

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Grace Catanese

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: Brian Seitz MSN, RN, CNE

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
9/13/2024	Neonatal hyperbilirubinemia	BS

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Mid term	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	NA	S	S	S	S	NA	S	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	NA	S	S	S	S	NA	S	NA	NA	NA	NA	NA	S
b. Provide care using developmentally appropriate communication.		NA	NA	S	S	NA	S	S	S	S	NA	S	NA	NA	NA	NA	NA	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	S	NA	NA	S	S	S	S	NA	S	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	S	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	NA	S	S	S	S	NA	S	NA	NA	NA	NA	NA	S
Clinical Location Age of patient		NA	NA	Fisher Titus OB, 24 hr.	Boys & Girls Club, 4 yr	NA	Firelands ER. 13		Firelands OB. 23	Firelands Lactation, 74 hr.	NA	Clyde Elementary, 1-1st grade	NA	NA	NA	NA	NA	S
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS

Comments:

Week 4: Trust vs. Mistrust. I chose this stage because my one patient was only 24 hours old. In the newborn/infant phase of life, Erikson describes it as the trust vs. mistrust. **BS**

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

Week 4- FTMC OB Objective 1 B, C, D-This week you did an awesome job with providing developmentally appropriate care, appropriate assessment techniques, and developing safety measures to support your patient. MD

Week 5: Since I was at the boys and girls club for clinical the ages varied. I would say the two main stages of development were initiative vs. guilt for the kids who were younger and in kindergarten, and industry vs. inferiority for the kids who are older than 5. I chose these stages because Erikson describes ages 3-5 as initiative vs. guilt and ages 6-11 as industry vs. inferiority. BS

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

Week 7: During my clinical at the ER, I helped care for many different patients. There was only one kid on the floor to help care for and she was 13. I would choose identity vs. confusion for my patient's stage of growth and development. I chose this stage because Erikson describes ages 13-18 as adolescents and their stage is identity vs. confusion. Nice job. BS

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

Week 8: Intimacy vs. isolation. I chose this stage of development for my patient because she was 23 years old. In early adulthood, Erikson describes this stage as intimacy vs. isolation. BS

Week 8 – 1a – You did a wonderful job providing holistic care to the mom and baby you were assigned to this week. You were able to see the mother through the induction and labor process and assess her newborn in the nursery. 1c – You did a nice job observing the nurse during the assessment process of the laboring patient and did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. 1d – You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process. KA

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

Week 9: Trust vs. Mistrust. I chose this stage because my patient was only 24 hours old. In the newborn/infant phase of life, Erikson describes it as the trust vs. mistrust. BS

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

Week 11: Initiative vs. guilt. I chose this stage of development because the kids were between 5 and 6 years old. Erikson describes ages 3-6 as initiative vs. guilt. BS

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

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
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Competencies:																		
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	S	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
i. Discuss family bonding and phases of the puerperium. Maternal		NA	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
j. Identify various resources available for children and the childbearing family.		NA	NA	S	NA	NA	NA	S	S	S	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	NA	S	S	S	S	NA	S	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	NA	S	S	S	S	NA	S	NA	NA	NA	NA	NA	S
S		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS

Comments:

Week 4- FTMC OB Objective 1l-This objective was met utilizing conversation and working with the postpartum mom and newborn. Great job! MD

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

Week 8 – 1h – You were able to identify the stages of labor your patient was progressing through and watched the care of the patient from the moment of induction to delivery of the newborn. 1l – You were able to witness the labor process and how the healthcare provider, nurses, and patient's support people work together to provide the best experience possible for the patient during the laboring process. KA

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

***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	S	NA	NA	NA	NA	NA	S
b. Perform nursing measures safely using Standard precautions.		NA	NA	S	S	NA	S	S	S	S	NA	S	NA	NA	NA	NA	NA	S
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	S	NA	NA	S	S	S	S	NA	S	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	NA	NA	S	S	S	S	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	NA	S	S	S	S	NA	S	NA	NA	NA	NA	NA	S
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS

Comments:

Week 4: Since I cared for multiple patients this week, I noticed one SDOH was income. She did not make enough money, so she had to be put on WIC for assistance. We also referred her to other programs as well that are helpful. **Good example, Grace. Many new expenses come along with raising a child, and many, unfortunately, are unable to afford them. Nice job making referrals for this new mom. BS**

