

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

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

Student: Paige Knupke

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
9/27/24	Post-Partum Hemorrhage	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:		S	N/A	S	N/A	S	N/A	S	S	S	S	NA	NA	NA	NA	NA	NA	S
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	N/A	S	N/A	S	N/A	S	S	S	S	NA	NA	NA	NA	NA	NA	S
b. Provide care using developmentally appropriate communication.		S	N/A	S	N/A	S	N/A	S	S	S	S	NA	NA	NA	NA	NA	NA	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	N/A	N/A	N/A	S	N/A	S	N/A	S	S	NA	NA	NA	NA	NA	NA	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	N/A	N/A	N/A	S	N/A	S	N/A	S	S	NA	NA	NA	NA	NA	NA	S
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	N/A	S	N/A	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	S
Clinical Location Age of patient		Lactation- RH	N/A RH	Belleve Hearing and RH	N/A RH	FTMC OB- 20 yr old and RH	Boys & Girls club RH	MIDTERM RH	Empathy Belly & St. Mary cafeteria RH	Fisher Titus Er- 78 yr old RH	FRMC OB- 33 years old RH	NA RH	NA RH	NA RH	NA RH	NA RH	NA RH	FINAL RH

Comments:

Week 2 1e- Erikson's stage of growth and development is "intimacy vs. isolation." I chose this stage because individuals with a strong sense of self are ready to share their lives and invest in others. I cannot think of a better way to express commitment and love to others than by growing your family. **Good job! RH**

Week 2: 1a, c- You did a great job with your CDG describing the visit you were in with the lactation consultant. You were able assist with assessing the baby's latch and how well they were feeding. You were also able to assist with providing further information to the patient for the health of the baby. **RH**

Week 4: Erikson's stage of growth and development of the adolescent is "identity vs. role confusion." I chose this stage because at this stage the adolescents are redefining themselves and experimenting in different roles. They still are developing confidence and working on their self-esteem. This was noticeable during the screening. They wanted the independence of setting themselves up to be screened, yet after the screening they still needed reassurance about how they did. **Good job! RH**

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

Week 6 : For the mother's infant, the Erikson's stage of growth and development is "trust vs. mistrust." I chose this stage because it is imperative for the infant to develop trust due to being a neonate and 2 days old. The infant must be able to trust that their basic needs will be met by the mother. **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

Week 7: Erikson's stage of growth and development of school-age children is "industry vs. inferiority." I chose this stage because children develop a sense of accomplishment through the ability to cooperate and compete with others. For growth they must continue to develop skills and knowledge that allow them to contribute to society and grow. **Good job! RH**

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

Week 8: Erikson's stage of growth and development this week was again school-age children which is "industry vs. inferiority." I chose this stage because school age children are referred to as "the middle years," and they tend to have tremendous emotional and cognitive development but slower physical growth, which all the children had. **RH**

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

Week 9: Erikson's stage of growth and development is "generativity vs. stagnation." I chose this stage because the patient is limited in their ability to provide. They referenced having to get transportation and relying on her daughter to transport her to the hospital. At this stage the patient risks feelings of unfulfillment. With not working or being able to drive. **Good thought process with this developmental stage. RH**

Week 10: Erikson's stage of growth and development is "Intimacy vs isolation". I chose this stage because she is emotionally open, has trust, and a sense of connection with her family around her. She was so excited to have her third baby and had trust in her and her husband because of the how well their other 2 kids are. **Great job RH**

Week 10 – 1a – You did a wonderful job providing holistic care to the mother you were assigned to in Labor and Delivery this week. You worked side by side with the nurse to ensure all necessary care was provided to the mother and the baby. Terrific job! KA

Week 10 – 1c – You did a nice job observing the nurse during the assessment process of the laboring patient and assisting them with things such as position change in response to EFM results. KA

Week 10 – 1d – You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process whenever returning the newborn to the parents from the nursery. KA

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:		N/A	N/A	N/A	N/A	S	NA	S	N/A	NA	S	NA	NA	NA	NA	NA	NA	S
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		N/A	N/A	N/A	N/A	S	NA	S	N/A	NA	S	NA	NA	NA	NA	NA	NA	S
g. Discuss prenatal influences on the pregnancy. Maternal		N/A	N/A	N/A	N/A	S	NA	S	N/A	NA	S	NA	NA	NA	NA	NA	NA	S
h. Identify the stage and progression of a woman in labor. Maternal		N/A	N/A	N/A	N/A	S	NA	S	N/A	NA	S	NA	NA	NA	NA	NA	NA	S
i. Discuss family bonding and phases of the puerperium. Maternal		S	N/A	N/A	N/A	S	NA	S	N/A	NA	S	NA	NA	NA	NA	NA	NA	S
j. Identify various resources available for children and the childbearing family.		S	N/A	N/A	N/A	S	NA	S	N/A	NA	S	NA	NA	NA	NA	NA	NA	S
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	N/A	S	N/A	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	S
l. Respect the centrality of the patient/family as core members of the health team.		S	N/A	N/A	N/A	S	NA	S	N/A	S	S	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:

