EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Nadia Drivas

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

7/18/24 KA

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
10/15/24	12	20 minutes late for clinical	10/15/24 KA

Faculty's Name	Initials
Kelly Ammanniti	KA
Monica Dunbar	MD
Rachel Haynes	RH
Brian Seitz	BS

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe; accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U", the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available

Grey shaded weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.

SATISFACTORY CARE MAPS		
Date	**Priority Nursing Problem/Diagnosis**	**Faculty's Initials**
10/18/24	Risk for Postpartum Hemorrhage	KA

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Make up	**Final**
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		N/A	N/A	NA	S	S	S	S	S	S	NA	S	NA	NA	NA	NA	NA	S
b. Provide care using developmentally appropriate communication.		N/A	N/A	NA	S	S	S	S	S	S	NA	S	NA	NA	NA	NA	NA	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		N/A	N/A	NA	S	S	NA	S	N/A	S	NA	~~NA~~ S	NA	NA	NA	NA	NA	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	NA	S	S	NA	S	N/A	S	NA	NA	NA	NA	NA	NA	NA	S
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below and explain reason for choice)***		N/A	N/A	NA	S	S	S	S	S	S	NA	S	NA	NA	NA	NA	NA	S
Clinical Location Age of patient		NA	N/A	Sim	Fisher Titus OB	FRMC ER	Hearing and vision	NA	B/G club St Marys	Firelands OB	Sim	Lactation	Sim	Empathy Bellv	NA	NA	NA	NA
	KA	KA	KA	KA	KA	KA		KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

Erikson is trust and mistrust: the baby was 2 days old. I think this is the best answer due to the child's age. They child, as of now, are meeting all nourishment and affection needs. Nice job! KA

Week 5: 1a, b, c- You did a great job providing holistic and developmentally appropriate care to your patient this week. You were also able to provide developmentally appropriate communication to assist with discharge of your patient. RH

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

Week 5 – 1d – You described safety concerns for this patient related to her perineal tear and the birth pain she underwent. She is definitely at risk for a postpartum hemorrhage which is a major safety concern that you monitored for during your assessment. KA

Week 6- for the 17 year old girl it would be identify vs confusion. She had nothing and thought the only way to made it was selling herself. She was confusion about what role, and way to made in her life. Nice job! KA

Week 6 – 1a – You did a nice job describing three different patients you had the opportunity to work with this week during your ER clinical including a 16-year-old who was having chest pain. KA

Week 7- At the hearing and vision, I saw many school age children, their stage would be industry vs inferiority. I could see them trying to compare one another. In this role the child may feel like they need to win or be the best to feel better about themselves. Good job! KA

Week 7 – 1a, b, & c – You did a great job utilizing the techniques you learned through your training to complete hearing and vision screenings on the middle school children this week. You asked appropriate questions and communicated with the students utilizing your knowledge in growth and development. BS

Week 7 – 1b – You did a nice job discussing how you utilized the concepts of growth and development to communicate with the children at the school when completing hearing and vision screenings. KA

Week 7 – 1e – Great job identifying the growth and developmental stage for the students. You were able to describe behaviors and observations that supported the students being in that stage. KA

Week-8 This week I'm doing initiative vs guilt. In this stage children learn how to play with each other and take initiative to get the outcomes they want. Without meeting this stage they will always feel guilty for not being the best they could be. 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 2nd and 3rd through 5th. 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 great job describing the differences between the different age groups you worked with at Boys and Girls Club this week. You described the major differences you observed between the younger and older school-aged children. Nice job! KA

Week 9- I had a baby born that was a precipitous labor. He didn't get all the fluid lung out of his lungs. He had to trust us to make him better. Trust vs mistrust. Nice job! KA

Week 9 – 1a – You did a wonderful job providing holistic care to the mom were assigned to this week. You ensured all of her needs were met and provided continued assessment and monitoring throughout the day. KA

Week 9 – 1c – You observed the newborn assessment completed by your peers and the developmentally appropriate assessment skills utilized throughout. KA

Week 9 – 1d – You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process whenever returning the newborn to the parents from the nursery. KA

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

Week 11- Its hard doing this on a clinical day where I only saw 2 patients for not even 2 hours total. The first patient was 19 that just had her first baby. The other was 29 that just gave birth to her 6th. For the babies its Trust vs Mistrust. They have to count on their mothers to do everything for them. Great job! KA