Week 4- FTMC OB Objective 2 B, C, F-This week you did an awesome job performing standard precautions by performing hand hygiene and wearing gloves when appropriate. You also performed nursing care in an organized manner, and you were able to gather information for the mother to obtain information on newborn. Objective 2 D-This week you were able to administer medications. You followed the rights of medication pass and were able to verify the patient's name and date of birth. Awesome job with administering the vaccine! You were able to perform the steps of IM injection well! Great job! MD

Week 5: I would say one SDOH I noticed was culture. Most of the kids who attended the boys and girls club were African American. Statistically African American children and just in general, do not receive equal healthcare access and sometimes when they do have access to healthcare, it is not quality like it should be. Unfortunately, they face bias, resulting in the poor healthcare they may receive. Good example, Grace. BS

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

Week 7: I would say one SDOH I noticed during clinical for this 13-year-old girl would be support/family environment. The little girl I helped care for was referred to the ER by the school nurse for nausea, but also stated that there have been numerous CPS cases filed against the girl's father. She did not want to answer any questions regarding her health and was very nervous. This could affect her overall care if she is scared to open up about her personal health and family. Although sad, this is a great example of a social determinant of health that could affect this girl's care. Not surprising that she would be reluctant to answer questions, especially considering what she's been through up to this point. BS

Week 8: One SDOH I noticed while on clinical was limited access to healthcare. One of the patients I helped care for was unable to afford healthcare costs and only had two prenatal visits throughout her whole pregnancy at the public health clinic. Yes, unfortunately this is a far too common SDOH that negatively affects many. It's hard to imagine for many, but some people/families sacrifice any access to healthcare to pay their other bills or feed everyone. This often leads to the development of chronic health issues, which often get worse over time, leading to more serious problems that could have been prevented had they been addressed earlier. BS

Week 8 – 2c – You were able to work with your assigned nurse to read and identify EMF monitor strips of your laboring patient. 2d & e – 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 PO medications to the postpartum mother. 2f – You worked with the family to gather information on the baby to appropriately document I&Os for the newborn. KA

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

Week 9: One SDOH I noticed was income related. One of the mom's during lactation expressed that she wanted to try and breastfeed because she was not able to afford all the formula her child would need. This could affect the patient care for the baby because if the mom is unable to produce enough milk, she will have a hard time feeding her child. She did say she was going to try and apply for WIC. Yes, some new moms have bad experiences with breastfeeding for one reason or another. Many common problems with breastfeeding can be resolved with education, but for some it just doesn't work out. And yes, formula is quite expensive. BS

Week 11: One SDOH I noticed while at Clyde elementary school was communication. While doing the hearing tests on the kids, I noticed that some of them did not want to communicate, making it hard for me to accurately perform the test. A lot of them would not communicate to me when they heard a noise through the headphones, and I would have to keep asking them if they heard anything in order for them to tell me so that I could accurately write pass or fail. Yes, the younger grades can be frustrating to do testing on, but they are learning the process. It gets much better and faster with the older children. BS

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

Comments:

Week 4: One legal/ethical issue I observed was consent. I was administering a vaccine to my patient and before anything was done, we had to ensure it was her signature on the paper and that she still verbally consented to wanting it. **Yes, consent is always important, especially considering the number who do not want vaccinations for one reason or another. BS**

Week 4- FTMC OB Objective 3-This objective was met by you acting with integrity, providing privacy for the patient with HIPAA, and you performed at high standards with the code of conduct of the school. **MD**

Week 5: One legal/ethical issue I observed was safety/security. The school, I feel, did a good job communicating with each other when a child was ready to be picked up by someone. They even have a sign in/out form for all the adults to sign when picking up their children. The doors also remain locked from the outside so that people can't just come and go with the children there. **Yes, given their resources, they do a pretty good job. BS**

Week 7: One legal/ethical issue I observed was getting a parent's consent to give treatment to the child. When she came into the ER she was accompanied by her grandmother. This is not, however her legal guardian so she could not give the consent. The father was very hard to contact so finally the grandma had to call him and give the phone to the nurse when she then got his full name and consent to treat his daughter. **Sad again, but another great example of both a legal and ethical issue. Hopefully her living situation changes for the better. BS**

