

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

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

Student: Davondre Harper

Final Grade: Satisfactory

Semester: Fall

Date of Completion: 11/26/24

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

Faculty eSignature: K. Ammanniti MSN, RN, CHSE

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	Risk for Respiratory Distress	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:		NA	S	NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	S	NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
b. Provide care using developmentally appropriate communication.		NA	S	NA	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	S	NA	NA	S	NA	S	NA	S	S	S	NA	NA	NA	NA	NA	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	S	NA	NA	S	NA	S	NA	S	S	S	NA	NA	NA	NA	NA	S
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	S	NA	NA NI	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
Clinical Location Age of patient		NA	BELLEVEUE ELEMENT.	SIMLAB	B&G CLUB	FIRELANDS OB	NA	NA	St Marys	FRM C ER	FISHER TITUS	LACTATION	NA	NA	NA	NA	NA	NA
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

WEEK 3 – 1E – According to Erikson's Stages of Development, the children that I had the pleasure to assess/screen were predominately 3rd Graders, which puts them in the "School-Age" Category! The conflict associated with this stage is "Industry v. Inferiority", and this stage is described as when one develops self-confidence in their

*End-of-Program Student Learning Outcomes

abilities. You were able to correctly identify the stage of growth and development as school age for the children you helped screen this week. You were able to support the children you interacted with being in the industry side of development. Nice job! KA

Week 3 – 1a-c: You did a great job explaining directions and helping the children with an appropriate level of understanding for their age. RH

Week 3 – 1b – You were able to discuss how you spoke to the children providing them with clear and concise directions which is in alignment with the growth and developmental stage. KA

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

Week 5 – 1e – Please make sure to list the Erikson’s level of the patients/clients you are working with on the tool for each clinical experience. KA You did a great job describing the different age groups you worked with at Boys and Girls Club and how the younger children need more assistance and direction than the older children.

Week 6 – 1E – According to Erikson’s Stages of Development the babies that I got to work with were newborns, which would put them in the “Infancy” category. The conflict associated with this stage is “Trust v. Mistrust”, and this stage is described as when the basic needs of nourishment and affection will be met. Nice job! KA

Week 6: 1b, c, d- You used great communication with your patient while doing an assessment. You were calm and answered all questions that she asked you. You were able to identify the correct BUBBLELE assessment and perform it well. RH

Week 8 – 1E – According to Erikson’s Stages of Development the children that I had the opportunity to work with were grade schoolers, which would put them in the “School Aged” category. The conflict associated with this stage is “Industry v. Inferiority”, and this stage is described as developing self-confidence in abilities when competent. Great job! KA

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

WEEK 9 – 1E – According to Erikson’s Stages of Development the babies that I got to work with were newborns, which would put them in the “Infancy” category. The conflict associated with this stage is “Trust v. Mistrust”, and this stage is described as when the basic needs of nourishment and affection will be met. Nice job! KA

Week 9 – 1a – You did a wonderful job describing the patient you worked with in the ER and the care you provided them while they were awaiting transport to another hospital. KA

WEEK 10 – 1E – According to Erikson’s Stages of Development the babies that I worked with during this clinical rotation were newborns, which would put them in the “Infancy” category. The conflict associated with this stage is “Trust v. Mistrust”, and this stage is described as when the basic needs of nourishment and affection will be met. Nice job identifying the newborn’s Erikson’s stage. KA

Week 10 – 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 10 – FTMC OB Objective 1-This objective was met utilizing conversation and working with the postpartum mom and newborn. Great job! MD

Week 10 – 1a – You did a great job describing the mother who had a cesarean section that you had the opportunity to work with this week. I am glad you were able to see the delivery of the baby! KA

Week 10 – 1d – You discussed the implications of a NAS baby and how they need to be monitored for withdrawal symptoms as well as as may potentially need medication to help assist them through the withdrawal process. KA

WEEK 11 – 1E – According to Erikson’s Stages of Development the babies that I worked with during lactation clinical rotation were newborns, which places them in the “Infancy” category. The conflict associated with this stage is “Trust v. Mistrust”, and this stage is described as basic needs of nourishment and affection being met.

Wonderful job! KA

Week 11 – 1a – You did a great job describing breastfeeding mothers you worked with while on clinical with the lactation consultant. The mothers you worked with were all first-time mothers who were seeking information on the breastfeeding process and how to be successful at breastfeeding their infant. KA

Week 11 – 1c – You did not have the opportunity to see a newborn breastfeeding related to the patients you worked with being first time mothers who did not have their milk supply in. 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:		NA	NA	NA	NA	S	NA	S	U	NA	S	S	NA	NA	NA	NA	NA	S
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		NA	NA	NA	NA	S	NA	S	U	NA	S	S	NA	NA	NA	NA	NA	S
g. Discuss prenatal influences on the pregnancy. Maternal		NA	NA	NA	NA	S	NA	S	U	NA	S	S	NA	NA	NA	NA	NA	S
h. Identify the stage and progression of a woman in labor. Maternal		NA	NA	NA	NA	S	NA	S	U	NA	S	NA	NA	NA	NA	NA	NA	S
i. Discuss family bonding and phases of the puerperium. Maternal		NA	NA	NA	NA	S	NA	S	U	NA	S	S	NA	NA	NA	NA	NA	S
j. Identify various resources available for children and the childbearing family.		NA	S	NA	NA	S	NA	S	U	S	S	S	NA	NA	NA	NA	NA	S
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		NA	S	NA	NA	S	NA	S	U	S	S	S	NA	NA	NA	NA	NA	S
l. Respect the centrality of the patient/family as core members of the health team.		NA	NA	NA	NA	S	NA	S	U	S	S	S	NA	NA	NA	NA	NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

Week 3 – 1j: you had a good conversation with the school nurse about referrals to healthcare providers for hearing and/or vision screenings and how they have some resources available to families who cannot afford to take their children. RH

Week 3 – 1K – You did a great job identifying cultural beliefs, behaviors, and values that you observed while completing hearing and vision screenings in the Bellevue school district. KA

