

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

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

**Student:** Caitlin Gresh

**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.

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SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
9/27/24	Risk for Impaired Wound Healing	KA

<b>Objective</b>																		
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		
<b>Competencies:</b>		NA	NA	NA	NA	S	NA	S	NA	S	S	NA	NA	S	NA	NA	NA	S
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.									S									
b. Provide care using developmentally appropriate communication.		NA	S	NA	NA	S	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	S	NA	NA	S	NA	S	NA	S	S	NA	NA	S	NA	NA	NA	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	NA	NA	S	NA	S	NA	S	S	NA	NA	S	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	S	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S
<b>Clinical Location Age of patient</b>		NA	Hearing & vision, 7/8	NA	NA	Firelands OB, 29	NA	NA	Boys and Girls Club	ER	Firelands OB, 24	NA	NA	Lactation, Misc.	NA	NA	NA	NA
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

**Comments:**

1.e. School Age, the kids were in 3<sup>rd</sup> grade and were around the age of 7 or 8. Make sure to use the terms of Erikson's which for this age group would be industry versus inferiority. KA

Week 3 – 1a-c: you took your time in explaining directions to each and every student with great patience and care. You also used language that they could understand for their age. RH

Week 3 – 1b – You did a nice job discussing how you communicated with the school-age child and utilized their ability to use inductive reasoning and logic when you explained the screenings to them. KA

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

Week 3 – 1e – You correctly identified your growth and developmental group as school age and discussed how they students were meeting their milestones for the age. KA

1.e. My patient was 29 years old and in the intimacy vs isolation stage of development. 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

1.e. I had Boys and Girls Club this week and the kids were in the initiative vs. guilt and industry vs inferiority. Nice 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 2<sup>nd</sup> and 3<sup>rd</sup> through 5<sup>th</sup>. Terrific job! KA/MD/RH/BS

Week 8- 1b- Nice job adjusting your communication techniques to provide developmentally appropriate communication to the various age groups at the Boys and Girls Club. 1e- You were able to discuss some of the differences you noticed while working with children of various ages at the Boys and Girls Club. BS

Week 8 – 1e – You did a nice job describing the differences you observed in the younger school-aged children compared to the older school-aged children. Nice job! KA

1.e. My main patient was 66 years old and in the integrity vs. despair stage of development. Good 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 there. KA

1.e. My patient this week was 24 years old and in the intimacy vs isolation stage of development. Nice job! 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 – 1d – You did a great job discussing a safety concern related to nurses not being directly near the medications that had been pulled for the pyxis for the patient. You point out how anyone could take the medication and utilize it or tamper with it since it was not being directly supervised. KA

1.e. I had 3 patients of various ages this week. One patient was 16 and was in the Identity vs. Confusion stage of development. The other two patients were in the Intimacy vs Isolation stage of development. Great job! KA

Week 13 – 1a – You did a great job discussing the three mothers you had an opportunity to work with while on clinical with the lactation consultant. All of the mothers were first time mom’s learning how to breastfeed and had some know on the process, but still had education needs. KA

Week 13 – 1c – You had the opportunity to watch three different baby and mother couplets breastfeed while you were on clinical. One of the baby’s you were not only witnessed breastfeeding but was able to audibly hear swallowing and confirm a successful feed. KA

<b>Objective</b>																		
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		
<b>Competencies:</b>		NA	NA	NA	NA	S	NA	S	NA	NA	S	NA	NA	S	NA	NA	NA	S
f. Describe psychological changes in response to the expectant mother's pregnancy. <b>Maternal</b>		NA	NA	NA	NA	S	NA	S	NA	NA	S	NA	NA	S	NA	NA	NA	S
g. Discuss prenatal influences on the pregnancy. <b>Maternal</b>		NA	NA	NA	NA	S	NA	S	NA	NA	S	NA	NA	S	NA	NA	NA	S
h. Identify the stage and progression of a woman in labor. <b>Maternal</b>		NA	NA	NA	NA	S	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	S
i. Discuss family bonding and phases of the puerperium. <b>Maternal</b>		NA	NA	NA	NA	S	NA	S	NA	NA	S	NA	NA	S	NA	NA	NA	S
j. Identify various resources available for children and the childbearing family.		NA	NA	NA	NA	S	NA	S	NA	NA	S	NA	NA	S	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	S	S	S	NA	NA	S	NA	NA	NA	S
l. Respect the centrality of the patient/family as core members of the health team.		NA	S	NA	NA	S	NA	S	NA	S	S	NA	NA	S	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 – 1k – You did a great job describing the beliefs, behaviors, and values of the school system you completed hearing and vision screenings in as one of advocacy. You provided an example of how the school nurse provided screenings in different settings based on the abilities of the students. KA

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

Week 9 – 1k – You did a great job discussing how religious beliefs may differ from patient to patient based on their cultural aspects and can affect their overall care in the hospital. KA

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

Week 10 – 1i – You did a nice job describing how your family was bonding with the baby and including the siblings in on the bonding process. You also discussed how your patient was in the taking hold phase and why you chose this phase for her. 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	NA	NA	NA	S	NA	S	NA	S	S	NA	NA	S	NA	NA	NA	S
b. Perform nursing measures safely using Standard precautions.		NA	NA	NA	NA	S	NA	S	NA	S	S	NA	NA	S	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	NA	NA	S	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	S	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	NA	NA	NA	S	NA	S	NA	S	S	NA	NA	S	NA	NA	NA	S
<b>g. Identify factors associated with Social Determinants of Health (SDOH) &amp;/or cultural elements that have the potential to influence patient care. ** (Noticing, Interpreting, Responding, Reflecting) (List Below)*</b>		NA	S	NA	NA	S	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