Week 11 – 1a – You did a great job describing breastfeeding mothers you worked with while on clinical with the lactation consultant. You had the opportunity to work with both a first-time mother and an experienced mother who had 6 children. KA

Week 11 – 1c – You had the opportunity to work with a mother who had the challenge of inverted nipples. You were able to see a successful feed and hear the newborn swallow confirming the baby was getting nutrition. KA

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

Objective

1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*

Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies: f. Describe psychological changes in response to the expectant mother's pregnancy. **Maternal**		n/a	N/A	NA	S	N/A	NA	S	N/A	S	NA	NA	NA	NA	NA	NA	NA	S
g. Discuss prenatal influences on the pregnancy. **Maternal**		N/A	N/A	NA	S	N/A	NA	S	N/A	S	NA	NA	NA	NA	NA	NA	NA	S
h. Identify the stage and progression of a woman in labor. **Maternal**		N/A	N/A	NA	S	N/A	NA	S	N/A	S	NA	NA	NA	NA	NA	NA	NA	S
i. Discuss family bonding and phases of the puerperium. **Maternal**		N/A	N/A	NA	S	N/A	NA	S	N/A	S	NA	NA	NA	NA	NA	NA	NA	S
j. Identify various resources available for children and the childbearing family.		NA	N/A	NA	S	S	NA	S	N/A	S	NA	S	NA	NA	NA	NA	NA	S
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		N/A	N/A	NA	S	S	NA	S	N/A	S	NA	S	NA	NA	NA	NA	NA	S
l. Respect the centrality of the patient/family as core members of the health team.		N/A	N/A	NA	S	S	NA	S	N/A	S	NA	S	NA	NA	NA	NA	NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

Week 5 – 1i – You did a nice job giving multiple examples of family bonding between mother, baby, and father. You also did a nice job describing the mother's concerns about family bonding between the baby and the 3 older siblings. You also described how the patient was in the letting go phase of postpartum adjustment. KA

Week 5: 1j- You were able to provide a variety of resources to the patient during discharge teaching with the RN. RH

Week 6 – 1k – You discussed how you cared for many different patients throughout your ER clinical experience and ensured that your respected their cultural differences. You also had the opportunity to care for a patient from the jail. What type of cultural implications do you think were specific to this patient? KA

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

Week 7 – 1k – You did a great job describing the culture, beliefs, behaviors, and values that were displayed at the school during hearing and vision screenings and the impact they had on the students. KA
Week 7– 1k – You did a nice job discussing with the school nurse about cultural beliefs of the school system you performed hearing and vision screening in. She discussed values the school deems important and you were able to observe different aspects of the school that supported this culture. BS

Week 9 – 1i – You were able to identify the stage of bonding your patient was in appropriately and discuss why you chose that stage. KA

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

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

Comments:

Week 5- The SDOH would be safe housing. The patient has 4 child and a three-bedroom house. She told me that the baby will be sleep in the same room as the parents. The other three children stay in the other two rooms. She wasn't trying to have a baby, and told me it was an accident. Great example of an SDOH concern. Lack of or limited

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

housing can affect the ability to manage one's health and the health of the family. It also makes it easier to pass germs from one to the other in a limited space environment. KA
Week 5: 2a, c- you were able to participate in conversation about evidence based nursing practice in relation to one of your peer's patient and how it was related to their prolonged labor. RH
Week 5: 2d- You were able to correctly draw up a medication from a vial and do medication math to ensure it was the correct dose. You did not administer it, but we did discuss how to properly administer and transport the medication to the room. RH

Week 6- SDOH would be that one of the Er patients was from the jail. She got to jail because she was a sex worker. She was only 17 years old. She did it because her mother kicked her out of the house and she has been living home to home. Using her body to get housing and drugs. She told me that she likes it in jail, because she knows she will get 3 meals a day, hot water, and a bed. I was sad to see her like this at a young age. Not having housing and financial stability has definitely negatively impacted the health status of this patient. What resources do you think may help assist her in improving her situation? KA

Week 7- SDOH would be the child that has dyslexia. During the vision screening I could tell he was having troubles trying to understand the words. He told me I have dyslexia; I can see the words. I just don't see them they way you might. I told the nurse at the school. She said it was fine because he gets to retake the test when they have the proper equipment for him, or his family doctor can do a vision screening on him. Great example! KA