Week 2: 1j: you described the various types of resources provided to the mother during this visit such as a pediatric dentist. RH

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

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

Week 7: 1j- I changed this to “S” because Boys and Girls club is a resource for families in the area as they offer a variety of opportunities for the students including food, learning activities, child care, and assistance with school work. RH

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

Week 9: 1j- what care did you provide to the patient? Did you provide any types of resources to the patient (such as a follow up healthcare provider to call or a specialist for them to see?) or did you provide any type of resources to the daughter? If so, this can be changed to “S”, but if not, it can remain “N/A.” RH

I was there when the patient just had gotten admitted, so I did not provide any follow up or discharge education to the patient. RH

Week 10 – 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. KA

Week 10 – 1l – You were able to witness the labor process and how the healthcare provider, nurses, and patient’s support people worked together to provide the best experience possible for the patient during the laboring process. KA

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

Week 2 2g- A social determinate of health that influences the patient care is being in a working class. While the mother had 12 weeks of maternity leave the father stated he is only off for 7 days. The mother was worried about the father going back to work because she will have to breast feed and take care of the baby and herself alone which she felt challenging. This can affect the care of herself and the baby if it becomes so much. **This can be challenging for new moms. Some families will have other family members, like mom or grandma, come over and assist for additional days once dad has returned to work. Some businesses do offer paternity leave, however that is not common in the United States.** RH

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

Week 4: A social determinate of health would be education and access to health care. The screening gives insight and focus to students who may have specific needs for either corrective lenses or further hearing examination. Education and health care can heavily affect that because if they do not have the proper education or health care then they can get their eyes or hearing problem fixed that can really affect them now and in the future. **Health insurance can also be an issue. Some providers will not see patients if they do not have proper health insurance. RH**

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

Week 6: A social determinate of health that could have the potential to influence the patient would be family and friend support. It is difficult to get through difficult times alone. It is important to have help with a newborn child so you can give yourself a break or give yourself some self-care to better care the child. My patient had told us she has an amazing support system and endless help with the baby so if she needs a break multiple people with help her so she can take care of herself most days. This will influence the care immensely in a positive way. **That is great that she has such a large support system! 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

FTMC OB Objective 2 D-This week you were able to administer medications. You followed the rights of medication pass and were able to verify the patient’s name and date of birth. Great job! MD

Week 7: A social determinant of health that I noticed was that some of the kids had speech problems or learning problems that made it a little bit harder to communicate. This could potentially affect their health because if they do not offer special classes or accommodations to these students or if they do not have the funds to go to a speech therapist or learning assistance then they can fall behind or even have trouble passing the grades they are in. **Good thought process on how it can impact them long term, not just right now. RH**

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

Week 8: A social determinant of health that I noticed was that some kids couldn’t tell me how exercise affects them in a good way. This could potentially be a problem for some of the children because they could have lack of education around them, or support and they will be late to start exercise and grow their bodies and promote healthy habits that start early. **This could be because the parents do not encourage exercise, or some children do not realize riding their bike can count as exercise because they think it is a normal playing activity. RH**

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

Week 9: A social determinate of health would be that the patient lives with her daughter, cannot work anymore and cannot drive

That can affect her health because if she does not have the funds for medical bills or transportation to go anywhere, she will most likely not get her health taken care of which can take a toll on her. **This can also take a toll on the daughter as well. Think of the work the daughter must miss or take off due to doctors appointments not only for herself, but now for her mother as well. RH**

Week 10: A social determinant of health would be that the patient has two other kids at home and her husband has a full-time job. That could affect the mom tremendously because being at home with two kids and a newborn baby can get very overwhelming to the kids. This can negatively affect her caring for all three kids as well as herself during the times that her husband is at work. **I hope her husband is helpful when at home and allows her to take a break after being home all day with the children. This would also provide some quality “dad time” for the kids as well! RH**

Week 10 – 2b – You were able to observe an epidural being placed and the nursing interventions provided during and after the procedure to the mother to prevent complications. KA

Week 10 – 2c – You were able to work with your assigned nurse to read and identify EMF monitor strips of your laboring patient and provide the necessary inventions based on these findings. KA

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	Makeup	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.		S	N/A	S	N/A	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	S
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		S	N/A	S	N/A	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	S
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		S	N/A	S	N/A	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	S
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		S	N/A	S	N/A	S	S	S	S	S	S	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:

Week 2 3d- One of the ethical issues that was discussed during my time with the Lactation Nurse was promotion and education of breastfeeding while not downgrading one's choice to bottle feed. Avoiding suggestion that one method is better than the other protects and supports the autonomy of the patient while staying neutral about the opinion. **This can be a very touchy subject, great discussion to have with a lactation consultant! I am sure she had some great tips of how to approach the subject without imposing opinions onto mothers. RH**

Week 4: I conducted the second portion of the vision screenings. An ethical issue observed and corrected was that a student needed special help to do the vision and hearing exam because they had trouble talking, so they used sign language to tell me the letters they saw, and I do not know sign language. We then corrected the issue by having the registered nurse stay by him the whole time and tell me the letters he was signing to me. **Some schools have interpreters for students who do not speak English or for students who use sign language. RH**

Week 6: An ethical issue I observed was that they were needing to finish up with the birth certificate, but the father did not know if he wanted to be on the birth certificate or not. They advised that they could finish up the birth certificate and the dad could potentially sign it later but the mother was conflicted on whether she wants to give the baby the dad's last name as well, so she doesn't know if she wants the birth certificate finished right now. I think more education or support could've been provided to help her. **That is interesting, I wonder what they decided to do prior to discharge. 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

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

Week 7: An ethical issue that I observed children being called out in front of everyone. To me, this was an example of an ethical example of discipline. Although discipline is the right thing to do, the child was embarrassed which can make the kids act out even more. **Very true! RH**

Week 8: An ethical issue that I observed was cliques and although I didn't observe any bullying, I observed some harshness even when we were just playing a game. On multiple occasions I had to tell some of the kids to be nice to each other because they were saying some kids were being too slow so they should just sit out because they wanted to win. Although the teachers and I caught it, that is a serious problem that could keep going and get bigger rather than just little comments as they are in school together. **Good job encouraging them to be polite and nice to one another. 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

Week 9: An ethical issue that I observed was a patient came to the ER for back pain. The patient became agitated because the doctor would not write him a prescription for oxytocin. He had end stage renal failure and was supposed to be in dialysis every Monday, Wednesday and Friday. He has not gone to dialysis in a week because he stated that “he does not want too” but has come into the ER every other day for pain medication for his back pain. The doctor stated that he would not give him a prescription for oxytocin and instead will give him a less strong pain med and call the dialysis center across the street and tell them that he is going to be brought over to get dialysis started up again. Although the pain was taken care of first, he then also got him set back up at dialysis to help him survive and educated him on the need for dialysis and calmed the patient down. **Since the kidneys are our filtration system, sometimes the pain medication is filtered out with dialysis. This can be an issue if the healthcare provider prescribes a medication that needs to be filtered out of the body because if it is not filtered out on a regular basis, the patient can overdose due to the medication still being in their system and not being filtered by the kidneys or dialysis. RH**

Week 10: An ethical issue I observed was that the patient had no prenatal care until 21 weeks. This was an issue because her other babies were preterm as well, so she needed all the prenatal care that she could have. Dr. Visci and the nurses educated her on the importance of prenatal care if she had another baby due to all her babies being born prematurely. Her baby was okay and very healthy in the long run, but prenatal care is very good for the mother and the baby. **This is such an important educational topic for all mothers! So glad that she was provided this education in the hospital. 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	Makeup	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Develop and implement a priority care map and/or plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		N/A	N/A	N/A	N/A	S	NA	S	N/A	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)		N/A	N/A	S	N/A	S	NA	S	N/A	NA	NA	NA	NA	NA	NA	NA	NA	S
c. Summarize witnessed examples of patient/family advocacy.		S	N/A	N/A	N/A	S	NA	S	N/A	S	S	NA	NA	NA	NA	NA	NA	S
d. Provide patient centered and developmentally appropriate teaching.		S	N/A	S	N/A	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	S
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	S	NA	S	N/A	S	S	NA	NA	NA	NA	NA	NA	S
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

Week 2: 4d- you described the teaching to the mother about baby feeding at the breast versus using the breast to pacify themselves. Good educational topics were discussed with mom. Good job RH

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

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

FTMC OB Objective 4 C, D, and E-You were able to discuss advocacy for the patient, provide appropriate education for the patient, and analyze pathophysiology about the patient. MD

FTMC OB Objective 4D-This week you provided outstanding education for your patient! It was specific to her needs and you delivered the information in a caring and compassionate manner! You were also able to answer questions and seek clarification when needed! Awesome job! MD

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

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

Student Name: Paige Knupke				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	
	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	You need a goal statement on your care map and there was not one listed on your final copy.
	5. State the goal for the top nursing priority.	Complete			Not complete	0	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	

Reference

An in-text citation and reference are required.
The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both.
The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.