Week 6: 1j- we discussed multiple resources that were available to new mothers while at Firelands throughout our day. RH

Week 8 – 1f-l – Any competency left blank is marked with a U for the designated week. Please make sure to make a comment on how you will prevent receiving a U in these competencies in the future. KA

WEEK 9 – 1F-L – Unfortunately, this mistake was due to me not double checking my clinical tool prior to turning it in. I will prevent this from happening in the future by ensuring that I double check my clinical tool and make sure that all required fields are filled in appropriately. Great goal to address this. KA

Week 9 – 1k – You did a great job discussing how feeding practices may differ from patient to patient based on their cultural aspects and can affect their overall nutrition. KA

Week 10 – 1i – You did a great job of describing how your patient was in the letting go phase and how multipara mothers tend to go through the stages much quicker than primipara mothers. 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.		NA	S	NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
b. Perform nursing measures safely using Standard precautions.		NA	S	NA	NA	S	NA	S	NA	S	S	S	NA	NA	NA	NA	NA	S
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	S	NA	NA	S	NA	S	NA	S	S	S	NA	NA	NA	NA	NA	S
d. Practice/observe safe medication administration.		NA	NA	NA	NA	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	NA	NA	NA	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	S
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	S	NA	NA	S	NA	S	NA	S	S	S	NA	NA	NA	NA	NA	S
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*		NA	S	NA	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

WEEK 3 – 2G – A Social Determinate of Health that I recognized were some children being screened not only failed their current vision screening but had a history of failing their vision screenings due to either not having the finances for glasses or not having productive parents to schedule/contact an ophthalmologist to get them corrective lenses. **This is a great example of SDOH related to screenings. I know there are resources available for students in need however I wonder how often do families utilize the resources when needed. KA**

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

WEEK 5 – 2G – A social determinant of health that I recognized were that some of the children seem to have speech impediment or delayed speech patterns. I would associate this with either educational/supportive or socioeconomic in the sense that the children could either not have access to speech therapy or speech programs at school, not have the correct guidance and/or positive language/literacy being used in the home, or them not having access to healthcare to actually identify and resolve the speech problems. **Great thoughts! KA**

Week 5- 2g- You did a nice job discussing two social determinants of health that could affect the children at the Boys and Girls Club. BS You discussed how economic stability and education were SDOH aspects that impacted the children at Boys and Girls Club that you observed while on clinical. KA

WEEK 6 – 2G – A social determinant of health that I recognized were specific to a baby that was born in Firelands OB Unit. The baby was born with drugs and alcohol in its system, which would reflect a knowledge and education deficit for the mom and how she should have managed her health and pregnancy better! **Great thoughts. This could also be seen as a lack of information of available resources to help treat and manage drug and alcohol addiction in general/during pregnancy. KA**

Week 6: 2b- you used standard precautions when caring for mother and baby. RH

Week 6: 2c- you did well with the newborn assessment. You asked questions when you needed assistance but you were able to perform the assessment yourself. RH

Week 6: 2d, e- you performed medication administration with correct technique and performed all your checks. RH

Week 8 – 2G – A social determinant of health that I recognized was the quality of the children’s education as well as socioeconomic status of the children. Being that St. Mary’s is deemed a private school district that requires a tuition to be paid for children to attend was my initial thought process. However, after seeing a plethora of students, they all seemed to be very fortunate to have access to newer clothing/uniforms as well as shoes. The shoes usually give someone’s socioeconomic status away and being that predominately all of the students had extremely nice sneakers supports my theory. **What a keen observation. KA**

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

WEEK 9 – 2G – A social determinant of health that I recognized was a lack of education from the parents of the infant who I was assigned to. The mother did the correct thing by initiating treatment by taking her infant to the pediatrician who then recommended she take her to FRMC’s Emergency Department; however, the mother didn’t seem to recognize major telltale signs that her baby was rapidly declining. She initially brought her child in because the baby was refusing feedings to which she said, she thought it was due to her tongue tie, but the baby not only was floppy and unresponsive to external stimuli, but also had an extremely low temperature to which the mother stated she thought the only concerning temperatures were high temperatures. **This is a great example. Education or lack there of has a major impact on one’s ability to manage the healthcare of themselves and those they care for. In this case your patient is completely dependent on others to manage their health and therefore this lack of knowledge about signs of deterioration in the newborn had a negative impact. This is an area that can be improved through education and referrals. KA**

WEEK 10 – 2G – A social determinate of health that I recognized was that my patient had a previous cesarean section for her first born, which ultimately signified that she would be having another cesarean for her second pregnancy. She also had a family history of Macrosomia, which also signified that she would most likely need to have a cesarean for any concepted babies. **Nice example. I also feel it is very common for repeat cesarean deliveries versus encouraging vaginal birth after cesarean (VBAC) because of the potential for complications but many mothers are candidates for VBAC that get repeat cesareans. KA**

Week 10 – 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
Week 10 – 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 11 – 2G – A social determinative health that I recognize was one couple in particular had asked if the lactation nurse could possibly squeeze them in at 1:30 when the lactation nurse only offered/had available time slots at 10 or 12. They stated that they didn't have transportation, and they both relied on their mothers to bring them to their follow up appointment. So, this shows that they both receive adequate support from family members, however, this also limits their access to healthcare being that they have to plan/maneuver according to both of their mother's schedules. Great example about how their limited transportation affects their ability to manage their health and access healthcare. 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	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Act with integrity, consistency, and respect for differing views.		NA	S	NA	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		NA	S	NA	NA	S	NA	S	NA	S	S	S	NA	NA	NA	NA	NA	S
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		NA	S	NA	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		NA	S	NA	NA NI	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

WEEK 3 – 3D – An ethical issue I witnessed was that there were a handful of Spanish speaking students who were due to receive their vision/hearing screenings and the elected translator for said school was out for the week. This allowed a fellow FRMC Student the opportunity to translate the directions/procedure to the students who were non-English speakers. **Interesting. It makes you wonder how they were being communicated to throughout the day and if they receiving the necessary information without the interpreter present. KA**