Week 7 – 2c – You were organized throughout the screening and assisted others quickly and efficiently when needed. You worked alongside your fellow students and operated as a cohesive unit. Nice job! BS

Week 8- When talking to a few students at the boys and girls club, they told me that their parent was in jail. This could be SDOH due to lack of income. Being in a single parent household can put a lot of stress on that parent. Its wonderful that the B/G club provides food because that helps the parent when one less worry. The child is getting fed 3 times a day. I know my mother some weeks counted on the school meals so she just had to feed me snacks and cheap meals. These are all concerns that can affect the child's ability to stay healthy and manage their health. 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

Week 9- SDOH for this week, how be the mother that has 2 children and just gave birth to her third. It may become harder to care for the younger children because she has to focuses on the newborn. Also with her having a c section, she can't left anything heavy. That also adds a factor in caring for the other children. Family size and number of dependents can affect one's ability to manage their health and the health of others. Great thoughts! KA

Week 9 – 2b – You were able to observe a circumcision and the nursing interventions provided during and after the procedure to the newborn. You also observed a hearing screening for the newborn and the pre and post procedure interventions by the nurse. KA
Week 9 – 2c – You did a wonderful job providing a newborn heart screening the infant and assisting your classmates with the newborn bath on their assigned infant. KA
Week 9 – 2d – You did a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. You were able to administer PO medications to the postpartum mother. KA

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

Week 11- The mother of a baby was 19, with a learning disability. She didn't seem to understand what was happening with the baby. When asking her about housing situation she lives with her mother sometimes. As of now she is living there. I feel like her SDOH will be housing for her and the baby. I agree. This sounds like there may be both housing and financial instability concerns for this family unit. Were resources such as WIC and the Health Department discussed with her? She definitely will benefit from community resources and referrals. KA

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

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

Comments:

Week 5- I don't think this is a legal issue, but she didn't want to have another child and where they are living it would be hard to support all the children. She also declined the aftercare help. Another patient on the floor was on suboxone thought out her pregnancy. The child may have withdrawals but as of now she is okay. Case management is involved in the case of the withdraw baby. This should turn into a legal issue, if the body becomes unfit to care for the baby. Good examples of both a legal and ethical dilemma. KA

Week 6- Another patient in the ER spit on a nurse and yelled I'm going to give you aids. The police were called but they didn't take him because he still needed treatment. The police left him there at the hospital. The nurse did get tested and a report was made. What an impactful event. This is both a legal and ethical dilemma that the ER had to manage. It must have been difficult for others to want to care for the patient since he still need medical treatment after the event. KA

Week7- I didn't see any legal or ethical issues when I was there. I saw a child without an arm or a leg. He was very sweet. I'm not sure what happened to him, but I know getting around the school must be harder for his. If the school does not provide proper accommodations this could be a potential legal issue so this would be a good example. In the future if you cannot think of an legal ethical issue you observed consider potential one that could occur at that clinical site. KA

Week 8- A potential legal issue that may happen was at St Marys. The school is K-12. I feel like the it is dangers to have so many different age groups in the same school. They have it worked out well, with the layout of the school. It is still a risk that a little kid could wonder off. Plus the teachers have 20+ kids in one classroom. Its easy to lose count of all of them. Good thoughts on potential concerns. KA

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

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

Week 9 – 3d – This competency needs to addressed here for each clinical experience. Please make sure to write a comment on how you will address this U and prevent receiving one in this competency in the future. KA

Week 9- The legal issue could be lack of resources. She was in the take hold state of motherhood and has 3 other children. During maternity leave it make be hard to support all 4 children with only one income. She seemed like she knew what to do, but its always that same change they need help. To fix this issue for next week clinical, I would need to address all the yellow boxes. Thank you for addressing this for week 9. This is definitely a concern. KA

Week 11- A legal issue that should be is one of patient is a first time mom and she has a learning disability and not sure who the father of the baby is. She is alone and not sure where to start with taking care of the baby. The nurses gave her many resources for help and set appointments up. I just hope she remembers she had the appointments. I am glad they were able to give her resources that will be helpful to her. This is a major concern as well as a SDOH concern that hopefully can be adequately addressed. KA