<p>Total Possible Points= 45 points 45-35 points = Satisfactory 34-23 points = Needs Improvement* < 23 points = Unsatisfactory*</p> <p>*Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. ***</p> <p>Faculty/Teaching Assistant Comments:</p>	<p>Total Points: 42/45</p> <hr/> <p>Faculty/Teaching Assistant Initials: RH</p>
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Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Makeup	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
f. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	S	NA	S	N/A	S	S	NA	NA	NA	NA	NA	NA	S
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	S	NA	S	N/A	S	S	NA	NA	NA	NA	NA	NA	S
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	S	NA	S	N/A	S	S	NA	NA	NA	NA	NA	NA	S
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	S	NA	S	N/A	S	S	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)		N/A	N/A	N/A	N/A	S	NA	S	N/A	S	S	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 10 – 4f, g, h, I – You did a nice job researching your patient's medical history as well as their diagnostic tests, medications, medical treatments, and diet and was able to discuss how they related to the patient's health status and potential complications that may require further intervention. KA

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

Week 2 lactation comment: Marked excellent in all areas. Rebecca Smith RN, CLC

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

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

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

Week 9: 5a- ER comment- Marked excellent in all areas. Krista Tenillo, RN

Week 10 – 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 while on clinical this week! KA

Week 10 – 5e – You did a nice job navigating the EMR and gathering information on your patient to ensure you could provide appropriate care throughout your clinical day. KA

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

Week 2 6a: An area of improvement this week would be to not be afraid to get too close while learning in clinical. Although I asked if the patient was comfortable with me being in there, I didn't want to get too close and personal while she was showing the lactation nurse her breast feeding. She then told me I could get closer to ensure I can see what was going on with the baby. For next clinical I will get closer for my learning experience by getting more comfortable with the patients and ask if everything I do is okay instead of assuming it could not be. **It can be intimidating with this semester because we are assessing women differently than we did in previous courses. It is**

important to remember that we are doing what we are supposed to and we are there to assist the patients. Good job recognizing your hesitation and trying to make an effort to improve for next time. RH

Week 4: Due to the adolescents being in high school and a lot of them were 15-18, I assumed that there would be no confusion on identifying right from left. Given that this may be a stressful situation for some, I recognized the need to improve on my communication and instead of assuming, I handed them the headphones with the red on the right for correct placement, as well told them to put them just like that. In the future, I will not just assume and from the start I will try to make it less stressful for them and make sure I am handing them exactly the way they need to put them on, as well as explain to them to put the headphones on just like that from the beginning and not after they put them on incorrect. Good job finding a way to change what you were doing to better accommodate the students. RH

Week 6: An area of improvement this week would be being a little bit too gentle. Be gentle with patients is always the right thing to do, but I needed to discontinue an IV. Since I was being so gentle I could not even get the tape off. I eventually realized that in that scenario I could not be so gentle and needed to get the tape off and get it out of her hand due to being infiltrated. I will continue to work on this and for next clinical, I will work on using a little bit more force when it is needed. I understand the need to be gentle with the removal of the tape and catheter, but sometimes when pulling slowly at the tape it can be more uncomfortable than taking it off quickly. RH

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 7: An area of important this week would be to pick an activity that is more fun. Although the kids enjoyed the activity to an extent, they were wanting to talk and do other things more. For next clinical or another experience like this, I will search up education games on my topic that I had so the kids can do a game instead of a sitting down activity to be more activity. Games are always a fun way to learn. RH

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

Week 8: An area of improvement this week would be to be more authoritative with the kids. The groups towards the end of the day got rowdier than the other groups so it was hard to hear as well as they kept going when it wasn't their turn and running around. I had to get more stern towards the end to keep them from running all over or hurting themselves, but I should've been more authoritative the start. For next clinical or next opportunity, I will be more authoritative from the start, so the kids don't get to the point of being too rowdy, hurting themselves and not listening. This can be a difficult place to be because we want them to have fun, but also stay safe. The older kids also like to push limits a little more than the younger kids did, so this can get tricky. RH

Week 9: An area of improvement this week would be working on dealing with combative patients. I have never experienced working with a combative patient before on any clinical, so it was a little bit difficult to navigate the conversation with my patient because of the unwillingness to do anything, even when I was just putting her on the bedpan. She was reluctant to do so but with a little persuading and education of why she needs to go to the bathroom on the bedpan instead of getting up to go because she was super dizzy with a low O2 we did it. In the future for next clinical or any time after I will right away educate her on why she cannot just hold her urine and be more stern with her instead of trying to persuade her to use the bedpan for her safety. This can be a touchy area because some patients get very defensive or insist that they are okay, but in reality, they are not. Education is super important and yes sometimes being firm with them is necessary. RH