Week 5 – 3d – This should be addressed for all clinical experiences. **If you did not have an actual legal ethical concern list a potential concern related to that population. KA**

WEEK 6 – 3D – An ethical issue I witnessed was that with the NAS Baby, children services needed to be involved due to the baby ultimately being addicted to drugs, however, since the mother has been actively involved in rehab and detoxification since she realized she was pregnant, they weren't officially scheduled to take her baby. **Great example. What ethical dilemma(s) does this example encompass? KA**

Week 8 – 3D – An ethical issue that I witnessed were some of the students were definitely unruly, gossipy, and inappropriate compared to other students. An example of this would be that some of the students utilized foul language while engaging in our activity and a few of the older students utilized sexualized terminology towards their peers. This not only influenced/provoked other students to do the same but also could interfere with the innocence of those who are either unaware or sheltered of that type of language and terminology. **This can definitely be an issue in the school setting. I hope the teacher's intervened and reminded them to use appropriate language. KA**

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

WEEK 9 – 3D – An ethical issue that I witnessed was the infant’s access to care being that FRMC didn’t have a lot of the equipment needed to care for the one-month-old infant. The facility didn’t have a catheter small enough for the infant to obtain a urine sample, they also didn’t have access to a lot of the pediatric instruments and/or sizes to do what was required in a timely manner. Being that the infant was being seen in, the emergency department plays a big part in that however having to run to the pediatric unit or vice versa delayed a lot of the care/procedures that needed to be done. This would be seen as an area of improvement where the systems could be changed to help ensure everything needed was available for proper care of this child. This is an example of a concern that could be resolved by a nurse driven change. KA

WEEK 10 – 3D – An ethical issue I witnessed was during the Cesarean procedure, the surgeon cut the mothers old scar completely off of her body without her consenting to him doing so. He didn’t do this because it was a factor that would cause the procedure to be more difficult for him, he did it based on the aesthetics of the previous scar. The women didn’t mind that he did this being that she thanked him after she was stitched up and stated her previous scar wasn’t aesthetically pleasing, however, she didn’t give him consent and he didn’t ask for her consent to do so prior to removing it. What a good ethical/legal concern. What could have happened if the mother was unhappy the healthcare provider did this? KA

Week 10 – FTMC OB Objective 3-This objective was met by you acting with integrity, providing privacy for the patient with HIPAA, and you performed at high standards with the code of conduct of the school. MD

WEEK 11 – 3D – An ethical issue I witnessed was while the lactation nurse was providing education to a mother on how to utilize a breast pump, the mother didn’t seem as though she wanted to go the route of breast-feeding/pumping to feed her baby. I’m aware that all mothers must receive teachings/education from lactation, however, the mom and dad once the teaching on how to utilize the breast pump was done, requested premade Similac bottles and stated that “they just wanted to make sure they received them and that they weren’t forced/stuck with having to breast-feed/pump for the baby.” Great example of autonomy. Concerns related to the baby getting enough nutrition is a common worry among those who are breastfeeding in the beginning. However it is important to support the patient’s decision whatever it may be. KA

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

Week 3 - 4b: You correctly documented on all student sheets for their hearing/vision results. RH

You discussed the binder the school nurse utilized to collect the hearing and vision data and how this information is then reported to the Ohio Department of Health. KA

Week 3 - 4d: You were able to teach the students how to correctly perform their screenings with appropriate language for their understanding. RH

Great job discussing how you provided a clear explanation of the hearing screening and assisted the students in making sure the headphones were on correctly. KA

Week 5- 4d- You were able to provide developmentally appropriate education to the children at the Boys and Girls Club. Nice job! BS You did a nice job discussing how you educated the children about what it is to be nurse and how to use a stethoscope. KA

Week 6 – 4a – You have satisfactorily completed your care map. Please see comments on the rubric for details. KA

Week 6: 4b- you were able to properly document your newborn assessment in Meditech with limited assistance. RH

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

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

Week 9 – 4a – You did a great job discussing the 5 priority nursing interventions for your patient with the respiratory distress. You did a nice job discussing how well each intervention worked and how ultimately the patient was being life flighted once stabilized due to the severity of the illness. KA

Week 10 – FTMC OB Objective 4 C, D, and E-You were able to discuss advocacy for the patient, provide appropriate education for the patient, and analyze pathophysiology about the patient. MD

Week 11 – 4d – You described many different pieces of information that were given to the breastfeeding mothers to support their journey. One piece of education was regarding the “Rules of Five” related to how long breast milk is good for. KA

Student Name: Davondre Harper		Course Objective: 5a					
Date or Clinical Week: 6							
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	You did a nice job identifying abnormal assessment findings, lab/diagnostics, and risk factors for your patient. If the patient is havinf retractions/accessory muscle breathing this should be in the assessment findings section versus the risk factors. The cesarean birth would be considered a risk factor versus an assessment finding. Also, I would include the patients congenital heart screen results if the ultrasound showed a narrow ductal arch. KA
	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 did a nice job listing the patients nursing priorities and highlighting the priority that was the highest. You would also want to include a risk for infection as being a concern for a newborn. Your goal was appropriate. When listing complications, you should choose 3 complications related to your highlighted nursing priority and then list 3 sign and symptoms for each. The second complication listed is good but should just be listed as "aspiration" versus the title of your nursing priority. Other complications to consider would be hypoxemia, pneumonia, hyperthermia, hypothermia, and dehydration. These were all condition you listed as the signs and symptoms. Remember the signs and symptoms are things the nurse assesses the patient for. So for the complication of aspiration you could have listed tachypnea, advantageous lung sounds, coughing/choking during feeding.
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	0	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	0	
Respon	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a very nice job with your nursing interventions. You were very thorough. Your nursing interventions were individualized, realistic, and included rationale. When prioritizing your
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