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

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)		N/A	N/A	NA	S	S	NA	S	N/A	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)		N/A	N/A	NA	S	S	NA	S	N/A	S	NA	NA	NA	NA	NA	NA	NA	S
c. Summarize witnessed examples of patient/family advocacy.		N/A	NA	NA	S	S	NA	S	N/A	S	NA	NA	NA	NA	NA	NA	NA	S
d. Provide patient centered and developmentally appropriate teaching.		N/A	N/A	NA	S	S	S	S	~~N/A~~ S	S	NA	~~NA~~ S	NA	NA	NA	NA	NA	S
e. Analyze the involved pathophysiology of the patient's disease process. **(noticing, interpreting, responding)**		N/A	N/A	NA	S	S	NA	S	N/A	S	NA	NA	NA	NA	NA	NA	NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Week 5: 4b, d- You were able to complete a head to toe assessment on your patient and chart it appropriately. You were able to provide education on what to expect being 2 days post delivery to the mother. RH

Week 6 – 4a – When you listed the top 5 nursing interventions you looked at all three of your patients versus choosing 1 patient and listing the top 5 nursing interventions for that specific patient. This was a unique take on the questions however you did choose the top 5 nursing interventions your would perform when looking at the group as a whole including managing pain for your chest pain patient, placing your GI bleed patient on NPO status, and completing neuro checks for your patient that fell. KA

Week 7 – 4b – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You then helped alphabetize and document the information further on the required ODH documentation forms. This was a great help to the school nurse. BS

Week 7 – 4b – You did a nice job describing how the nurses kept track of screening data in a binder and then utilized this recorded information to report the district's findings with the Ohio Department of Health. KA

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

Week 7 – 4d – You did a nice job educating the middle schoolers as needed on the screening process and ensured they were able to perform it correctly so the results would be valid. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. BS
Week 7 – 4d – You did a nice job discussing how you taught the students the screening process for both hearing and vision to ensure the results were valid KA

Week 8 – 4d – You worked with your classmates to develop a presentation on your assigned topic for the elementary students. Your teaching was fun, developmentally appropriate, and interactive. You utilized reputable resources to ensure the information was accurate that you presented. All the students were positively impacted by your education. Marvelous job! KA/MD/RH/BS
Week 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 satisfactorily completed your care map. Please see comments on rubric for details. KA
Week 9 -4b - You did a nice job documenting the postpartum assessment in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessments accurately. KA
Week 9 – 4e – You witnessed discharge teaching for the postsurgical patient and assisted with taking the patient to the discharge exit via elevator. You ensured the patient was in the car and safe with their support person before leaving them. KA

Week 11 – 4d – You described many different pieces of information that were given to the breastfeeding mothers to support their journey. One piece of education was regarding the use of a nipple shield and how it can assist with difficulties with inverted nipples. KA

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

Student Name: Nadia Drivas	**Course Objective:** 4a
Date or Clinical Week: 9	

	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 listing all the abnormal assessment findings, labs/diagnostics, and risk factors for your assigned patient this week. 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 great job listing the patient's nursing priorities and highlighting the nursing priority that was your highest focus. You had an appropriate goal statement, but a more appropriate one would be the "Patient will not experience a postpartum hemorrhage." You highlighted relevant data in the noticing section. You would want to highlight the dressing in the assessment section as well as the patient's GTPAL. You identified potential complications related to your identified nursing priority and listed signs and symptoms the nurse would assess the patient for with 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 relevant nursing interventions for your nursing priority. All interventions were prioritized, individualized, and realistic. All interventions had frequencies except your education intervention which could be timed as before discharge, on admission,
	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	

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

	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	or daily. Also, when listing times such as Q4 remember to label it as what Q4 hours versus Q4minutes. Your rationale was brief but there, but your education intervention did not have rationale. You would want to include an intervention related to monitoring your patient's CBC when available. Overall you did a nice job in this section.