Week 8: One legal/ethical issue I observed was regarding safety of the newborns. While on clinical, the nurses informed us that only their badges work for everything on the unit, including the doors to get in and out. They said there was once an issue where any staff member had access to get in and out of the unit and they would let people onto the floor without informing the OB nursing staff. They also said they fixed the system so that no one was able to leave with any children unless let out by one of the OB nurses. **Yes, security is very important in this department, and rightly so. BS**

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

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

Week 9: One legal/ethical issue I observed was regarding a child's circumcision. The provider was trying to decide whether the baby was able to receive a circumcision due to the child having a small penis and not enough skin to work with. This would be an example of beneficence and non-maleficence. Ultimately, the provider came to the conclusion it was safe to do and completed the circumcision as the parents asked. Great example, Grace. BS

Week 11: One legal/ethical issue would be that the school has an ethical obligation to ensure all students get screened for both hearing and vision followed up by using the appropriate information to refer children who failed any of the required tests. BS

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

Week 4- 4a- Grace, you did a great job utilizing the nursing process and your clinical judgment to develop a priority care map for your patient this week. Keep up the great work! BS

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

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

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

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

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

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

Student Name: G. Catanese		Course Objective: Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children.					
Date or Clinical Week: Week 4							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Nice job listing abnormal observation and assessment findings based on your patient experience this week. Abnormal lab/diagnostic findings were also provided. Nice job reviewing and including pertinent risk factors related to your priority problem of neonatal hyperbilirubinemia.
	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	Five high priority nursing problems were identified. Neonatal hyperbilirubinemia was appropriately selected as the top priority problem. All relevant assessment data was highlighted pertinent to the priority problem. Three potential complications were identified, each supported with signs and symptoms to monitor for.
	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	Nursing interventions related to the top priority were listed. I would suggest temperature and vital signs be at the top of your list. Each listed intervention included a frequency and rationale. All listed interventions were individualized and realistic to the patient situation.
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

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

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	An evaluation of all abnormal findings was provided along with a determination to continue the plan of care. Nice work!
	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: Great work on your care map, Grace! BS

Total Points: 44/45 Satisfactory

Faculty/Teaching Assistant Initials: BS

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

Comments:

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

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

Comments:

Week 4- 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- 5a- You were active and engaged while providing education to the K-6 grade children at the Boys and Girls Club. BS

Week 7- 5a- You did a nice job discussing some new technology you were exposed to this week, including vital sign machines and EKG monitors. Programming the VS machine can really save the nurse a lot of time. I'm glad you were exposed to the EKG monitor, this will prove beneficial come next semester. BS

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

Week 7- 5a- Feedback from your FRMC ER preceptor; Grace Catanese: Marked satisfactory in all areas. “Great job!” Shelby Rospert, RN

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 a vaginal delivery and a cesarean birth as well while on clinical this week! KA

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

Week 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 a vaginal delivery and a cesarean birth as well while on clinical this week! 5e – 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 11- 5a: you were positive and energetic with all interactions with staff and students. They really appreciated your assistance with these screenings! 5c: You communicated well with both school nurses and teachers who were present. MD

From your Lactation Nurse Consultant preceptor: Grace Catanese: Marked excellent in all areas. “Very personable, good questions and participation. Great job!” Rachel Figgins RN, CLC

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

Comments:

Week 4: One area for improvement for me this week would be administering injections. Since it had been a long time since I gave one, I needed refreshed before I went in to administer it. I can meet this goal by going over the proper sites, needle lengths/gauges, and correct administration before my next clinicals. **Good, and before long you will just automatically go through the steps in your head with confidence. BS**

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

Week 4- FTMC OB Objective 6-You have done very well obtaining this competency this week! You were able to demonstrate growth in all areas including decision making, being prepared for clinical, being professional, seeking out learning experiences, being organized, using an ACE attitude, and growing throughout the clinical experience. AWESOME job! MD

Week 5: One area for improvement for me this week would be communication. I feel I did alright with communication, but it is hard to go from talking to adults all the time to talking to only children. I found that it is sometimes hard to understand them and adapt to what they are talking about. I can meet this goal by trying to interact more with children I know so I am more confident when communicating with them in a clinical setting. Yes, communication in this environment can be a challenge.