**Comments:**

2.g. A cultural element that had the potential to influence patient care was speaking in Spanish. There were 3 kids that solely spoke Spanish, and the translator was on vacation, so Josh had to translate for them. When he started talking to them, he learned one of the girls thought they were receiving vaccines and not doing the hearing and vision testing. **This is a good example of both cultural aspects and advocacy. KA**

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

2. g. A SDOH that may have influenced the patients care is economic stability. This patient has 5 children in total including the most current baby, so the family does not have the best financial situation, and it is unknown and was not found in her chart if she had a partner or support person that helped or contributed to the finances. **This is a definitely an SDOH concern that impact both her and her family's overall ability to manage their health. 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 as well as your mom assessment. You asked questions when you needed assistance, but you led the assessment yourself. RH

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

2.g. A cultural element that had the potential to care is religion. All the children that were taught today were in a catholic elementary school and can potentially be influenced by religion if the religion had certain requirements or could only do certain treatments. **Great thoughts on how religion can impact the care of children. 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 8- 2g- You did a nice job discussing two social determinants of health that could affect the children at the Boys and Girls Club. BS

2.g. An SDOH that may have influenced the patients care is healthcare access and quality. The patient I had later developed a respiratory issue and had no history of respiratory problems. So, she may not be able to go to a doctor whenever a symptom starts to manifest or may not have even knew she had an issue until it gets so bad she has no choice but to go to an ER. **This sounds like a concern with financial instability or maybe transportation to a healthcare provider. This should definitely be explored to help ensure the patient's healthcare needs are being appropriately met. Resources and referral can be made as needed. KA**

2.g. An SDOH that may influence the patients care is economic stability. The patient I was taking care of had two young children and just had her and her partners third child. While they were on the unit, they were adamant about being released at the 24 hour mark after having the baby, and that could very much be related to insufficient funds. **Yes this could be the reason. It could also be related to general support in managing the other children at home while the mother is in the hospital. 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

2. g. A SDOH that may have influenced the patients care is economic stability. The 16-year-old is living with her mother, the baby's father had no interest in the baby according to the patient, having a third person to care and provide for, and it was unknown if she had a job or if her mom was working or had a stable income. All these factors can factor into possible financial hardship this family unit could potentially influence their patient care. **What great insight. Another SDOH would be education since the 16-year-old was still in school and having a baby may influence her ability and desire to complete high school. Both of these factors would affect her ability to manage the healthcare of herself and her child. 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	NA	S	NA	S	S	S	S	NA	NA	S	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	S	S	S	NA	NA	S	NA	NA	NA	S
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		NA	S	NA	NA	S	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		NA	S	NA	NA	S	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

**Comments:**

3.d. An example in the clinical setting of a legal issue is a higher risk for liability. Whereas in the hospital, records can only be accessed by badge or personal log in information, a school nurse's office can be accessed by any person with a key to the room and look at the health records of the kids. If that happens, HIPAA has then been violated. **This is a great example. I believe the nurse does keep some charting based on the children they see throughout the day as well as there is an incident report they send home if first aid was provided to a student while at school. KA**

3.d. An example of a legal and ethical issue in the clinical setting is using illicit drugs while pregnant. Granted the woman stopped using drugs and checked herself into detox when she found out she was pregnant, which she thought wasn't possible since she had multiple miscarriages previously. CPS did get involved because the baby was born with NAS, but deemed her able to care for the baby. **This is a common legal ethical issue that we must manage in the OB unit. It sounds like the situation was handled appropriately and the mother and baby received the necessary resources. KA**

3.d. An example of an ethical issue in the clinical setting is religion. If there was an emergency to happen and someone was to get hurt and there was religious reasoning behind not getting a treatment or procedure to save a person's life, it has the potential to become an ethical issue. **I agree this is a great example of both an SDOH and a legal/ethical dilemma. 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**

3.d. An example of a possible ethical issue is consenting to treatment. There was a patient, that was not mine, going through an episode of psychosis, and was able to follow directions but from what I understood was being pink slipped. However, I'm not sure how severe the psychosis was or his history. **I agree this would be a concern if the patient was experiencing symptoms and needed pinked slip and wasn't and then caused harm to themselves or others. KA**

3.d. An example of a possible ethical/legal issue I observed in the clinical setting was leaving medication out in the open unattended. There were staff around but, in the event, someone was to get the medication, and something happen, it could be a dumpster fire figuring out responsibility for the medications left unattended. **Great example.** What do you think would be a good way to resolve this concern and prevent issues with the medication being taken or tampered with? 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

3.d. An example of a possible ethical issue I observed in the clinical setting was talking badly about a patient loudly at the nurse's station. It was several nurses together that were going through meditech. They were loud, patient's doors were open, and it was very much in bad taste. Yes this is a great example. Could you imagine if the patient or family heard the conversation how this could make them feel about the hospital and care they were provided let alone the healthcare system as a unit. 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	NA	NA	NA	NA	NA	NA	NA	S
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		NA	NA S	NA	NA	S	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	S
c. Summarize witnessed examples of patient/family advocacy.		NA	NA	NA	NA	S	NA	S	NA	S	S	NA	NA	S	NA	NA	NA	S
d. Provide patient centered and developmentally appropriate teaching.		NA	NA S	NA	NA	S	NA	S	S	S	S	NA	NA	S	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	S	S	NA	NA	S	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 did a great job discussing how the nurse utilized a binder to gather data on all of the screenings that were completed as well as follow-up that was completed by the parents and how the data is reported to the ODH. KA

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

You did a great job of educating the students not only on how to complete the screening but also on the overall importance of being screened. 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 mom assessment in Meditech with limited assistance. RH

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

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

Week 8- 4d- You were able to provide developmentally appropriate education to the children at the Boys and Girls Club. Nice job! BS

Week 9 – 4a – You did a great job discussing the 5 priority nursing interventions for your patient with flank pain and nausea and a history of kidney stones. You did a nice job discussing how well each intervention worked to manage your patient's signs and symptoms. 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 13 – 4d – You did a great job describing all education provided to the different mothers you interacted with on clinical including proper positioning and how to manage cracked bleeding nipples. KA