*End-of-Program Student Learning Outcomes

ding	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	2	interventions make sure all assessments are first, followed by other nursing actions and medications, and last are your education interventions. You did a nice job prioritizing with the exception of your assessing lung sounds intervention that was placed just before education. Also all interventions were timed except your education interventions. When time these interventions consider by discharge, on admission, daily, and prn. KA
	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	You did a nice job reassessing your highlighted findings. All assessment findings except the patient's GI distress was reevaluated. You also noted you were continuing your plan of care. KA
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	

Reference

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

Total Possible Points= 45 points 45-35 points = Satisfactory 34-23 points = Needs Improvement* < 23 points = Unsatisfactory* *Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. ***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *** Faculty/Teaching Assistant Comments: You satisfactorily completed your care map. Please be mindful that your in-text citation and reference match in the future. Your in-text citation was for our textbook but the reference was for Skyscape. Review comments above for areas to improve on in the future when writing care maps. KA	Total Points: 38/45 Faculty/Teaching Assistant Initials: KA
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

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

Comments:

Week 6: 4g- you were able to identify why we were administering ibuprofen and Tylenol to the mother and how it would assist with her pain and swelling. RH

Week 9 – 4f & 4h – You did a great job describing the diagnostics and medical treatments utilized to diagnoses and treat your patient's respiratory distress including O2 and NG placement. KA

Week 9 – 4g – You did a great job describing the medications utilized to manage your patient's illness and included both antibiotics and steroids. KA

Week 10 – FTMC OB Objective 4 F and H-This week you did an awesome job with correlating diagnostic tests and medical treatment for the patients you took care of. MD

Objective																		
5. Collaborating professionally with members of the health care team, childbearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Demonstrate interest and enthusiasm in clinical activities.		NA	S	NA	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
b. Evaluate own participation in clinical activities.		NA	S	NA	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	S	NA	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	NA	NA	S
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	NA	S	NA	S	NA	NA	NA	NA	NA	NA	NA	NA	NA	S
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA	NA	S	S	S	NA	NA	NA	NA	NA	S						
g. Consistently and appropriately post comments in clinical discussion groups.		NA	S NI	NA	S	S NA	NA	S	NA	S U	S	S	NA	NA	NA	NA	NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA							

Comments:

Week 3 – 5a: You were positive and energetic with all interactions with staff and students. RH

Week 3 – 5c: You communicated well with both school nurses and teachers who were present. RH

Week 3 - 5g - Davondre, you did a great job responding to all the questions related to your hearing and vision experience in your CDG this week. Thank you for sharing you thoughts and observations. You included a reference but I could not include an in-text citation. Make sure to include both of these in your pasts in the future to be satisfactory. Keep up the overall great work! KA

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

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

Week 5 – 5g – Davondre, you did a nice job responding to the CDG questions on your Boys and Girls Club clinical experience. You were thoughtful with your responses and shared your observations from the experience. You included an in-text citation and reference to support your responses. Remember that your in-text citation should include the author and year along with the page number if using a direct quotation. For your in-text citation it should look like this (Linnard-Palmer & Coats, 2020, p 200).

Overall you did a nice job! KA

Week 6: 5a- you showed great enthusiasm on clinical this week and the nurses commented on how nice it was to see students who were eager to learn. RH

Week 6: 5d- you charted your assessment findings appropriately in Meditech. RH

Week 6 – 5g – You completed your care map this week versus responding to the CDG questions therefore this competency is NA. KA

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

Week 9 – 5a – ER Clinical Comment: Marked satisfactory in all areas. “Great job assisting with a difficult patient.” Katy Fleitz, RN You did a great job discussing how you learned about the mobile baby bed crib and the life flight process with the newborn you cared for. KA

Week 9 – 5g – You did a wonderful job responding to all your CDG questions on your ER experience this week. You were thorough with your responses and shared your unique point of view. You did not include an in-text citation and a reference and therefore your CDG is unsatisfactory for the week. Please make sure to include both of these in your response next week. Also make sure to comment on how you will prevent receiving a U in this competency in the future. KA

WEEK 10 – 5G – I unfortunately made the mistake of forgetting to include an in-text citation as well as an overall citation for my CDG. I will ensure that this does not occur again by making sure I not only including both citations but double checking once my CDG is posted to ensure that both citations are present. Nice job ensuring this was completed this week! KA

Week 10 – 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 10 – 5a – I am glad you were able to see a circumcision as well as a cesarean delivery this week while on clinical. KA

Week 10 – 5e – You were knowledgeable about the immunization tracking process and was able to discuss how vaccines are tracked both in the EMR and state wide through the Impact SIIS system. KA

Week 10 – 5g – Davondre, you did a wonderful job responding to all the CDG questions this week on your OB experience. You shared your thoughts and experiences and how they impacted your nursing experience. You supported your post with a reference and in-text citation. Keep up the nice work! KA

Week 11 – 5a – The preceptor marked you excellent in all areas. She did not leave any comments. Hannah Alexander RN, CLC. KA

Week 11 – 5g – You did a wonderful job responding to the CDG questions related to your lactation consultant clinical. You did a wonderful job describing all the education that was provided during your experience. You supported your post with an in-text citation and reference. Remember to include the page number in your in-text citation when you are citing a direct quotation. It should look like this (Linnard-Palmer & Coats, 2020, pg. X). Keep up the nice work! 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	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Recognize areas for improvement and goals to meet these needs. (List Below)*		NA	S	NA	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
b. Accept responsibility for decisions and actions.		NA	S	NA	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
c. Demonstrate evidence of growth and self-confidence.		NA	S	NA	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
d. Demonstrate evidence of research in being prepared for clinical.		NA	S	NA	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA U	S	NA	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
f. Describe initiatives in seeking out new learning experiences.		NA	S	NA	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
g. Demonstrate ability to organize time effectively.		U	S	NA	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
h. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions.		NA	S	NA	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
i. Demonstrates growth in clinical judgment.		NA	S	NA	S	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

Week 2 – 6e – Your clinical tool was not submitted by Friday at 0800. Please make sure to make a comment on how you will prevent receiving a U in this competency in the future. KA