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

Week 7: One area for improvement for me this week would be asking the nurse more questions. While I did ask some questions, there were some I wanted to ask but did not get the chance to. I can improve on this by not being nervous to ask questions and communicating with the nurses more. I always feel bad asking so many questions but should remember that they were once nursing students as well and would understand. Yes, and most nurses realize this and don't mind. It is actually good to ask questions. It helps you to educate yourself (which you will do throughout your career) and at the same time you are showing interest. BS

Grace, nice work this first half of the semester, keep it up! BS

Week 8: One area for improvement for me this week would be newborn assessments. It is a little difficult to be able to count their HR and respirations due to them being so fast. I could improve on this by asking for any tips as well as practicing on the newborn we have at the school. Definitely more challenging on an infant than an adult, but yes, practice with this skill will make it much easier. BS

Week 9: One area for improvement for me this week would be knowledge related to lactation. While I did know some things related to breastfeeding, I could have familiarized myself more with common issues and challenges prior to clinical. I can improve by refreshing myself on certain things before clinicals. Great idea but don't be too hard on yourself. You will be exposed to many new situations over the coming months. You are not expected to be an expert in any of them, but hopefully they give you some ideas about which environment you want to work in. It won't be long! BS

Week 11: I would say an area for improvement for me this week would be using the equipment. When I first started doing the hearing screenings, I forgot how to correctly use it and it took me a minute to get it working before I could accurately perform the test on the kids. I could improve on this by asking more questions before I start using new technology I've never used before. New technology can be quite frustrating until we get used to it! BS

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

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

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

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

* Course Objectives

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

* Course Objectives

Comments:

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

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

* Course Objectives

Comments:

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Catanese (C), N. Drivas (M), Fahey (A)

GROUP #: 2

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2024 0830-1000

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) * <ul style="list-style-type: none"> Focused Observation: E A D B Recognizing Deviations from 					Patient identified. Inquires about pain- rated 5/10. Asks questions about pregnancy/gestation. VS. Heart and lung sounds assessed.

<p>Expected Patterns: E A D B</p> <ul style="list-style-type: none"> Information Seeking: E A D B 	<p>Mona CO not feeling well, light-headed, not right. Patient identified.</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>BP interpreted to be WNL. Fetal monitor waveforms interpreted. UA results interpreted. Need for FSBS determined. FSBS 200- determined to be high.</p> <p>Dizziness and light headedness reported. Perineum assessed. Bleeding interpreted as being active. Fundus interpreted as being boggy. BP 88/48- determined to be lower. Fundus firming up.</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>Discusses the importance of prenatal care, past pregnancies. Inquires about history of gestational diabetes. Fetal monitor applied. Patient assisted to left side. Explains to patient baby might be large due to gestational diabetes. FSBS 200. Call to provider with good SBAR report. Orders received for fluid, Procardia, acetaminophen, and US to verify gestational age, orders read back. Medications explained to patient, patient identified. Mona asks what Procardia is. Medication looked up. Assessment nurse providing education regarding diabetes management, food choices, limiting soft drinks (offers alternative choices). Call to provider to ask why Procardia was ordered when BP is ordered. Explains to Mona the reason Procardia was ordered. Medications administered. US performed. IV fluid initiated. US results given to Mona.</p> <p>Bleeding explained to partner. Fundus massaged, BP assessed. Call to provider to report postpartum hemorrhage, good report. Order for IM methylergonovine received and read back. Pad weighed- 600g. BP reassessed. Provider notified.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> Evaluation/Self-Analysis: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well</p>

<ul style="list-style-type: none"> • Commitment to Improvement: E A D B 	<p>with each. Discussed the importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.</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 	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</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 the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient’s response Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

completion of nursing assessment. (1, 2, 5)*	
*Course Objectives	

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME:

OBSERVATION DATE/TIME:

<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.</p> <p>Great job.</p>
<p>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>Comments</p> <p>You are satisfactory for this simulation. BS</p>

Developing to accomplished is required for satisfactory completion of this simulation.