Student Name: Caitlin Gresh		Course Objective: 4a					
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, labs/diagnostics, and risk factors for your patient. For your BUBBLE LE Assessment I would have liked for you to note the patient's lochia. Even though the patient had a cesarean, the patient would still have lochia in the postpartum period. You would also want to note if the incision site was well approximated or not. 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 patient's nursing priorities and highlighting the priority with the highest importance. You highlighted the related information in the noticing section. I would highlight the history of cesarean birth and anemia in the risk section as well. You identified 3 potential complications and signs and symptoms a nurse should monitor for related to each. KA
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job listing all relevant nursing interventions for your top nursing priority. Your interventions were prioritized, realistic, timed, and included rationale. You could have made the interventions more individualized by including the specific medication ordered for the patient for pain. KA
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	2	

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 re-evaluated all highlighted assessment and lab findings. In the future list the specific lab values versus stating they remain low. The care plan was identified to be continued. KA
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	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. See comment above for suggestions for improvement with future care maps. Keep up the great work! KA**

**Total Points: 44/45**

**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	S	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	S	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	NA	NA	S	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	NA	NA	S	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	NA	NA	S	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 symptoms including managing pain and obtaining a blood sample. KA

Week 9 – 4g – You did a great job describing the medications utilized to manage your patient's pain and nausea and how fluids would be administered if there was not currently a fluid shortage. 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

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

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	NA	S	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S
b. Evaluate own participation in clinical activities.		NA	S	NA	NA	S	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	S	NA	NA	S	NA	S	S	S	S	NA	NA	S	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	S	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	S	S	NA	NA	NA	NA	NA	NA	S
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA	NA	NA	NA	S	NA	S	NA	S	S	NA	NA	S	NA	NA	NA	S
g. Consistently and appropriately post comments in clinical discussion groups.		NA	S	NA	NA	S	NA	S	S	S	S	NA	NA	S	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 – 5a: You were positive and energetic with all interactions with staff and students. RH

Week 3 – 5c: You were able to communicate well with the school nurses and teachers who were present. RH

Week 3 – 5g – Caitlin, you responded to all of your CDG questions on your hearing and vision screening clinical thoughtful and in detail. You shared your perspective and insight and made sure to include an in-text citation and reference to support your responses. Keep up the wonderful work! 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

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

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

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

Week 8- 5a- You were active and engaged while providing education to the K-6 grade children at the Boys and Girls Club. BS

Week 8 – 5g – Caitlin, you did a wonderful job responding to all the CDG questions on your Boys and Girls clinical experience this week. You met your word count, but you went much more in depth with some topics versus others. You supported your post with an appropriate reference and in-text citation. Remember to include a page number or a paragraph number if there are no page numbers when in-text citing a direct quotation. KA

Week 9 – 5a – ER Clinical Comment: Marked excellent in all areas. “Caitlin did well, she was engaged with patients.” Katy Fleitz, RN

You discussed getting to see a bovie utilized to decompress a smashed fingernail while you were in ER since you did not get to see any new technology while you were there. 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 supported your responses with an in-text citation and a reference. Keep up the excellent work! 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 – 5e – You discussed how the MAR and the Impact SIIS is utilized by the hospital to track immunizations given to the patient and the importance of tracking being that patients could have side effects or there could be a vaccine recall. KA

Week 10 – 5g – Caitlin, you did a great job describing your OB experience and how you were able to see a circumcision while on clinical. You were thoughtful with your explanations and supported your ideas with a reference and in-text citation. Keep up the wonderful work! KA

Week 13 – 5a – The preceptor you worked with while on clinical with the lactation consultant marked you as excellent in all areas. Rebecca Smith IBCLC, RN. KA

Week 13 – 5g – You did a wonderful job responding to all the CDG questions related to your lactation consultant experience. You provided thoughtful and thorough responses and included an in-text citation and reference to support your ideas. Keep up the terrific 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	NA	S	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S
b. Accept responsibility for decisions and actions.		NA	S	NA	NA	S	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S
c. Demonstrate evidence of growth and self-confidence.		NA	S	NA	NA	S	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S
d. Demonstrate evidence of research in being prepared for clinical.		NA	S	NA	NA	S	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	S	NA	NA	S	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S
f. Describe initiatives in seeking out new learning experiences.		NA	S	NA	NA	S	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S
g. Demonstrate ability to organize time effectively.		NA	S	NA	NA	S	NA	S	S	S	S	NA	NA	S	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	NA	S	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S
i. Demonstrates growth in clinical judgment.		NA	S	NA	NA	S	NA	S	S	S	S	NA	NA	S	NA	NA	NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

**Comments:**

6.a. I believe and area of improvement for me would be communication with the kids, as I don't have much experience with kids in that age group. A goal would be to do some research into how they communicate and practice communication with a member of my family in that age range. **Great idea. This is definitely an area that improves this practice. KA**

6.a. An area of improvement for me would be in confidence in myself that I can provide confident and competent care for both mother and baby. I will achieve this goal by continuing to study previous material to keep the information fresh and review this material before entering the clinical arena. **Also, role playing potential situations and continued practice can help. KA**

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

Midterm – Caitlin, you are satisfactory in all competencies at midterm for this semester. 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 magnificent work! KA

6.a. An area of improvement for me would be in presenting to groups. I've personally have never liked presenting and can get through it, but it still gives me the nervous sweats and an increase in heart rate. To combat this, I will practice speaking more and calm myself before presenting to help boost my ability to speak in group settings. Presentations are not everyone's favorite, but it is definitely something to practice since it is a great way to educate others about important health topics. KA

Week 8- 6d, e- You were prepared for your activities at the Boys and Girls Club and acted professionally at all times. BS