Week 2 – 6e – I will ensure that my clinical tool will be submitted by Friday at 0800 moving forward! I will make sure that not only are there alarms set on my phone prior to the submittance date/time but also attempt to have my clinical tool submitted a day in advance to ensure it is submitted within an adequate time. Great idea! KA

Week 3 – 6a – An area that could use improvement would be my social skills with little humans. I felt as if I did decent while giving them directions, however, there were some children who understood what was being asked and there were some who needed it to be re-explained. I would say a way that I can improve this skill would be to utilize a more basic/universal terms that can be understood by any young child. I also feel as if there were external factors that influenced how well the child understood what was asked (i.e., excitability, distractibility, etc). **Great thoughts. You could also utilize what you learned in growth and development and role play communication techniques, but as with many skills practice will improve this in time. KA**

WEEK 5 – 6A – An Area that could use improvement would be again my social skills with little humans. I definitely felt as if I did way better this go around when talking to the kiddos however, the age groups kind of set me off being that I started with the older kids, so I felt really confident talking to them and then when I got to the younger kids, they didn't seem to be as social and weren't really initiating conversations. However, there was this one little who was super sweet and super cute, and he was talking to me the whole time and that's when I knew that I could talk to both age groups, but the younger kids were more standoffish than the older kids were extremely hyperactive, energetic, and talkative. **Remember to list a goal to improve this area of improvement. Are you planning on doing anything different other than practice? I am glad this area is improving the more you work with children. KA**

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

WEEK 6 – 6A – An area for improvement for me would be to get more involved when it comes to the care of a newborn. I've had previous personal experiences with newborns in my family but not when it comes to healthcare. I would say a goal to improve this would be to be more vocal and adamant on wanting to take on nursing tasks for said baby when I am at clinicals. I just don't want to step on those nurses toes but if I don't speak up, they won't know or offer. **Great goal and observation. Always be proactive for your clinical education. Like you said the staff and faculty do not always know what you need/want if you do not ask for the experience. KA**

Midterm – Davondre, you are satisfactory in all competencies at midterm for this semester with the exception of 5f which is NA. Please seek out opportunities to practice your SBAR during the second half of the semester. ER and OB clinical should provide excellent opportunities to complete this competency. You have had a variety of clinical experiences working with the maternal child population and have had the opportunity to practice and strengthen your nursing and communication skills. Continue to work hard as you enter the second half of the semester and finish strong. Keep up the terrific work! KA

Week 8 – 6A – An area that could use improvement for me would be to not laugh at the immaturity of the children. I feel as if me reacting to the children in a laughing manner only encourages them to continue doing what they initially either did or said. I didn't do it a lot and was able to keep my bearing through a majority of their attention seeking actions, but some kids definitely caught me off guard. How I can improve on this in the future would be to balance my personal/professional self and not laugh at the craziness of the kids, despite some of the off the wall things they would say or do. I did however ensure to redirect either their actions or verbiage to something more productive once it was done or said but it definitely was difficult to do while managing not only a hyperactive exercising activity while balancing 10 to 12 kids at the same time. **Great goal. I agree children can say some very interesting things and it is important to not react in a way that can encourage the inappropriate behavior. However as both a peds nurse and a parent I know how hard it can be sometimes. KA**

WEEK 9 – 6A – An area that could use improvement for me would be to make sure if I am caring for an infant that the parents feel included and aren't out of the loop. I think I did a decent job at this, but my main priority was the baby and ensuring that she received the care/interventions she needed. A goal I can do to improve. This would be to incorporate the parent or parents in the care being given to their child and allowing them to perform interventions if the interventions don't require a professional or medical team member. Also, I really didn't know what was going on either so that's why I'm giving myself grace when it comes to this patient because this was very intense and definitely an experience that I have not had the opportunity to experience before so this was my first rodeo as well as the parents. **This is a great self-reflection.**

Working with families of children and can be difficult and finding the balance between focusing your care on the child and still including the family in the care of the child isn't always easy. It takes time and practice. I am glad you are giving yourself some grace because this is a skill that takes time to develop and if you choose to continue to work with the pediatric population I know it is a skill that you will easily master! KA

WEEK 10 – 6A – An area that could use improvement would be my overall energy while participating in the 12-hour clinical rotations. I believe this can be improved by ensuring an adequate amount of sleep the night prior as well as an adequate amount of caffeine throughout the day. I also could improve on the frequent lightheadedness/syncope while witnessing procedures. This could be improved by ensuring adequate nutrition prior to experiencing triggering procedures. I agree. It sounds like you have a good plan to prevent these concerns next semester when watching procedures and completing 12-hour clinical days. KA

Week 10 – 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 11 – 6A – An area that could use improvement would probably being able to provide proper education to patients, specifically new moms and dads. I felt this. I was just observing while the lactation nurse was providing teachings and education. How I could improve on this would be to either review patient education prior to seeing patients or asking in this case the lactation nurse how I could help with either patient teachings or patient education. Great idea. You could also develop a few teaching points that you feel comfortable with that are common areas to address with the population you are working with so you can use them with future patients you work with. KA

Final – Davondre, you have satisfactorily completed the clinical portion of the Maternal Child Nursing Course. You have experienced a variety of clinical settings and had the opportunity to strengthen and refine your nursing skills. You have shown growth in your nursing abilities and clinical judgment this semester and have reflected thoughtfully on your strengths and weaknesses. An identified weakness that you have worked on this semester is your communication skills and interactions with the younger population. Continue to thoughtfully reflect on your patient and family interactions to help you further strengthen this identified weakness. Therapeutic communication will improve in time with practice. Keep up the hard work and good luck as you continue on into the last semester of the program! KA

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	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
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	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/12 & 9/19	Date: 9/23	Date: 9/26 & 10/3	Date: 10/7	Date: 10/17 & 10/18	Date: 10/24 & 10/31	Date: 11/4	Date: 11/5 & 11/6	Date: 11/15	Date: 11/19	Date: 11/22	Date: 11/22	Date: 8/27
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
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: SCENARIO: Empathy Simulation