*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): Catanese (M), N. Drivas (A), Fahey (C)

GROUP #: 2

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/26/24 0830-1000

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (Link to Course Objectives) *					<p>Introduce self. Confirm name/DOB</p> <p>Listen to lungs sounds, heart sounds</p> <p>Pain assessment: rating. Does not ask location, duration, or what makes it worse or better</p> <p>Obtain vitals</p> <p>Obtain sterile vaginal exam.</p> <p>Reassess mother after nubain administration. Repeat cervical exam</p> <p>APGAR 1 minute: activity, cry, color, heart rate (assessed 110 but actual was 136), respirations (45). Total: 9</p> <p>Delayed reassessment of mom. Does eventually do fundal assessment</p>
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	

<p>INTERPRETING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Interpret fetal strip as accelerations with assistance. Identifies it is a good fetal strip</p> <p>Interpret vitals are WDL</p> <p>Interpret that pain medication is appropriate to administer in relation to her last cervical exam</p> <p>Interpret that baby is stuck</p>
<p>RESPONDING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Offer pain mediations due to elevated pain rating</p> <p>Call pharmacy to identify correct dose of PCN.</p> <p>Medication administration: PCN- confirm name/DOB, explain what is for and why is needed, scanned patient and medication, hang secondary bag below primary bag, clean hub prior to hooking up to primary line, connected secondary bag below pump, unclamp tubing.</p> <p>Discussion of pain medication options for mother. Double check with skyscape that is appropriate to administer based on last cervical exam.</p> <p>Medication administration: Nubain- check name/DOB, scan medication and patient. Use of correct needle, correct technique, use needle safety, correct dose administered.</p> <p>Call healthcare provider with update on cervical exam.</p> <p>Call the healthcare provider to let them know that Mona is delivering baby</p> <p>Call for help, McRoberts position, suprapubic pressure, evaluate for episiotomy, rotational maneuvers, remove posterior arm, roll to hands and knees</p> <p>Immediately dry off baby and wrap baby in blanket. Put hat on baby</p>

	<p>Call healthcare provider because did not deliver placenta</p> <p>Offer skin to skin with mom</p> <p>Educate mom of expectation of bleeding and when to call healthcare provider with large clots</p> <p>Medication administration: vitamin K and erythromycin. Verify baby number matches mom's number. Draw up medication correctly, correct needle, correct technique, use of needle safety. Incorrect dose. Administered 2 mg in 1mL rather than 1mg in 0.5 mL.</p> <p>Encourage mother to attempt breastfeeding within first 2 hours of birth</p>
<p>REFLECTING: (Link to Course Objectives) *</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 HELPER and types of heat loss for infant. Team remediated on IV pump and IV fluids and how to hang correctly. Team remediated on correct dosage calculation for vitamin K medication.</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>	<p>You are Satisfactory in this simulation! RH</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. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p>

<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>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: G. Catanese

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

CLINICAL JUDGMENT						OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*						<p>Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.</p>
• Focused Observation:	E	A	D	B		
• Recognizing Deviations from Expected Patterns:	E	A	D	B		
• Information Seeking:	E	A	D	B		

<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.</p> <p>Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Utilize the concepts of growth and development to identify concerns with patient safety and provide appropriate interventions to address safety concerns. (1, 3, 5)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1, 2, 5)* 	<p>You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! KA/MD/RH/BS</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and</p>

<p>3. Collaborate with members of the healthcare team to provide safe, holistic, and comprehensive patient care. (1, 2, 4, 5, 6)*</p> <p>4. Utilize SBAR communication in interactions with members of the health team. (5)*</p> <p>*Course Objectives</p>	<p>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

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

STUDENT NAME(S) AND ROLE(S): Catanese (M), N. Drivas (C), Fahey (A)

GROUP #: 2

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/24/24 0830-1000

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *						Introduce self, obtain vitals, ask about pain. Identify elevated temperature
• Focused Observation:	E	A	D	B		
• Recognizing Deviations from Expected Patterns:	E	A	D	B		Notice scissors, needle, and battery. Remove from crib.