6.a. An area of improvement for me would be to jump more into patient care at clinicals that are unfamiliar territories for me, like the ER. When entering this clinical I was hesitant as I haven't really had any good experiences throughout my life. However, this was a good experience. So, to face this issue I will brush up on more emergency procedures and care in order to be prepared in case of emergency and not hesitate. Great idea! Being confident in your skills and abilities and reviewing those you have not utilized recently can help make you feel more ready to jump in and help with many different types of patients. KA

6.a. An area of improvement for me would be to work on my teaching skills for patient education. The nurse and I were discharging a patient and I kind of kept fumbling on my words. So, to combat this I will make sure I am proficient in the education topics I am providing so I don't fumble on my words like I do not know anything. Great idea. I also have a list of topics in my head that apply to the average patient and pull out the necessary information that is appropriate for the patient that I am working with. 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

6.a. An area of improvement for me would be working on my education skills. When helping with the Lactation Nurse's patient follow up appointment, the father was having issues putting on the baby's onesie, so I went over to help him and show him a trick I learned about putting it on the baby and he didn't really care for my involvement in helping but said thank you anyways. So, I will work on knowing when my help is wanted and not wanted. To accomplish this I will work on being more observant of verbal and nonverbal clues and brush up on negative versus positive interactions. Great idea. I think sometimes even when we are being helpful other's may not be interested in our help or feel they learn best by doing things themselves. I am glad you tried to share your knowledge. I am sorry in this instance it was not well received. KA

Final – Caitlin, you have satisfactorily completed the clinical portion of the Maternal Child Nursing Course. You have worked hard throughout the semester and have done an excellent job applying all the concepts you learned in class to the many clinical experiences you have had. You are thoughtful and kind and do a great job teaching the patients you work with on clinical as well as share your knowledge with your peers to help them improve their practice. Keep up the nice work as you continue on to your last semester in the program. KA

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

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

<b>Skills Lab Competency Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>														
	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
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

\* Course Objectives

<b>Skills Lab Competency Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>									
	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
<b>Remediation:</b> 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

<b>Simulation Evaluation</b> 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: 9/19
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: Caitlin Gresh

OBSERVATION DATE/TIME: 9/19/24

<p><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>Evaluation/Self-Analysis: <b>E</b> A D B</li> <li>Commitment to Improvement: <b>E</b> A D B</li> </ul>	<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. Great job.</p> <p>I enjoyed seeing your pregnancy photo!</p>
<p><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p><b>Simulation Objectives:</b></p> <ol style="list-style-type: none"> <li>Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)*</li> <li>Describe how patient-centered care is dependent on past medical history, cultural history, social history, and pregnancy/birth history. (1, 2, 4)*</li> <li>Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)*</li> </ol> <p><b>Developing to accomplished is required for satisfactory completion of this simulation.</b></p>	<p><b>Comments</b></p> <p><b>You are satisfactory for this simulation. KA</b></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): Beltran (M), A. Drivas (C), Gresh (A)

GROUP #: 4

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2024 1200-1330

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (1, 2, 5) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E       <b>A</b>       D       B</li> <li>• Recognizing Deviations from   Expected Patterns:           E       <b>A</b>       D       B</li> <li>• Information Seeking:         E       <b>A</b>       D       B</li> </ul>						<p>Nurses enter and introduce self, identify patient. Inquiring about contractions. Pain reassessed following medication administration. Mona CO feeling dizzy and lightheaded. VS reassessed. Notices low BP and rising HR. Bleeding discovered.</p>
<p><b>INTERPRETING: (2, 4) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       A       <b>D</b>       B</li> <li>• Making Sense of Data:       E       <b>A</b>       D       B</li> </ul>						<p>Interpreted need for fetal monitor. Determined need for urine sample, FSBS. FSBS- 200, interpreted as above normal. HR interpreted as being high, BP low. Fundus recognized as boggy. Recognize need to massage fundus.</p>
<p><b>RESPONDING: (1, 2, 3, 5) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:    E       <b>A</b>       D       B</li> <li>• Clear Communication:       E       <b>A</b>       D       B</li> <li>• Well-Planned Intervention/   Flexibility:                 E       <b>A</b>       D       B</li> <li>• Being Skillful:               E       <b>A</b>       D       B</li> </ul>						<p>Asking pertinent questions regarding contractions. Patient repositioned to left side. Fetal monitor applied. Urine sample collected and sent. Call to lab for UA results. FSBS obtained- 200. Call to provider. When prompted by provider, inquires about pregnancy history, complications. Orders received for fluids, Procardia, acetaminophen, US to verify dates, and education. Orders read back. Charge nurse explains new orders to patient. Medications prepared and administered. Call to radiology for abdominal US. Pain reassessed. Dietary history inquired about and education provided. THC and prenatal care also discussed. When bleeding discovered, fundal massage initiated. Call to provider to report new findings. Order received for methylergonovine. Methylergonovine prepared, side effects explained to patient, medication administered.</p>

<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E      <b>A</b>      D      B</li> <li>• Commitment to Improvement: E      <b>A</b>      D      B</li> </ul>	<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. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients, which the team did a good job of.</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)*</li> <li>2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)*</li> <li>3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)*</li> <li>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)*</li> <li>5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</li> </ol> <p>*Course Objectives</p>	<p><b>You are Satisfactory for this scenario! BS</b></p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: 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): Beltran (A), A. Drivas (M), Gresh (C)