Week 10: An area for improvement that I need to work on is confidence in my knowledge. I found myself in multiple situations at clinical being able to anticipate the next steps of what to do but lacked the confidence to step in and complete the task. Instead, I asked for approval to do obvious. My goal to improve on this is to carefully assess what I can do without permission and go with it instead of asking for permission with the obvious. Of course, this is only with the obvious. Example, the nurse and I went in

the patient's room after she had her baby, and she needed her 15-minute vitals done as well as her fundus checked, and the nurse was talking to the patient and I asked the nurse if it should be done instead of letting her know that it's time and that I will do it. I did it but after asking the nurse if I should even though I knew it should be done and knew that I could do it. I plan on building this confidence by acting and offering myself more, basically moving with intention instead of just watching the nurse do things I can do. **This is such a great goal and will help you tremendously next semester! 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

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: 10/8
Evaluation	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
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): Knupke M, Pulizzi C, Swinehart A

GROUP #: 10

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/19/2024 1200-1330

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>Assessment begins with VS. FSBS- 200. Patient CO feeling dizzy and lightheaded. Notices bleeding. Notices BP improving following methylergonovine.</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. Interpreted need for FSBS. FSBS 200- interpreted as high. Fetal strip interpreted- accelerations. Prioritized assisting patient to left side. Prioritized BP when patient CO dizziness, interpreted as low. Prioritized the need for fundal massage. Notices fundus firming after methylergonovine.</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>Urine sample collected and sent to lab. Call to lab for UA results. Fetal monitor applied. Patient questioned about pregnancy history. FSBS obtained. Patient assisted to left side. Call to HCP with report (great job). Orders received for fluids, acetaminophen, Procardia, US to verify dates. Orders read back. Call to imaging regarding US. IV fluid initiated. Patient identified. Call to pharmacy to question indication for Procardia, explanation provided. Medications prepared, patient identified, allergies verified, medications administered. US confirmed 33 weeks gestation. Dietary education, THC cessation, support groups, and the importance of prenatal care discussed. BP assessed to be low. Bleeding discovered, fundus immediately massaged. Call to HCP to report PPH and request orders. Order received for methylergonovine. Medication prepared and administered appropriately. Mona’s symptoms reassessed following medication administration. Patient education provided. Call to HCP to report resolution of symptoms and bleeding.</p>

<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did very well with each. Good use of resources when calling pharmacy regarding the actions of Procardia. Great job also with SBAR communication when phoning physician. 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>*Course Objectives</p>	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide 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: Focuses on the most relevant and important data useful for explaining the patient’s condition 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 Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Shows mastery of necessary nursing skills</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses</p>

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Knupke (A), Pulizzi (M), Swinehart (C)

GROUP #: 10

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/24 1200-1330

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>Ask about contraction frequency</p> <p>Obtain vitals</p> <p>Ask about health history regarding pregnancy (gestational diabetes, weight gain, history of previous pregnancies, prenatal care)</p> <p>Continue head to toe assessment</p> <p>Pain assessment: type of pain, rating,</p> <p>Obtain cervical assessment prior to nubain administration</p> <p>Reassess pain after nubain administration</p> <p>Obtain vitals on mom post delivery</p> <p>APGAR 1 minute: color, cry, tone, heartrate (152), respirations (44). Total-9</p> <p>Assess fundus on mom: firm and midline, perform remainder of post-partum assessment</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 as accelerations and associate that with fetal wellbeing</p> <p>Interpret vitals as WDL</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>Education provided on risk factors of shoulder dystocia</p> <p>Call pharmacy to verify antibiotic compatibility with LR</p> <p>Medication administration: penicillin. Education provided on reasoning for administration. Hang secondary bag above primary bag, check name/DOB, verify allergies, scan patient and medications, program pump correctly. Scrub hub of tubing before hooking up secondary tubing.</p> <p>Turn patient to left side for some pain relief.</p> <p>Educate patient on risks of shoulder dystocia prior to delivery</p> <p>Educate patient on pain management options.</p> <p>Medication administration: nubain. Correct dose, correct route, correct needle size, use of needle safety. Verify allergies prior to administration but did not verify name/DOB.</p> <p>Call healthcare provider. SBAR quick and to the point.</p> <p>Education provided on expected bleeding amount after birth, importance of follow up appointments</p> <p>Baby is coming: call for help, McRoberts, suprapubic pressure, rotational maneuvers, remove posterior arm, roll to hands and knees, episiotomy</p> <p>Call healthcare provider to inform patient is in labor</p> <p>Immediately after delivery: dry baby off, offer skin to skin with mom, place baby in warmer</p> <p>Medication administration: erythromycin ointment. Explain to mom why it is to be administered. Administered with correct technique.</p> <p>Medication administration: scan patient, scan medications, correct dose, correct route, correct location, use of correct needle size, use of needle safety.</p> <p>Put hat on baby, swaddle baby, and do skin to skin with baby</p> <p>Call healthcare provider (pediatrician) for update after delivery. Update on baby delivery and apgar scoring</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 discussed all interventions done and education provided to mom during simulation. Team reflected well on their performance.</p>