STUDENT NAME: Davondre Harper

OBSERVATION DATE/TIME: 8/27/24

<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.</p> <p>Great job.</p> <p>I enjoyed seeing your pregnancy photo!</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p>Simulation Objectives:</p> <ol style="list-style-type: none"> 1. Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)* 2. Describe how patient-centered care is dependent on past medical history, cultural history, social history, and pregnancy/birth history. (1, 2, 4)* 3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)* <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>Comments</p> <p>You are satisfactory for this simulation. KA</p>

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Byrd, Harper

GROUP #: 3

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2024 1000-1130

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Mona CO pain at 5/10. Patient identified. VS. Begins assessment. FSBS 200. Mona CO feeling dizzy and lightheaded. Noticed HR. Notice abnormal bleeding. Notice boggy uterus.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interpreted the need to apply fetal monitor. Fetal monitor interpreted. UA interpreted. FSBS 200, interpreted ab above normal. HR interpreted as elevated. Interpreted the need for fundal massage. Noticed lower respiratory rate and the need to sit-up. Fundus reassessed.</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>Inquires about typical dietary choices. Urine sent to lab. Fetal monitor applied. Leopold's maneuver performed to determine fetal position. Patient repositioned to left side. Call to provider, report provided. Mona informs of the lack of prenatal car. US + for glucose, nitrates, leukocytes, THC. Orders received for acetaminophen, Procardia, fluids, US to verify dates. Orders read back. Medications and fluid prepared, patient identified. Fluids initiated and medications administered. Medication and dietary education provided to patient. Fundus immediately massaged when boggy uterus assessed. Good job remaining calm. Call to provider to report new findings. Peri-pad weighed- 600 g. Order received for methylergonovine, prepared and administered. Patient repositioned. Fundus reassessed to be firm.</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 well with each. Discussed the importance of SBAR communication when calling the provider, and gathering information prior to. Discussed that it is ok to ask for help or offer help to team members. Forgot to mention this in debriefing but good job providing patient education.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* <p>*Course Objectives</p>	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In simple, common, or familiar situations, is able to compare the patient’s data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Is hesitant or ineffective in using nursing skills</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Byrd (A), Harper (M)

GROUP #: 3

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/26/24 1000-1130

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Introduce self. Identify name/DOB</p> <p>Pain assessment: rating, description, location.</p> <p>Obtain vitals</p> <p>Perform sterile vaginal exam.</p> <p>Begins head to toe assessment. Asks about gestational age, medical history, weight gain</p> <p>Reassess mom after pain medication administration.</p> <p>APGAR 1 minute: heart rate (133), respiratory rate (43), cry, movement, color. Total: 9</p> <p>Perform newborn assessment including reflexes</p> <p>APGAR 5 minute: 9</p> <p>Delayed mom assessment after delivery- does not assess fundus</p>
<p>INTERPRETING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Interpret vitals as WDL</p> <p>Interpret fetal monitor as accelerations and connects that to baby wellbeing</p> <p>Interpret immediate delivery</p> <p>Identify all forms of thermoregulation for baby</p>

<p>RESPONDING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Offer pain relief techniques (deep breathing, position changes, pain medications) and techniques to progress labor.</p> <p>Educate on pain medication and how it is safe for baby. Educate that increased monitoring for mom and baby after administration</p> <p>Medication administration: nubain- ask name/DOB, scan patient and medication, use of subcutaneous needle rather than IM needle, correct IM technique, use of needle safety.</p> <p>Medication administration: PCN- did all checks at same time as nubain. Hung secondary bag below primary bag rather than primary bag below the secondary bag. *timeout for assistance, faculty assistance with correct placement of primary and secondary bags for proper flow*, program pump correctly.</p> <p>Education provided to patient in regards to shoulder dystocia prior to delivery to prepare mother.</p> <p>Call healthcare provider. SBAR organized but slow</p> <p>Call for help, McRoberts, suprapubic pressure, roll to hands and knees, evaluate for episiotomy, rotational maneuvers, remove posterior arm</p> <p>Immediately dry baby off and wrap in blanket, place baby under the warmer, put hat on baby</p> <p>Medication administration: erythromycin ointment (educate mom on what is for), vitamin K (educate mom on what vitamin K is for and why important to administer. Vitamin k admin: correct dose, correct needle, use of needle safety. Apply ointment to baby's eyes</p> <p>Offer skin to skin with baby/mother</p> <p>Call healthcare provider to update on delivery. SBAR used, organized</p> <p>Education provided to mom of expectation of bleeding and when to report to healthcare provider</p>
<p>REFLECTING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Team remediated on IV pump and IV fluids and how to hang correctly. Identified all types of thermoregulation. Used good SBAR while calling healthcare provider.</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: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.

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

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

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

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Davondre Harper

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

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

<p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Utilize the concepts of growth and development to identify concerns with patient safety and provide appropriate interventions to address safety concerns. (1, 3, 5)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1, 2, 5)* 3. Collaborate with members of the healthcare team to provide safe, holistic, and comprehensive patient care. (1, 2, 4, 5, 6)* 4. Utilize SBAR communication in interactions with members of the health team. (5)* <p>*Course Objectives</p>	<p>subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Byrd (A), Harper (M)