GROUP #: 4

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/26/24 1200-1330

<b>CLINICAL JUDGMENT COMPONENTS</b>	<b><u>OBSERVATION NOTES</u></b>
<p><b>NOTICING: (Link to Course Objectives) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:            E        A        D        B</li> <li>• Recognizing Deviations from Expected Patterns:            E        A        D        B</li> <li>• Information Seeking:            E        A        D        B</li> </ul>	<p>Introduce self. Identify patient name/DOB</p> <p>Pain assessment: rating, description</p> <p>Obtain vitals</p> <p>Listen to lung sounds and heart sounds, abdomen assessment, IV assessment</p> <p>Obtain cervical exam after phone call to provider but prior to nubain administration.</p> <p>APGAR 1 minute: cry, heart rate (assessed 117; actual was 136), respiratory rate (47), tone, color. Total: 9</p> <p>Performs post partum assessment on mom, assess fundus</p>
<p><b>INTERPRETING: (Link to Course Objectives) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:            E        A        D        B</li> <li>• Making Sense of Data:            E        A        D        B</li> </ul>	<p>Interpret vitals as WDL</p> <p>Interpret fetal monitor as accelerations and relate that to fetal well being</p> <p>Interpret immediate delivery</p> <p>Identify all forms of thermoregulation for baby</p>
<p><b>RESPONDING: (Link to Course Objectives) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:            E        A        D        B</li> <li>• Clear Communication:            E        A        D        B</li> <li>• Well-Planned Intervention/ Flexibility:            E        A        D        B</li> <li>• Being Skillful:            E        A        D        B</li> </ul>	<p>Offer pain medication based on pain assessment. Education provided to mother on interactions of medication and monitoring done after administration</p> <p>Call healthcare provider in regards to administer or not administer nubain to patient. Use good SBAR when calling healthcare provider.</p> <p>Education provided to mother and sister in regards to antibiotics and GBS+ status</p> <p>Medication administration: identify name/DOB, scan patient and medications, check allergies, PCN- hand secondary bag above primary bag, clean hub prior to hooking up to primary tubing, program pump appropriately, unclamp secondary tubing. Nubain- use correct needle size, correct technique, use of needle safety.</p> <p>Education provided to mother about risk for shoulder dystocia including risk factors mom has and possibility</p>

	<p>of having difficult birth.</p> <p>Call for help, McRoberts, suprapubic pressure, evaluate for episiotomy, roll to hands and knees, rotational maneuvers, remove posterior shoulder</p> <p>Did not call provider prior to delivery</p> <p>Immediately dry baby and wrap in blanket, placed baby in warmer, put hat on baby, offer skin to skin to mom after baby assessment done.</p> <p>Medication administration: education on vitamin K administration to baby and why necessary. Verify baby band and mom band, scan patient, scan medications, administer vitamin K as subcutaneous injection (should be IM, needle in at 90 degrees and straight into muscle), use of needle saety, correct dose, correct needle size. Administration of erythromycin ointment done with correct technique.</p> <p>Education on caffeine intake and breastfeeding baby.</p> <p>Education on post partum depression and “baby blues”</p>
<p><b>REFLECTING: (Link to Course Objectives) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E A D B</li> <li>• Commitment to Improvement: E A D B</li> </ul>	<p>Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Team remediated on correct needle size for IM injection on infant. Discussion on importance of calling healthcare provider when patient is pushing and after patient delivers as a healthcare provider should be present at this time.</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li><b>1. Select physical assessment priorities based on individual patient needs. (1, 2)*</b></li> <li><b>2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4,</b></li> </ol>	<p><b>You are Satisfactory in this simulation! RH</b></p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient’s response. 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>5)*</p> <p>3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</p> <p>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)*</p> <p>5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)*</p> <p>6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)*</p>	
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## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Caitlin Gresh

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

CLINICAL JUDGMENT					OBSERVATION NOTES
<p><b>COMPONENTS NOTICING: (1, 2, 5)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:            E        A        D        B</li> <li>• Recognizing Deviations from   Expected Patterns:            E        A        D        B</li> <li>• Information Seeking:            E        A        D        B</li> </ul>					<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><b>INTERPRETING: (2, 4)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:                E        A        D        B</li> <li>• Making Sense of Data:            E        A        D        B</li> </ul>					

<p><b>RESPONDING: (1, 2, 3, 5)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner: E    <b>A</b>    D    B</li> <li>• Clear Communication: E    <b>A</b>    D    B</li> <li>• Well-Planned Intervention/ Flexibility: E    <b>A</b>    D    B</li> <li>• Being Skillful: E    <b>A</b>    D    B</li> </ul>	<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><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E    <b>A</b>    D    B</li> <li>• Commitment to Improvement: E    <b>A</b>    D    B</li> </ul>	<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><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p><b>Developing to accomplished is required for satisfactory completion of this simulation.</b></p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> <li>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)*</li> <li>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)*</li> <li>3. Collaborate with members of the healthcare team to provide safe, holistic, and comprehensive patient care. (1, 2, 4, 5, 6)*</li> </ol>	<p>You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! KA/MD/RH/BS</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

<p>4. Utilize SBAR communication in interactions with members of the health team. (5)*</p> <p>*Course Objectives</p>	
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**Lasater Clinical Judgment Rubric Scoring Sheet**

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

STUDENT NAME(S) AND ROLE(S): Beltran (C), A. Drivas (A), Gresh (M)  
 GROUP #: 4  
 SCENARIO: Pediatric Respiratory  
 OBSERVATION DATE/TIME(S): 10/24/24 1200-1330

<b>CLINICAL JUDGMENT COMPONENTS</b>	<b><u>OBSERVATION NOTES</u></b>
<p><b>NOTICING: (1, 2, 5) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:            E        A        D        B</li> <li>• Recognizing Deviations from Expected Patterns:            E        A        D        B</li> <li>• Information Seeking:            E        A        D        B</li> </ul>	<p>Introduce self</p> <p>Ask about breathing, ask about pain (does not use faces scale or ask for a pain rating), ask about cough.</p> <p>Identify needle, battery, and scissors in crib. Remove from crib.</p> <p>Respiratory assessment. Listen to lung sounds. Does not remove gown to visualize chest. Does move gown after done with respiratory assessment complete.</p> <p>Obtain vitals. Identify elevated temperature.</p> <p>Verify symptoms with father report. Ask father questions about illness and how long has been present.</p> <p>Assess ears. Notice drainage from right ear. Assess throat. Notice red throat with moist mucous membranes</p> <p>Medication errors in chart not identified or investigated. Incorrect dose administered to child. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient.</p> <p>Reassess pain in ears and throat after ibuprofen administration.</p> <p>Notice increased cough, ask about difficulty breathing. Begin respiratory assessment: listens to lung sounds over gown, after respiratory assessment complete lifts gown to inspect chest. Does identify retractions correctly</p>