SUMMARY COMMENTS: * = Course Objectives

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

E= Exemplary

A= Accomplished

D= Developing

B= Beginning

Scenario Objectives:

- 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)***

You are Satisfactory in this simulation! RH

Lasater Clinical Judgement Rubric Comments:

Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.

Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.

Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Shows mastery of necessary nursing skills.

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

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Paige Knupke

OBSERVATION DATE/TIME: 10/8/24

REFLECTING: (6)*

- Evaluation/Self-Analysis: **E** A D B
- Commitment to Improvement: **E** A D B

You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.

Great job.

I enjoyed seeing your pregnancy photo!

SUMMARY COMMENTS:

E = exemplary, A = accomplished, D = developing, B = Beginning
Based off of Lasater's Clinical Judgment Rubric

Simulation Objectives:

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)*

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

Comments

You are satisfactory for this simulation.

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Paige Knupke

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		
INTERPRETING: (2, 4)*						<p>Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.</p>
• Prioritizing Data:	E	A	D	B		
• Making Sense of Data:	E	A	D	B		
RESPONDING: (1, 2, 3, 5)*						<p>Responded to safety issues by correcting each of them to provide a safe environment for the patient's care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient's respiratory distress by providing the patient with the ordered breathing treatment.</p> <p>Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.</p>
• Calm, Confident Manner:	E	A	D	B		
• Clear Communication:	E	A	D	B		
• Well-Planned Intervention/ Flexibility:	E	A	D	B		
• Being Skillful:	E	A	D	B		
REFLECTING: (6)*						<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>
• Evaluation/Self-Analysis:	E	A	D	B		
• Commitment to Improvement:	E	A	D	B		
SUMMARY COMMENTS:						<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>
E = exemplary, A = accomplished, D = developing, B = Beginning						

Based off of Lasater's Clinical Judgment Rubric

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

Scenario Objectives:

1. Utilize the concepts of growth and development to identify concerns with patient safety and provide appropriate interventions to address safety concerns. (1, 3, 5)*
2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1, 2, 5)*
3. Collaborate with members of the healthcare team to provide safe, holistic, and comprehensive patient care. (1, 2, 4, 5, 6)*
4. Utilize SBAR communication in interactions with members of the health team. (5)*

*Course Objectives

Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs

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

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

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Knupke (C), Pulizzi (A), Swinehart (M)
 GROUP #: 10
 SCENARIO: Pediatric Respiratory
 OBSERVATION DATE/TIME(S): 10/31/24 1200-1330

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>Notice needle and battery in crib. Did not notice scissors</p> <p>Pain assessment but only asks about pain does not get rating</p> <p>Obtain vitals</p> <p>Remove gown to visualize chest. Perform respiratory assessment. No retractions noted, skin color good, listen to lung sounds. Identify lung sounds as crackles.</p> <p>Identify medication errors in chart (all four medication errors). Calls healthcare provider and pharmacy to verify safe dosage and get new orders.</p> <p>Notice increase cough</p> <p>Obtain vitals. Notice low oxygen level</p> <p>Remove gown to visualize chest. Begin respiratory assessment. Notice retractions. Identify lung sounds as wheezes instead of stridor.</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 dosages for ibuprofen and amoxicillin with new orders.</p> <p>Calculate correct IVF maintenance rate</p> <p>Correlate increased work of breathing and retractions.</p> <p>Nurse does not stay at bedside while patient is in distress</p> <p>Calculate correct medication math for dexamethasone</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/ 	<p>Remove 2/3 unsafe items from crib. Educate on more appropriate toys.</p> <p>Call pharmacy for safe dosages for amoxicillin, acetaminophen, and cetirizine.</p> <p>Leave crib side rail down when leave room</p>