GROUP #: 3

SCENARIO: Pediatric Respiratory

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

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Introduce self, identify patient with wrist band</p> <p>Notice needle, battery, and scissors. Remove from crib.</p> <p>Obtain vitals. Notice elevated temperature.</p> <p>Pain assessment with use of faces pain scale</p> <p>Respiratory assessment includes lung sounds, does not remove gown to visualize chest.</p> <p>Reassess temperature after ibuprofen administration. Reassess pain with use of faces pain scale</p> <p>Assess ears and notices drainage from right ear.</p> <p>Does not identify IV fluids running at incorrect rate. During debriefing, IVF maintenance rate identified and calculated.</p> <p>Obtain vitals. Notice pulse ox low, does not apply oxygen</p> <p>Reassess lungs, reassess pain with faces scale. Respiratory assessment includes lung sounds, does not remove gown to visualize chest</p> <p>Notice worsening cough. Does not notice or identify stridor</p> <p>Reassess temperature.</p> <p>Does not identify IV fluids running at incorrect rate. During debriefing, IVF maintenance rate identified and calculated.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Calculate correct medication math for ibuprofen with corrected dose. Identifies medication error and corrects with healthcare provider for new order.</p> <p>Identifies that patient is in pain and can administer acetaminophen for pain per orders.</p> <p>Leaves patient bedside even with pulse ox in 80s</p> <p>Does not identify or prioritize stridor as emergency</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B 						<p>Educate patient on safe toys and what appropriate toys are</p> <p>Closes crib rails when not at bedside</p> <p>Call healthcare provider. SBAR organized. Asks about weight-based orders for ibuprofen and acetaminophen. Gets new orders for acetaminophen and ibuprofen. Does not read back orders for verification.</p>

<ul style="list-style-type: none"> Being Skillful: E A D B 	<p>Medication administration: ibuprofen. Scan patient and medication, correct dose, route. Verify name/DOB. Does not inform patient or father what medication is for or what medication it is.</p> <p>Education provided to father about illness including handwashing to prevent spread, cough descriptors, illness length, educate on taking child outside for cool air to relax lungs, cool mist humidifier, encouraging fluids, lots of rest, signs of respiratory effort increase (anxiety, increased respiration, and tiredness)</p> <p>Call healthcare provider. SBAR less organized this time, but still includes most data. Provides update to provider on pain and fever. While on phone with provider, identifies inappropriate dose for amoxicillin and gets a new order with correct weight-based requirements. Does not read back new order.</p> <p>Medication administration: amoxicillin. Scan patient and medication. Verify name/DOB. Correct dose, correct route. Does state it is an antibiotic for ears but does not provide further medication education.</p> <p>Call respiratory therapy for breathing treatment.</p> <p>Does not apply oxygen to child with low pulse ox (80s)</p> <p>Medication administration: scan patient, scan medications. Administer ibuprofen, acetaminophen, and amoxicillin.</p> <p>Call respiratory therapy for breathing treatment.</p> <p>Apply oxygen (4L) to patient after extended time of pulse ox at 88%.</p> <p>Call healthcare provider. No SBAR provided. Ask about PO medication cetirizine. Gets new order for dexamethasone. Does correct medication math on phone with provider. Read back dexamethasone order for verification.</p> <p>Medication administration: cetirizine and dexamethasone. Verify name/DOB, scan patient and medications. Correct dose for both medications, correct routes.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> Evaluation/Self-Analysis: E A D B Commitment to Improvement: E A D B 	<p>Team discussion of scenario and recognition of teamwork/communication. Identified importance of double-checking orders to verify correct/safe dose for pediatric patients. During debriefing correct IV fluid rate calculated by each student. Discussed medication errors and how to identify/prevent doing so in their practice as nurses. Team provided great educate to father and child on illness as well as medications administered and what to watch for at home. Students identified they should react quicker to respiratory distress and applied oxygen quicker than what they did in scenario.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p>	<p>You are Satisfactory for this scenario! RH</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>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In simple, common, or familiar situations, is able to compare the patient’s data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Byrd (M), Harper (A/C)

GROUP #: 3

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/5/2024 1000-1130

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Introduce self, identify patient. Pain assessment: rating using 1-10 scale (5-10). Obtain vitals. Assess skin turgor: elastic. Assess mucous membranes: slightly tacky. Assess abdomen, notice bruising. Asks how got bruise and mom answers that he fell off the bike. Listen to bowel sounds, ask about urine and bowel habits, ask about emesis, Ask mother to leave room and begin inquire about bruising on abdomen. Assess right arm bruise after prompting that it is sore.</p> <p>Patient complain of abdominal pain, vomits. Obtain vitals. Reassess vitals after IVF bolus. Repeat GI 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>Temperature 102.5- interpret as elevated Mucous membranes slightly tacky: interpreted as sign of dehydration. Temperature reassessment 100.5: interpret as improvement from interventions</p> <p>Blood pressure 84/50- interpret as sign of dehydration. Temperature 102.1- interpret as elevated. Blood pressure 105/56- interpret as improvement from interventions.</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 to patient and offers emesis basin at same time. Call lab for results of stool sample. Get rotavirus positive results. Place patient in contact precautions. Call healthcare provider and update on patient status. Question cetirizine order since it is PO and patient has NPO order. Update provider on rotavirus positive result and request change of route for acetaminophen. Get new order for acetaminophen, does not read back order for verification. Education provided to mother on BRATTY diet for management of diarrhea and vomiting. Education provided to mom about smoking cessation due to pregnancy. Medication administration: acetaminophen and cetirizine. Check name/DOB, scan patient, scan medication. Incorrect medication math and gave too much medication per order. Call healthcare provider with update on patient. Notifies of suspicion of abuse. Encouraged to question patient separate from mother and contact case management. Call case management for referral for suspicion of abuse. Update mother on referral for case management to ensure patient and mother are safe in the home. Does not ask further questions about mother's abuse or safety.</p> <p>Call healthcare provider. Requesting IV fluids. Receive order for IV fluid bolus and maintenance rate. Receive order for Zofran. Does not read back orders. Call lab to test emesis for occult blood. No order received for this test.</p>