	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**	2	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	2	You reassessed all highlighted information except your lab findings. If there were no results or remained unchanged you should still state this. KA
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Reference

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

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

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

Faculty/Teaching Assistant Comments: **You satisfactorily completed your care map. Please see comments above for areas you can address in the future to improve your care maps. KA**

Total Points: **43/45**

Faculty/Teaching Assistant Initials: KA

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

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Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	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)**		N/A	N/A	NA	S	S	NA	S	N/A	S	NA	NA	NA	NA	NA	NA	NA	S
g. Correlate the pharmacotherapy in relation to the patient's disease process. **(noticing, interpreting, responding)**		N/A	N/A	NA	S	S	NA	S	N/A	S	NA	NA	NA	NA	NA	NA	NA	S
h. Correlate the medical treatment in relation to the patient's disease process. **(noticing, interpreting, responding)**		N/A	N/A	NA	S	S	NA	S	N/A	S	NA	NA	NA	NA	NA	NA	NA	S
i. Correlate the nutritional needs/diet in relation to the patient's disease process. **(noticing, interpreting, responding)**		N/A	N/A	NA	S	S	NA	S	N/A	S	NA	NA	NA	NA	NA	NA	NA	S
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. **(noticing, interpreting, responding)**		N/A	N/A	NA	S	S	NA	S	N/A	S	NA	NA	NA	NA	NA	NA	NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

Week 6 – 4f – You discussed how for the patient who was vomiting blood and diagnosed with a GI a CBC was performed to determine the need for blood administration. KA

Week 6 – 4g – You discussed how the 16-year-old with chest pain was treated with morphine to manage his pain and how he was diagnosed with trigeminy pvc's. KA

Week 6 – 4h – You discussed how the patient who had nausea and vomiting was diagnosed with a GI bleed made NPO related to her diagnosis and symptoms. KA

Week 9 – 4f – You did a nice job assessing the patient's surgical incision and documenting it in the EMR. You monitored the dressing throughout the day to ensure there was not an increase in drainage or signs and symptoms of infection. KA

Week 9 – 4f, g, h, I – You did a nice job assessing your patient and researching their medical history when developing your care map. You actively discussed on clinical how the patient's diagnostic tests, medications, medical treatments, and diet related to their current health status and potential complications that may require further intervention. KA

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

***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.		N/A	N/A	NA	S	S	S	S	S	S	NA	S	NA	NA	NA	NA	NA	S
b. Evaluate own participation in clinical activities.		N/A	N/A	NA	S	S	S	S	S	S	NA	S	NA	NA	NA	NA	NA	S
c. Communicate professionally and collaboratively with members of the healthcare team.		N/A	N/A	NA	S	S	NA	S	S	S	NA	S	NA	NA	NA	NA	NA	S
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		N/A	N/A	NA	S	S	NA	S	N/A	S	NA	NA	NA	NA	NA	NA	NA	S
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		N/A	N/A	NA	S	S	NA	S	N/A	S	NA	NA	NA	NA	NA	NA	NA	S
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		N/A	N/A	NA	S	S	NA	S	N/A	S	NA	NA	NA	NA	NA	NA	NA	S
g. Consistently and appropriately post comments in clinical discussion groups.		N/A	N/A	NA	S	S	S	S	~~N/A~~ S	~~S~~ NA	NA	~~NA~~ S	NA	NA	NA	NA	NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

Week 5: 5a- you showed great enthusiasm and eagerness to learn during clinical. You were willing to assist the nurses with the outpatient arrivals and assist with various discharge teaching for the patients. RH

Week 5 – 5e – You did a nice job discussing how the patient and her husband refused vaccination and how they were educated on the importance of vaccines before they were provided documentation to sign for their refusal. KA

Week 5 – 5g – Nadia, you did a nice job responding to all the CDG questions on your OB clinical experience this week. You shared your viewpoint with thorough responses and supported your information with references and in-text citations. In your reference you only need to include the year in the parentheses and should put the

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

statement "Retreived on __Date___ from" before your webadress. See example below. Great job and keep up the superb work! KA

Cicada, & Steve Albert. (2024). *Postpartum care: Nursing care for the new mother*. Nurseslabs. Retrieved on September 18, 2024 from: https://nurseslabs.com/postpartum-care/#h-letting-go-phase

Week 6 – 5a – The ER nurse reported you were excellent in all areas. Devon Watson, RN made the comment, "Nadia was such a great help today. She is eager to learn, asks questions, and takes initiative." KA
You did not have the opportunity to work with new technology during your ER clinical but had the opportunity to observe the blood administration process on a patient which was new to you. I am so glad you had this opportunity! KA
Week 6 – 5g – Nadia, you did a wonderful job completing your CDG questions related to your ER experience from a unique perspective. I like how you responded to the questions looking at each of your patient's versus just focusing on the disease process of just one of them. You included an in-text citation and reference to support the information in your post. When in-text citing a direct quote make sure to include the page number or the paragraph number if there are no page numbers. Your in-text citation in your post this week should look like this (Farzam, 2024, pg X). Keep up the excellent work! KA