<p>Flexibility: E A D B</p> <p>• Being Skillful: E A D B</p>	<p>Education provided to father on plan of care</p> <p>Call healthcare provider for incorrect medication orders for amoxicillin. Read back order for verification. Catch acetaminophen order, gets new order from provider and reads back order for verification.</p> <p>Call pharmacy for safe dose range for ibuprofen</p> <p>Call healthcare provider for incorrect ibuprofen order. Gets new order for ibuprofen from provider, readback for verification. While on phone with provider identify incorrect IVF rate and calculate correct dose. Get new order for fluids but does not read back order.</p> <p>Medication administration: cetirizine, amoxicillin, and ibuprofen. Check name/DOB, scan patient, scan medication, educate what each medication is for, right med, right dose, right route.</p> <p>Change IVF to correct rate</p> <p>Does close upper part of crib but not lower part of crib</p> <p>Education to father on symptom relief for barky cough, when to call healthcare provider.</p> <p>Elevate head of bed</p> <p>Apply oxygen via nasal cannula at 2L</p> <p>Call respiratory therapy for breathing treatment</p> <p>Call healthcare provider to update on patient status. Receives new order for dexamethasone. Does medication math while on phone with provider. Read back order for verification.</p> <p>Medication administration: dexamethasone and acetaminophen. Check name/DOB, scan patient, scan medications, educate on what medications are for. Right medication, right dose, right route.</p>
<p>REFLECTING: (6) *</p> <p>• Evaluation/Self-Analysis: E A D B</p> <p>• Commitment to Improvement: E A D B</p>	<p>Team discussion of scenario and recognition of teamwork/communication. Discussion of identification of medication errors found in chart. Students stated orders were not written to be weight based and discussion had informing them the orders were written how they would be in the hospital setting (will not be written as XX mg/kg per dose in the order). All students involved in discussion of resources to find safe dose ranges in hospital setting. Provided great education to father on plan of care and symptoms 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 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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. 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. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Shows mastery of necessary nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): **Knupke (M), Pulizzi (C), Swinehart (A)**

GROUP #: **10**

SCENARIO: **Pediatric GI**

OBSERVATION DATE/TIME(S): **11/6/2024 1200-1330**

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Introduce self, identify patient Pain assessment with 1-10 rating Obtain vitals GI assessment. Ask about vomiting pattern, ask about bowel pattern, lift gown to examine abdomen and notice bruise Ask about bruise on abdomen, mom states he fell off bike Ask about pain anywhere else and is prompted that his right arm hurts. Notice upper arm bruise Offer mom to leave for break to allow one on one time with Jack to inquire further about bruising Reassess abdominal pain and vitals after acetaminophen Ask mom about any bruises she may have</p> <p>Obtain vitals Patient vomits Pain assessment with 1-10 scale Reassess vitals after bolus</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Temperature 102.5- interpret as elevated Temperature rechecked 100.5- interpret as improvement Mucous membranes pink and slightly tacky- interpret as possible dehydration Skin turgor- elastic- interpret as adequate hydration</p> <p>Mucous membranes pink and tacky- interpret as sign of dehydration Blood pressure 83/54- interpret as low and sign of dehydration Temperature 102.1- interpret as elevated Temperature 100.9- interpret as improved</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>Offer Pedialyte Call lab for results of stool culture. Patient is rotavirus positive. Call infection control to report rotavirus and to inquire about isolation precautions. Implement contact precautions. Call healthcare provider to update on rotavirus results. Request to have acetaminophen to be changed to oral route rather than rectally. Does not read back orders for verification. Updates healthcare provider about bruising and request right arm xray to evaluate for fracture. Also request consult to case management Educate mom on rotavirus Medication administration: acetaminophen and cetirizine. Verify name/DOB. Scan patient, scan medications. Correct medication math for acetaminophen Flush IV to assess patency Inform mom of case work consult and offer resources for safe environment at home. Educate mom on BRATTY diet to follow when at home Call case management for suspicion of abuse</p> <p>After patient vomit, make patient NPO Call healthcare provider for update on patient status. Receive new orders for IVF bolus, maintenance fluids, and Zofran. Does not read back orders for verification Medication administration: IVF bolus and Zofran. Does not verify name/DOB, does not scan patient, does not scan medication. Correct medication math for Zofran. Program IV pump correctly. Reprogram pump for maintenance fluids correctly. Does not verify patient name/DOB, does not scan patient, does not 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. Discussed importance of checking recommended doses of medications to ensure safe dose is ordered. Discussed contact precautions and education provided on how to prevent spreading illness at home. Educated on BRATTY diet. Recognized need to contact someone to investigate bruising and signs of abuse. Identified mother was also at risk for abuse and could have been more inquisitive with her as well. Recognition of IVF needed due to dehydration signs and symptoms identified in assessment.</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</p>	<p>Nice work! You are satisfactory for this scenario. 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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient’s condition.</p>