	<p>Pain assessment: asks for rating using 1-10 scale but changes to faces scale.</p> <p>Reassess pain and breathing after acetaminophen and breathing treatment administered.</p> <p>Medication errors in chart not identified or investigated. Incorrect dose administered to child. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient.</p>
<p><b>INTERPRETING: (2, 4) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       A       D       B</li> <li>• Making Sense of Data:       E       A       D       B</li> </ul>	<p>Calculate correct medication math for original orders in chart (amoxicillin and ibuprofen) but does not catch error in orders. Does not identify IV fluids are running too quickly.</p> <p>Correlate retractions with increased respiratory effort and respiratory distress</p> <p>Leaves patient in room alone with stridor</p> <p>Leaves room while child oxygenation is in 80s with no oxygen therapy</p> <p>Calculate correct medication math for original orders in chart for amoxicillin and acetaminophen but does not catch error in orders. Does not identify IV fluids are running too quickly. During debriefing, IVF maintenance rate identified and calculated. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient.</p>
<p><b>RESPONDING: (1, 2, 3, 5) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:    E       A       D       B</li> <li>• Clear Communication:       E       A       D       B</li> <li>• Well-Planned Intervention/ Flexibility:                   E       A       D       B</li> <li>• Being Skillful:               E       A       D       B</li> </ul>	<p>Move crib away from wall to prevent patient from grabbing unsafe items</p> <p>Gather information from father in regard to medical history. Provide education to father about limiting secondhand smoke exposure. Explain how can impact lungs and asthma.</p> <p>Does not close crib when leave room but catches it and returns to close crib.</p> <p>Call healthcare provider. SBAR not provided, just jumps into questions. Ask about cetirizine pill and ability to crush it. Ask about racemic epinephrine breathing treatment.</p> <p>Medication administration: ibuprofen, cetirizine, and amoxicillin. check patient, check medications, correct route, dose correct per order in chart.</p> <p>Raise head of bed to assist with breathing</p> <p>Call respiratory therapy for breathing treatment</p> <p>Does not apply oxygen for low pulse ox (88%)</p> <p>Medication administration: amoxicillin and acetaminophen. Check name/DOB, scan patient and medications. Correct dose per chart.</p> <p>Apply oxygen to child to increase pulse ox. (2L)</p>

	<p>Educate father on asthma triggers and what to watch for. Encourage keeping a journal. Educate on peak flow meter to assist with asthma control.</p> <p>Healthcare provider called nurses for update. SBAR very organized. Receive new order for dexamethasone. Do medication math with provider on phone for correct order. Readback order for verification.</p> <p>Medication administration: dexamethasone. Check name/DOB. Educate father on medication and why needed. Scan patient, scan medications, correct dose, correct route.</p>
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:     E     A     D     B</li> <li>• Commitment to Improvement: E     A     D     B</li> </ul>	<p>Team discussion of scenario and recognition of teamwork/communication. Identified lack of double-checking orders for medications. During debriefing all safe dose medications were checked and medication safe doses were calculated by all students. Discussed medication errors and how to identify/prevent doing so in their practice as nurses. Team provided great educate to father and child on illness as well as medications administered and what to watch for at home.</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Select physical assessment priorities based on individual patient needs. (1, 2)*</li> <li>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)*</li> <li>3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</li> </ol>	<p><b>You are Satisfactory for this scenario! RH</b></p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p><b>Noticing:</b> Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information.</p> <p><b>Interpreting:</b> Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful 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><b>Responding:</b> Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p><b>Reflecting:</b> 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>

4. Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)\*

## Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Beltran (M), A. Drivas (C), Gresh (A)

GROUP #: 4

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/5/2024 1200-1330

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
<p><b>NOTICING: (1, 2, 5) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E        A        D        B</li> <li>• Recognizing Deviations from Expected Patterns:           E        A        D        B</li> <li>• Information Seeking:           E        A        D        B</li> </ul>	<p>Introduce self. Identify patient.            Assess pain, assess abdomen. Ask about bruising on stomach. Begin to question story of falling off bike.            Continue with head to toe skin assessment and notice bruising on right upper arm.            Obtain vitals.            Pain assessment using faces scale.            Mother leaves room with charge nurse to sign paperwork and discuss illness. Inquire about bruising on Jack.            Ask about feeling safe at home.</p> <p>Obtain vitals, complain of stomach pain            Patient vomits, assess emesis as bile and Pedialyte.            Repeat vitals after emesis            Pain assessment with faces scale.            Repeat vitals after IV bolus complete.</p>
<p><b>INTERPRETING: (2, 4)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:               E        A        D        B</li> <li>• Making Sense of Data:           E        A        D        B</li> </ul>	<p>Temperature: 102.5- interpret as elevated            Skin turgor: elastic. Mucous membranes: slightly tacky. Interpreted as possible dehydration.            Temperature 100.5- interpreted as improvement after acetaminophen.</p> <p>Temperature: 102.1- interpret as elevated            Sin turgor tenting, interpret as dehydration.            Mucous membranes tacky, interpret as dehydration            Temperature recheck: 100.9- interpret as improved from interventions.</p>