Week 7 – 5g – You did a nice job responding to all the CDG questions on your clinical experience with hearing and vision screenings this week. You shared your viewpoint and were thoughtful with your responses. You supported your responses with and in-text citation and a reference. Keep up the wonderful work! KA

Week 8 – 5a – You did a great job working the children at St. Mary's Catholic School and not only did an excellent job presenting the education you developed but showed interest in the children and hearing what they had to say about your topic. The school and its students were very appreciative of everything you did. You should be proud of all your hard work! KA/MD/RH/BS
Week 8- 5a- You were active and engaged while providing education to the K-6 grade children at the Boys and Girls Club. BS
Week 8 – 5g – You did a nice job completing the CDG questions for your Boys and Girls Club experience. You were thoughtful with your responses and supported your ideas with an appropriate reference and in-text citation. Remember when in-text citing a direct quotation include the page number or the paragraph number if there are no page numbers. Keep up the wonderful work! KA

Week 9 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You were able to a vaginal delivery while on clinical this week! KA
Week 9 – 5e – You did a nice job navigating the EMR and gathering information on your patient to ensure you could provide appropriate care throughout your clinical day. KA
Week 9 – 5f – You provided hand off report to the appropriate nurse when leaving clinical at the end of shift. KA
Week 9 – 5g – You did not have a CDG to complete this week, you completed your Care map instead. KA

Week 11 – 5a – The preceptor marked you excellent in all areas. She left the comment, "Very personable, interactive! Great job!" Rachel Figgins RN, CLC. KA
Week 11 – 5g – You did a wonderful job responding to the CDG questions related to your lactation consultant clinical. You did a wonderful job describing all the education that was provided during your experience. You supported your post with an in-text citation and reference. Remember to include the page number or a paragraph number if there are no page numbers in your in-text citation when you are citing a direct quotation. It should look like this (C.C. Medical, 2024, pg. X). Keep up the nice work! KA

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

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

Comments:

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

Week 2 – 6i – According to policy any competency left blank is marked as unsatisfactory. Please make sure to write a comment on how you will prevent receiving a U in these competencies in the future. KA

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

Week 2- Need to check all that I have completed all boxes in the clinical tool
Week. 3- (6e 6i) I didn't submit my clinical by Friday morning, nor complete it fully. I should have been mindful of knowing the dates that assessments are due and double check to make sure its fully completed. KA
Week 3- I need to turn in the clinical tool on time
Week 5- I need to improve with my care of baby. I was nervous to touch the baby, so I didn't. They asked me if I wanted to hold him, but I declined their offer. I need to at touch the baby, not hold but a least hold the baby's hand. This is a great goal. When you are at Firelands we will make sure you get to hold a baby. KA

Week 6- I need to improve on my facial expression I have a resting mean face, so a lady thought I didn't like her. So, I wore a mask in the ER. The stuff I heard was CRAZY. I thought 1S was bad. I knew you could tell in my eyes I was like "what in the world is going on." I will meet this goal, but reminding myself to smile . If I smile more I can't look like I'm upset. This is a nice goal. Sharing a smile with someone is always a good thing. KA

Week 7- This week in need to improve on time management. I was barley on time for clinical because I got lost. I still beat Brain, but I was right on the dot. I also need to work on saying the children's names, I swear half of those names were spelled wrong. Don't forget to write a goal on how you will improve in these areas. KA

Midterm – You have gotten to see a variety of maternal child nursing areas as well as practice your skills with children and the childrearing family. You have satisfactorily completed all competencies at midterm. Continue to work hard and improve on your identified areas of weakness. Keep up the wonderful work as you enter the second half of the semester! Terrific job! KA

Week 8- I felt like this week went very well. The only thing I need to improve on is knowing where the clinical site is and what to bring. For the boys and girls club I got lost and it was a miscommunication on who was buying the game prizes. We still made it work and just used glow sticks. Next time I need to communicate with my group more. I also need to follow the GPS and not rely on " I think I know where I'm going" These are both great goals to work on. KA