<p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 6. Select physical assessment priorities based on individual patient needs. (1, 2)* 7. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 8. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 9. Utilize the concepts of growth and development to identify concerns in assessment findings associated with potential child abuse and make appropriate referrals as necessary. (1, 3, 5)* 10. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* <p>*Course Objectives</p>	<p>Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. 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: 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>
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Lasater Clinical Judgment Rubric Scoring Sheet

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

CLINICAL JUDGMENT						OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Noticed deviations from normal with physical assessment and inquiry. Information seeking regarding patient condition as well as with parent/support person at bedside when appropriate.</p> <p>When developing your scenario, you noticed the important assessment aspects to include for a patient/support person with your assigned diagnosis.</p> <p>Through the scavenger hunt you were able to notice various details of each of the ten scenarios simulated.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>You were able to interpret data pieces and prioritize accordingly.</p> <p>For each scenario, care was given in gathering details needed in order to phone the healthcare provider and provide SBAR.</p> <p>When developing your scenario, you interpreted the expected path of the disease process and necessary nursing interventions to include in the patient's care.</p> <p>You utilized clinical judgment to interpret appropriate responses to NCLEX style questions related to each scenario.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Responded with communication that was collaborative between roles. Clear communication was utilized between colleagues.</p> <p>Clear communication was utilized with patient and family and layman's terms were utilized when appropriate.</p> <p>Responded with interventions that were planned accordingly and verbalized when necessary.</p> <p>Skill in identifying focused assessments as well as timely reassessments were utilized.</p> <p>Family members and others of the healthcare team were kept up to date on patient condition and given education for current condition as well as for preventative measures.</p> <p>In response to your assigned disease process you developed a 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>
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Caitlin Gresh, Destiny, Houghtlen, Paige Knupke, Dylan Wilson 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 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 focused assessment to the children of the household recognizing concerns requiring immediate medical assistance.</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. You encouraged the mother to discuss more of her dysfunctional family dynamic.</p> <p>Interpreted conditions in the kitchen as being dirty, messy, and unsafe for children. Interpreted exposed cleaning supplies as dangerous for children. Interpreted the lack of nutritious foods as not ideal for the family. Interpreted multiple empty beer bottles as potential alcohol abuse. Interpreted father’s bottle preparation method to be inadequate (formula expired, not using the correct quantity).</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B 					<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</p>

<ul style="list-style-type: none"> • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>each member of the family.</p> <p>You responded by prioritizing the safety and health concerns of each family member and seeking further treatment for them.</p> <p>You sought further information regarding potential abuse from all members of the family.</p> <p>You were respectful and calm in communicating with potential abuser. Coping skills were discussed.</p> <p>You responded to safety, psychosocial issues calmly. You were confident in your approach to each family member.</p> <p>In the mother encounter you provided resources for the abuse such as the Safe House and discussed with the mother that the abuse was not her fault. You discussed the need for insurance for medical coverage and information on WIC for resources for car seat and crib safety. You discussed with the mother to not take unprescribed medications and encouraged her to use birth control to prevent further pregnancies. Additionally, you encouraged bonding with the newborn as much as possible. Great 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, not drinking alcohol, and the need to drink more water.</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 the filth, unlabeled medications, unhealthy food, abuse, lack of support system, and poor self-care. Education was provided on safety resources/safety plan, WIC, medication assistance, and therapy. The group noted that the mother was assuming blame for the lack of bonding/PPD that she was experiencing. During discussion of the partner visit, the group noticed the messiness of the kitchen and the differing stories they were getting. This was a flag for them to investigate further but also be careful with their working/questioning so it was not accusatory. The group also noticed the excessive alcohol, poor food/lack of food, and the concerning photos on the refrigerator. Education was provided regarding food stamps/WIC, safe sleep education, and breastfeeding v. formula feeding. Discussion of the children’s visit included lack of safety in the room. The group noticed the lack of safe sleep, lack of medications for Jack, inappropriate shows, and bruising on Jack that was suspect of abuse. The group concluded that Jack was in respiratory distress and Jill was failure to thrive so they were able to send the children with mother 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 Jack for how to get help when needed/when feeling unsafe, age appropriate food/drink choices, and hand washing.</p>

SUMMARY COMMENTS:

E = exemplary, A = accomplished, D = developing, B = Beginning

Based off of Lasater's Clinical Judgment Rubric

Developing or higher in all areas is required for satisfactory completion of this simulation.

Objectives

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

*Course Objectives

Excellent job in communicating without judgement and providing appropriate education, information regarding resources, and intervention for family.

You are satisfactory for this scenario. KA/MD/BS/RH

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:

Thank you for all the learning opportunities.

Student eSignature & Date: Paige Knupke 11/26/24