<p><b>RESPONDING: (1, 2, 3, 5) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:      E      A      D      B</li> <li>• Clear Communication:      E      A      D      B</li> <li>• Well-Planned Intervention/ Flexibility:      E      A      D      B</li> <li>• Being Skillful:      E      A      D      B</li> </ul>	<p>Education on proper hand hygiene and how to prevent spread of illness through home. Medication administration: cetirizine. Educate on what medication is for. Verify name/DOB, scan patient, scan medication. Correct medication math. Call lab for stool sample results. Stool is positive for rotavirus. Place patient in contact precautions. Call healthcare provider. Update provider on assessment findings and how suspicious of abuse. Update on rotavirus results. Receive order for right arm xray, consult to case management, and encouraged to separate mom from child to further question child. Asked for clarification on acetaminophen order and proper/safe dosing. Repeat all orders back for verification. Offer gown and PPE to mother Education provided to mom about smoking around children and smoking cessation especially while pregnant. Medication administration: acetaminophen. Check name/DOB, educate on what it is for, scan medication, scan patient. Educate patient on proper handwashing after using bathroom. Call case management due to suspicious bruising and suspect for abuse. Update mother on case management consult.</p> <p>Call healthcare provider. Update that he has had no output since morning. Flush IV to ensure patency Acetaminophen administration: acetaminophen. Verify name/DOB, scan patient, scan medication. Correct medication math. Call healthcare provider. Provide update from last assessment. Receive new order for IVF bolus and maintenance fluids. Receive new order for Zofran and ibuprofen. Read orders back for verification. Medication administration: IVF and Zofran. verify name/DOB, scan patient, scan medication. Correct medication math. Push IV Zofran slowly. Program pump correctly for bolus.</p>
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:      E      A      D      B</li> <li>• Commitment to Improvement: E      A      D      B</li> </ul>	<p>Team discussed the scenario. Also discussed importance of checking recommended doses of medications to ensure safe dose is ordered. Discussed contact precautions and education on how to prevent spreading illness at home. SBAR communication used while calling members of the healthcare team. Recognized need to contact someone to investigate bruising and signs of abuse. Identify need to also investigate abuse on mother as well.</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p>	<p><b>Nice work! You are satisfactory for this scenario. RH</b></p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient’s condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b)</p>

<p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>6. Select physical assessment priorities based on individual patient needs. (1, 2)*</li> <li>7. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)*</li> <li>8. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</li> <li>9. Utilize the concepts of growth and development to identify concerns in assessment findings associated with potential child abuse and make appropriate referrals as necessary. (1, 3, 5)*</li> <li>10. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)*</li> </ol> <p>*Course Objectives</p>	<p>compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Caitlin Gresh

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

CLINICAL JUDGMENT						OBSERVATION NOTES
<p><b>COMPONENTS NOTICING: (1, 2, 5)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E     <b>A</b>     D     B</li> <li>• Recognizing Deviations from Expected Patterns:           E     <b>A</b>     D     B</li> <li>• Information Seeking:           E     <b>A</b>     D     B</li> </ul>						<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><b>INTERPRETING: (2, 4)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E     <b>A</b>     D     B</li> <li>• Making Sense of Data:       E     <b>A</b>     D     B</li> </ul>						<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><b>RESPONDING: (1, 2, 3, 5)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:     E     <b>A</b>     D     B</li> <li>• Clear Communication:       E     <b>A</b>     D     B</li> <li>• Well-Planned Intervention/ Flexibility:                   E     <b>A</b>     D     B</li> <li>• Being Skillful:               E     <b>A</b>     D     B</li> </ul>						<p>Responded with communication that was collaborative between roles. Clear communication was utilized between colleagues.</p> <p>Clear communication was utilized with patient and family and layman's terms were utilized when appropriate.</p> <p>Responded with interventions that were planned accordingly and verbalized when necessary.</p> <p>Skill in identifying focused assessments as well as timely reassessments were utilized.</p> <p>Family members and others of the healthcare team were kept up to date on patient condition and given education for current condition as well as for preventative measures.</p> <p>In response to your assigned disease process you developed a comprehensive simulation that encompasses aspects of assessment, interprofessional communication, and nursing interventions appropriate for the patient scenario you developed.</p> <p>You developed appropriate NCLEX questions for your scenario based on your disease process.</p>
<p><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:    E     <b>A</b>     D     B</li> <li>• Commitment to Improvement: E     <b>A</b>     D     B</li> </ul>						<p>Reflected with a self-analysis of assessment and analyzation of data to identify missing pieces of the scenario.</p> <p>Actively participated in providing constructive feedback to all groups observed throughout the simulation.</p> <p>You developed debriefing questions specific to your scenario to assist your peers in reflecting on the importance of your simulation.</p>
<p><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning</p>						<p>The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS/RH</p>

Based off of Lasater's Clinical Judgment Rubric

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

**Objectives**

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)\*

### Lasater Clinical Judgment Rubric Scoring Sheet

**STUDENT NAME:** Caitlin Gresh, Destiny, Houghtlen, Paige Knupke, Dylan Wilson      **OBSERVATION DATE/TIME:** 11/22/24 **SCENARIO:** Comprehensive Simulation

<b>CLINICAL JUDGMENT</b>	<b>OBSERVATION NOTES</b>
<p><b>COMPONENTS NOTICING: (1, 2, 5)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:            E      <b>A</b>      D      B</li> <li>• Recognizing Deviations from Expected Patterns:            E      <b>A</b>      D      B</li> <li>• Information Seeking:            E      <b>A</b>      D      B</li> </ul>	<p>You noticed suspicious bruising on patient and patient's physical appearance and psychosocial status as deviation from normal.</p> <p>You noticed environmental concerns throughout the home that would be safety hazards.</p> <p>You noticed abnormal family functioning as you progressed through the simulation.</p> <p>You noticed the signs of respiratory distress and dehydration in the children.</p> <p>In the mother encounter you noticed suspicious bruising on the mother's face and neck. You also noticed the poor environment with chips, pop, rats, spider, and cockroaches scattered throughout the room. You also obtained vital signs</p>