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

Week 9 – I was late for clinical, next week I need to be one time and verify when I need to be at clinical. Great goal!
Week 9 – 6e – You were late for clinical. You arrived before the start of report and were allowed to stay to make up your missed clinical time. Please be mindful of your clinical start time in the future and ensure you arrive promptly before the start of clinical to prevent further U's in this competency related to timeliness. Please make sure to comment on how you will prevent receiving a U in this competency in the future. KA

Week 9- I arrived to clinical late. Next week I need to remember what time to show up, and if I don't know ask the teacher for help. KA

Week 10 – 6e – You arrived to Simulation on time and prepared. KA

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

Week 11- This week was good for me, I think I mee to improve on my knowledge. There were some things I didn't know and had to be explained. Like there is a holistic medication services in Norwalk. One on the patient was telling me that they thought she had hypothyroid, but in fact she has Lyme disease. The nurse I was with also has Lyme disease. I will do more research about that for next week. It is great to be up-to-date on what resources are available in the community for the population you are working with. New resources are becoming available regularly and many times are underutilized. KA

Final – Nadia, you have satisfactorily completed the clinical portion of the Maternal Child Nursing Course. You have done well throughout the semester applying your knowledge of Maternal Child nursing in each of your clinical experiences. You worked well with your classmates to provide wonderful teaching during multiple clinical experiences including St Mary's Activity Fair and Boys and Girls Club. You are thoughtful and deliberate with your actions and advocate for the best outcome for all the patients you work with. Good luck next semester as you enter the last semester of the nursing program! KA

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

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

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

* Course Objectives

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

* Course Objectives

Comments:

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

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

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

STUDENT NAME(S) AND ROLE(S): Catanese (C), N. Drivas (M), Fahey (A)
GROUP #: 2
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/12/2024 0830-1000

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Patient identified. Inquires about pain- rated 5/10. Asks questions about pregnancy/gestation. VS. Heart and lung sounds assessed. Mona CO not feeling well, light-headed, not right. Patient identified.
• Focused Observation:	E	**A**	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	**D**	B	
• Information Seeking:	E	**A**	D	B	
INTERPRETING: (2, 4)*					BP interpreted to be WNL. Fetal monitor waveforms interpreted. UA results interpreted. Need for FSBS determined. FSBS 200- determined to be high. Dizziness and light headedness reported. Perineum assessed. Bleeding interpreted as being active. Fundus interpreted as being boggy. BP 88/48- determined to be lower. Fundus firming up.
• Prioritizing Data:	E	**A**	D	B	
• Making Sense of Data:	E	**A**	D	B	
RESPONDING: (1, 2, 3, 5) *					Discusses the importance of prenatal care, past pregnancies. Inquires about history of gestational diabetes. Fetal monitor applied. Patient assisted to left side. Explains to patient baby might be large due to gestational diabetes. FSBS 200. Call to provider with good SBAR report. Orders received for fluid, Procardia, acetaminophen, and US to verify gestational age, orders read back. Medications explained to patient, patient identified. Mona asks what Procardia is. Medication looked up. Assessment nurse providing education regarding diabetes management, food choices, limiting soft drinks (offers alternative choices). Call to provider to ask why Procardia was ordered when BP is ordered. Explains to Mona the reason Procardia was ordered. Medications administered. US performed. IV fluid initiated. US results given to Mona. Bleeding explained to partner. Fundus massaged, BP assessed. Call to provider to report postpartum hemorrhage, good report. Order for IM methylergonovine received and read back. Pad weighed- 600g. BP reassessed. Provider notified.
• Calm, Confident Manner:	E	**A**	D	B	
• Clear Communication:	E	**A**	D	B	
• Well-Planned Intervention/ Flexibility:	E	**A**	D	B	
• Being Skillful:	E	A	**D**	B	

REFLECTING: (6) * • Evaluation/Self-Analysis: E **A** D B • Commitment to Improvement: E **A** D B	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.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* *Course Objectives	**You are Satisfactory for this scenario! BS** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response Displays proficiency in the use of most nursing skills; could improve speed or accuracy Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Catanese (M), N. Drivas (A), Fahey (C)
GROUP #: 2
SCENARIO: Shoulder Dystocia and Newborn Care
OBSERVATION DATE/TIME(S): 9/26/24 0830-1000