<ul style="list-style-type: none"> Information Seeking: E A D B 	<p>Respiratory assessment: pull gown down to visualize chest, listen to lungs, ask about cough</p> <p>Assess throat, ears, nose. Notice small drainage from right ear. Notice throat is red</p> <p>Medication errors in chart not identified or investigated. Incorrect dose administered to child. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient.</p> <p>Reassess temperature after ibuprofen administration</p> <p>Notice increase work of breathing</p> <p>Ask about cough, notice cough is worse when return to room, lift gown to assess chest, listen to lung sounds, identify lung sounds as wheezes (should be rhonchi)</p> <p>Obtain vitals. Notice oxygen level is low</p> <p>Reassess lung sounds after breathing treatment complete. Pain assessment with "smile" chart. Reassess ears and throat.</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 medications correctly per order in chart but does not catch medication errors (amoxicillin and ibuprofen). Does not identify IV fluids are running to quickly. During debriefing, IVF maintenance rate identified and calculated.</p> <p>Identifies retractions and correlates with increased work of breathing and respiratory distress</p> <p>Does not stay in room with patient until respiratory therapy arrives. Due to stridor and retractions, nurse should stay at bedside incase patient deteriorates</p> <p>Does not administer acetaminophen for throat pain as stated per order.</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 style="color: red;">Remove unsafe items from crib</p> <p style="color: red;">Call healthcare provider to clarify order of cetirizine pill. Get chewable tablet.</p> <p style="color: red;">Close crib when not at bedside</p> <p style="color: red;">Education provided to father about croup including medications, illness duration, smoking cessation and preventing secondary smoke exposure</p> <p style="color: red;">Medication administration: check name/DOB with child and father, scan patient and medications, educate on medications and why administering. (amoxicillin, ibuprofen, cetirizine)</p> <p>Elevate head of bed to assist with work of breathing</p> <p>Apply oxygen via nasal canula due to low pulse ox (2L)</p> <p>Call respiratory therapy to administer breathing treatment</p> <p>Education to father about plan of care for child.</p> <p>Healthcare provider had to call for update on patient. Receives orders for dexamethasone. Does medication math to get correct dose for patient weight. Read back order for verification.</p> <p>Medication administration: check name/DOB, scan patient and medication, educate father and patient on steroid and what it is for. Administer correct dose</p> <p>Education provided to dad about triggers for asthma (smoking, dust, pollen, allergens, encourage tracking of symptoms to help control asthma symptoms)</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B 	<p style="color: red;">Team discussion of scenario and recognition of teamwork/communication. Identified lack of double-checking orders for medications. During debriefing all safe dose</p>

<ul style="list-style-type: none"> • Commitment to Improvement: E A D B 	<p>medications were checked and medication safe doses were calculated by all students. Discussed medication errors and how to identify/prevent doing so in their practice as nurses. Team provided great educate to father and child on illness as well as medications administered and what to watch for at home.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their 	<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: 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: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments 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>

family. (3, 5)*	
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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): **Catanese (A), N. Drivas (C), Fahey (M)**

GROUP #: **2**

SCENARIO: **Pediatric GI**

OBSERVATION DATE/TIME(S): **11/5/2024 0830-1000**

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *					
• Focused Observation:	E	A	D	B	Identify patient, introduce self.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Complain of stomach pain. Pain assessment: description, location.
• Information Seeking:	E	A	D	B	Does not assess mucous membranes or skin turgor Notice bruising on abdomen and patient mother states he fell off bike. Begin to further question patient about bruising while mother in room. Ask mother about wearing sunglasses inside but does not inquire past original answer of "I have a headache"
					Mother leaves room and students question Jack about bruise on abdomen in private. Does not notice bruise on arm until prompted by Jack.
					Patient complain of abdominal pain and nausea, vomits. Does

	<p>not perform pain assessment.</p> <p>Obtains all vitals except temperature while on phone with healthcare provider.</p> <p>Does not assess mucous membranes or skin turgor</p> <p>Reassess vitals after IV bolus. No temperature obtains at this time.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Temperature: 102.5- interpret as high</p> <p>Temperature reassessment: 101.1- interpret as improved.</p> <p>Interpret lack of fluid intake and output as signs of dehydration.</p> <p>Interpret change in vitals as improvement after IV bolus.</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 pharmacy to verify dose of acetaminophen.</p> <p>Call lab for results of stool sample. Get results that rotavirus positive. Place patient in contact precautions.</p> <p>Leave bed elevated with side rails up when leave room.</p> <p>Call healthcare provider regarding rotavirus result and suppository of acetaminophen. Get new order for acetaminophen, readback order for verification.</p> <p>Educate mother on rotavirus diagnosis. Educate on how to clean and kill virus at home to prevent spread to other members of the household.</p> <p>Medication administration: acetaminophen. Verify name/DOB, scan patient, scan medication. Correct medication math for dose. Offer Pedialyte with meds.</p> <p>Call healthcare provider about bruising and request an xray of right upper arm and CT scan of abdomen to check for further injury. Told to contact case management.</p> <p>Call case management for referral due to suspect abuse. Include concerns for mother also being abused as well.</p> <p>Call dietary and order tray with BRATTY foods.</p>