	<p>during your visit. Additionally, you noticed that the mother had a unprescribed medications, is a current cigarette smoker, and had a dysfunctional family dynamic when having conversations on home life.</p> <p>Noticed multiple bugs in kitchen. Noticed exposed cleaning supplies that kids could get into. Noticed expired infant formula. Noticed lack of nutritious foods in the refrigerator. Noticed open beer bottles. Witnessed father preparing bottle.</p> <p>You provided a focused assessment to the children of the household recognizing concerns requiring immediate medical assistance.</p>
<p><b>INTERPRETING: (2, 4)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data: E      <b>A</b>      D      B</li> <li>• Making Sense of Data: E      <b>A</b>      D      B</li> </ul>	<p>You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit.</p> <p>You were able to interpret safety and health issues with each member of the family.</p> <p>You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit.</p> <p>You interpreted acute respiratory status changes and lethargy as major assessment concerns in the children in this home environment.</p> <p>In the mother encounter you interpreted the suspicious bruising on the mother’s face for physical abuse from her partner. You identified there were educational opportunities for abused women and children. You were also able to interpret the safety concerns throughout the room with the environment, unprescribed medications, cigarette smoking, and her high blood pressure from not taking her medications. You encouraged the mother to discuss more of her dysfunctional family dynamic.</p> <p>Interpreted conditions in the kitchen as being dirty, messy, and unsafe for children. Interpreted exposed cleaning supplies as dangerous for children. Interpreted the lack of nutritious foods as not ideal for the family. Interpreted multiple empty beer bottles as potential alcohol abuse. Interpreted father’s bottle preparation method to be inadequate (formula expired, not using the correct quantity).</p>
<p><b>RESPONDING: (1, 2, 3, 5)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner: <b>E</b>      A      D      B</li> <li>• Clear Communication: <b>E</b>      A      D      B</li> <li>• Well-Planned Intervention/ Flexibility: E      <b>A</b>      D      B</li> <li>• Being Skillful: E      <b>A</b>      D      B</li> </ul>	<p>You responded to patient’s admission of abuse calmly without judgement. Communicated alternatives clearly and empathetically.</p> <p>You responded with intervention regarding safety of children; flexible and creative with ideas and interviewing each member of the family.</p> <p>You responded by prioritizing the safety and health concerns of each family member and seeking further treatment for them.</p> <p>You sought further information regarding potential abuse from all members of the family.</p> <p>You were respectful and calm in communicating with potential abuser. Coping skills were discussed.</p> <p>You responded to safety, psychosocial issues calmly. You were confident in your approach to each family member.</p> <p>In the mother encounter you provided resources for the abuse such as the Safe House and discussed with the mother that the abuse was not her fault. You discussed the need for insurance for medical coverage and information on WIC for</p>

	<p>resources for car seat and crib safety. You discussed with the mother to not take unprescribed medications and encouraged her to use birth control to prevent further pregnancies. Additionally, you encouraged bonding with the newborn as much as possible. Great job in the mother encounter!</p> <p>Educated father that cleaning supplies should not be stored in places where the children could get access to them. Educated father to pay attention to expiration dates and how to properly and safely prepare a bottle. Educated that there are resources available to assist with healthy food choices.</p> <p>You recognized the need for involvement by CPS, law enforcement, and hospitalization for medical treatment of both children.</p> <p>You recognized that you only had consent to treat the mother in this situation and sought maternal consent to call for medical assistance and treat the children of the household.</p> <p>You recognized the need and ability to educate the 8-year-old son in the family and educated him on proper baby care, not drinking alcohol, and the need to drink more water.</p>
<p><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: <span style="background-color: yellow;">E</span>      A      D      B</li> <li>• Commitment to Improvement: <span style="background-color: yellow;">E</span>      A      D      B</li> </ul>	<p>Group discussion of how reviewing the chart during prebrief assisted with developing a plan for the “home visit.” Discussion of what they noticed in mother’s room including the filth, unlabeled medications, unhealthy food, abuse, lack of support system, and poor self-care. Education was provided on safety resources/safety plan, WIC, medication assistance, and therapy. The group noted that the mother was assuming blame for the lack of bonding/PPD that she was experiencing. During discussion of the partner visit, the group noticed the messiness of the kitchen and the differing stories they were getting. This was a flag for them to investigate further but also be careful with their working/questioning so it was not accusatory. The group also noticed the excessive alcohol, poor food/lack of food, and the concerning photos on the refrigerator. Education was provided regarding food stamps/WIC, safe sleep education, and breastfeeding v. formula feeding. Discussion of the children’s visit included lack of safety in the room. The group noticed the lack of safe sleep, lack of medications for Jack, inappropriate shows, and bruising on Jack that was suspect of abuse. The group concluded that Jack was in respiratory distress and Jill was failure to thrive so they were able to send the children with mother to the ER for further treatment. Team lead discussion with little prompting and were able to have good discussion about their assessment findings and interventions.</p> <p>Upon completion of the simulation, you created an education plan focused on Jack for how to get help when needed/when feeling unsafe, age appropriate food/drink choices, and hand washing.</p>
<p><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p><b>Developing or higher in all areas is required for satisfactory completion of this simulation.</b></p> <p>Objectives</p>	<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>

1. Provide quality, patient-centered care in an organized, safe manner. (1, 2, 4, 5)\*
2. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)\*
3. Utilize the concepts of growth and development to provide therapeutic communication with the family unit. (3, 5)\*
4. Identify safety measures for the family unit in the home setting. (1,3,5)\*
5. Demonstrate thorough environmental assessment in the home setting. (1,3,5)\*

\*Course Objectives

**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:           Caitlin Gresh 11-26-24