep habits, juice in the baby bottle, and filth. The group noticed that Jack was in respiratory distress and Jill was failure to thrive so they were able to send the children and mom to the ER for further treatment. 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 safety, nutrition, and post-partum depression/baby blues.</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)* 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)* 	<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>

5. Demonstrate thorough environmental assessment in the home setting. (1,3,5)*

*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: Karli Schnellinger 11/26/2024