	<p>Medication nurse calls healthcare provider and request IV fluids. No assessment of patient has been done so far. Obtain vitals while on phone with healthcare provider obtain orders for IV fluid bolus and maintenance fluids. Read back orders for verification.</p> <p>Assessment nurse calls healthcare provider to update on emesis. Requests antiemetic. Receive order for Zofran. Readback order for verification</p> <p>Medication administration: Zofran. Name/DOB, scan patient, scan medication.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussed scenario. Also discussed importance of checking recommended doses of medications to ensure safe dose is ordered. Discussed contact precautions and educated how to prevent spread to others in the home. SBAR communication used at times but not other times. Identify need to gather all assessment data prior to calling healthcare provider so SBAR can be organized and used appropriately.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 6. Select physical assessment priorities based on individual patient needs. (1, 2)* 7. Provide quality, patient-centered care in an organized, 	<p>Nice work! You are satisfactory for this scenario. RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: 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>safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)*</p> <p>8. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</p> <p>9. Utilize the concepts of growth and development to identify concerns in assessment findings associated with potential child abuse and make appropriate referrals as necessary. (1, 3, 5)*</p> <p>10. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)*</p> <p>*Course Objectives</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. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: *G. Catanese* OBSERVATION DATE/TIME: *11/19/24* SCENARIO #: *Student Developed Scenarios*

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					<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</p>
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	

						with your assigned diagnosis.
INTERPRETING: (2, 4)*						Was able to interpret data pieces and prioritize accordingly.
• Prioritizing Data:	E	A	D	B		For each scenario, care was given in gathering details needed in order to phone the healthcare provider and provide SBAR.
• Making Sense of Data:	E	A	D	B		When developing your scenario, you interpreted the expected path of the disease process and necessary nursing interventions to include in the patient's care.
RESPONDING: (1, 2, 3, 5)*						Responded with communication that was collaborative between roles. Clear communication was utilized between colleagues.
• Calm, Confident Manner:	E	A	D	B		Clear communication was utilized with family and layman's terms were utilized when appropriate.
• Clear Communication:	E	A	D	B		
• Well-Planned Intervention/ Flexibility:	E	A	D	B		Responded with interventions that were planned accordingly and verbalized when necessary.
• Being Skillful:	E	A	D	B		Skill in identifying focused assessments as well as timely reassessments were utilized.
						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.
						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.
REFLECTING: (6)*						Reflected with a self-analysis of assessment and analysis of data to identify missing pieces of the scenario.
• Evaluation/Self-Analysis:	E	A	D	B		Actively participated in providing constructive feedback to all groups observed throughout the simulation.
• Commitment to Improvement:	E	A	D	B		

<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>
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Cameron Beltran, **Grace Catanese**, Karli Schnellinger, Savanah 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 						<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</p>

<ul style="list-style-type: none"> • Information Seeking: E A D B 	<p>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 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>

RESPONDING: (1, 2, 3, 5)*

- Calm, Confident Manner: E **A** D B
- Clear Communication: E **A** D B
- Well-Planned Intervention/
Flexibility: **E** A D B
- Being Skillful: **E** A D B

You responded to patient's admission of abuse calmly without judgement. Communicated alternatives clearly and empathetically.

You responded with intervention regarding safety of children; flexible and creative with ideas and interviewing each member of the family.

You responded by prioritizing the safety and health concerns of each family member and seeking further treatment for them.

You sought further information regarding potential abuse from all members of the family.

You were respectful and calm in communicating with potential abuser. Coping skills were discussed.

You responded to safety, psychosocial issues calmly. You were confident in your approach to each family member.

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!

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.

You recognized the need for involvement by CPS, law enforcement, and hospitalization for medical treatment of both children.

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.

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.

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>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 arounds 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. 	<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>

<p>(3, 5)*</p> <p>4. Identify safety measures for the family unit in the home setting. (1,3,5)*</p> <p>5. Demonstrate thorough environmental assessment in the home setting. (1,3,5)*</p> <p>*Course Objectives</p>	
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EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date: Grace Catanese, 11/26/24