	<p>Medication administration (IV bolus) done by assessment/charge nurse. Verify name/DOB. Scan patient, scan medication. Set pump up correctly for bolus. IV flushed to ensure patency.</p> <p>Medication administration (medication nurse) Zofran. does not verify name/DOB or use scanner to scan patient. Pushes medication slowly.</p> <p>Call healthcare provider. Provide update on patient and ask about testing PO fluids</p> <p>Medication administration (medication nurse): acetaminophen. Check name/DOB, scan patient, scan medication. Incorrect medication math for dose</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussed scenario. Also discussed importance of checking recommended doses for medications to ensure safe dose is ordered. Discussed contact precautions and educated on how to prevent illness spreading at home. Recognized need to contact someone to investigate bruising and signs of abuse. Discussed need to also assess mother since it was reported by child that she was also hurt. Discussion of proper medication math and how to calculate safe dose.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 6. Select physical assessment priorities based on individual patient needs. (1, 2)* 7. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 8. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 9. Utilize the concepts of growth and development to identify concerns in assessment findings associated 	<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. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient’s condition. 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. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>

<p>with potential child abuse and make appropriate referrals as necessary. (1, 3, 5)*</p> <p>10. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)*</p> <p>*Course Objectives</p>	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

<ul style="list-style-type: none"> • Being Skillful: E A D B 	<p>Family members and others of the healthcare team were kept up to date on patient condition and given education for current condition as well as for preventative measures.</p> <p>In response to your assigned disease process you developed a comprehensive simulation that encompasses aspects of assessment, interprofessional communication, and nursing interventions appropriate for the patient scenario you developed.</p> <p>You developed appropriate NCLEX questions for your scenario based on your disease process.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Reflected with a self-analysis of assessment and analysis of data to identify missing pieces of the scenario.</p> <p>Actively participated in providing constructive feedback to all groups observed throughout the simulation.</p> <p>You developed debriefing questions specific to your scenario to assist your peers in reflecting on the importance of your simulation.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p>Developing or higher in all areas is required for satisfactory completion of this simulation.</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Provide quality, patient-centered care in an organized, safe manner to patients and families. (1, 2, 4, 5)* 3. Prioritize patient care of the patient after end-of-shift report. (2, 5)* 4. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 5. Utilize the concepts of growth and development to provide therapeutic communication with the patient and family. (1, 3, 5, 6)* 6. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* 	<p>The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS/RH</p>

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Kylee Cheek, Davondre Harper, Trenton McIntyre, and Katelyn Morgan**
Comprehensive Simulation

OBSERVATION DATE/TIME: **11/22/24** SCENARIO:

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 obtained vital signs during your visit and asked the mother about her breasts with breastfeeding as well. 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</p>

	<p>more of her dysfunctional family dynamic.</p> <p>Interpreted conditions in the kitchen as being dirty, messy, and unsafe for children. Interpreted exposed cleaning supplies as dangerous for children. Interpreted the lack of nutritious foods as not ideal for the family. Interpreted multiple empty beer bottles as potential alcohol abuse. Interpreted father's bottle preparation method to be inadequate (formula expired, not using the correct quantity).</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>You responded to patient's admission of abuse calmly without judgement. Communicated alternatives clearly and empathetically.</p> <p>You responded with intervention regarding safety of children; flexible and creative with ideas and interviewing each member of the family.</p> <p>You responded by prioritizing the safety and health concerns of each family member and seeking further treatment for them.</p> <p>You sought further information regarding potential abuse from all members of the family.</p> <p>You were respectful and calm in communicating with potential abuser. Coping skills were discussed.</p> <p>You responded to safety, psychosocial issues calmly. You were confident in your approach to each family member.</p> <p>In the mother encounter you were able to identify and educate on resources for women and children with child abuse. You provided her with education that the abuse was not her fault and supported her throughout the education. You discussed resources like WIC, behavioral health counseling, and support groups for her emotional status with the abuse as well. You educated the mother on smoking cessation and to not take unprescribed medications. You also gave resources to provide her with resources for obtaining her prescribed medications (labetalol and Zoloft). Education was given on car seat safety and having healthy nutrition in the household including breastfeeding the newborn. Additionally, you provided education to the mother on the importance of using birth control to prevent another pregnancy. Awesome job with the mother encounter!</p> <p>Educated father that cleaning supplies should not be stored in places where the children could get access to them. Educated father to pay attention to expiration dates and how to properly and safely prepare a bottle. Educated that there are resources available to assist with healthy food choices.</p> <p>You recognized the need for involvement by CPS and chose to seek emergency placement with CPS for both children.</p> <p>You recognized that you only had consent to treat the mother in this situation and sought emergency CPS placement so medical assistance and treatment could be provided for 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 not drinking alcohol and baby safety when helping care for his little sister.</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 the mother room including postpartum depression, lack of medication for PPD and HTN, her scared demeanor, abuse, unprescribed medications, poor diet, and the filth. Group educated mom on importance of making and going to follow up appointments, especially because of the PPD, offered resources in regards to abuse and mail away pharmacy so patient could still get medications and not leave the house. Discussion continued with partner visit. Team noticed excessive alcohol, open chemicals in various places, and the pictures that were on the refrigerator. Education was attempted on alcohol, chemical storage, follow up appointments for mom, and medication importance. Team noticed the partner’s attitude was not open to hearing this education and he was more temperamental so they were mindful of how they worded questions as to not make him angry or feel attacked. Discussion of children visit started with what group noticed including unsafe sleep habits, abuse/bruising on Jack, lack of medications and respiratory distress (Jack) and failure to thrive (Jill). Group was able to get Jack, Jill, and mother to ER for further evaluation. Team lead discussion with little prompting and were able to have good discussion about their assessment findings and interventions.</p> <p>Upon completion of the simulation, you created an education plan focused on Brian for securing chemicals, the accessibility of alcohol, and diet education related to formula and food.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p>Developing or higher in all areas is required for satisfactory completion of this simulation.</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. Provide quality, patient-centered care in an organized, safe manner. (1, 2, 4, 5)* 2. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 3. Utilize the concepts of growth and development to provide therapeutic communication with the family unit. (3, 5)* 4. Identify safety measures for the family unit in the home setting. (1,3,5)* 	<p>Excellent job in communicating without judgement and providing appropriate education, information regarding resources, and intervention for family.</p> <p>You are satisfactory for this scenario. KA/MD/BS/RH</p>

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

*Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date: *Davondre Harper* _____