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (Link to Course Objectives) *	Introduce self. Confirm name/DOB
• Focused Observation: E A D B	Listen to lungs sounds, heart sounds
• Recognizing Deviations from Expected Patterns: E A D B	Pain assessment: rating. Does not ask location, duration, or what makes it worse or better
• Information Seeking: E A D B	Obtain vitals
	Obtain sterile vaginal exam.
	Reassess mother after nubain administration. Repeat cervical exam
	APGAR 1 minute: activity, cry, color, heart rate (assessed 110 but actual was 136), respirations (45). Total: 9
	Delayed reassessment of mom. Does eventually do fundal assessment
INTERPRETING: (Link to Course Objectives) *	Interpret fetal strip as accelerations with assistance. Identifies it is a good fetal strip
• Prioritizing Data: E A D B	Interpret vitals are WDL
• Making Sense of Data: E A D B	Interpret that pain medication is appropriate to administer in relation to her last cervical exam
	Interpret that baby is stuck
RESPONDING: (Link to Course Objectives) *	Offer pain mediations due to elevated pain rating
• Calm, Confident Manner: E A D B	Call pharmacy to identify correct dose of PCN.
• Clear Communication: E A D B	Medication administration: PCN- confirm name/DOB, explain what is for and why is needed, scanned patient and medication, hang secondary bag below primary bag, clean hub prior to hooking up to primary line, connected secondary bag below pump, unclamp tubing.
• Well-Planned Intervention/ Flexibility: E A D B	
• Being Skillful: E A D B	Discussion of pain medication options for mother. Double check with skyscape that is appropriate to administer based on last cervical exam.

	Medication administration: Nubain- check name/DOB, scan medication and patient. Use of correct needle, correct technique, use needle safety, correct dose administered. Call healthcare provider with update on cervical exam. Call the healthcare provider to let them know that Mona is delivering baby Call for help, McRoberts position, suprapubic pressure, evaluate for episiotomy, rotational maneuvers, remove posterior arm, roll to hands and knees Immediately dry off baby and wrap baby in blanket. Put hat on baby Call healthcare provider because did not deliver placenta Offer skin to skin with mom Educate mom of expectation of bleeding and when to call healthcare provider with large clots Medication administration: vitamin K and erythromycin. Verify baby number matches mom's number. Draw up medication correctly, correct needle, correct technique, use of needle safety. Incorrect dose. Administered 2 mg in 1mL rather than 1mg in 0.5 mL. Encourage mother to attempt breastfeeding within first 2 hours of birth
REFLECTING: (Link to Course Objectives) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Team remediated on IV pump and IV fluids and how to hang correctly. Team remediated on correct dosage calculation for vitamin K medication.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:**	**You are Satisfactory in this simulation! RH** Lasater Clinical Judgement Rubric Comments: Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and

1. **Select physical assessment priorities based on individual patient needs. (1, 2)*** 2. **Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)*** 3. **Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*** 4. **Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)*** 5. **Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)*** 6. **Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)***	evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.
RESPONDING: (1, 2, 3, 5)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Responded to safety issues by correcting each of them to provide a safe environment for the patient's care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient's respiratory distress by providing the patient with the ordered breathing treatment. Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.
REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing to accomplished is required for satisfactory completion of this simulation.** Scenario Objectives: 1. Utilize the concepts of growth and development to identify concerns with patient safety and provide appropriate interventions to address safety concerns. (1, 3, 5)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication	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 Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops

administration to prevent errors in the process. (1, 2, 5)* 3. Collaborate with members of the healthcare team to provide safe, holistic, and comprehensive patient care. (1, 2, 4, 5, 6)* 4. Utilize SBAR communication in interactions with members of the health team. (5)* *Course Objectives	interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Catanese (M), N. Drivas (C), Fahey (A)
GROUP #: 2
SCENARIO: Pediatric Respiratory
OBSERVATION DATE/TIME(S): 10/24/24 0830-1000

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Introduce self, obtain vitals, ask about pain. Identify elevated temperature
• Focused Observation:	E	A	D	B	Notice scissors, needle, and battery. Remove from crib.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Respiratory assessment: pull gown down to visualize chest, listen to lungs, ask about cough
• Information Seeking:	E	A	D	B	Assess throat, ears, nose. Notice small drainage from right ear. Notice throat is red 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. Reassess temperature after ibuprofen administration Notice increase work of breathing Ask about cough, notice cough is worse when return to room, lift gown to assess chest, listen to lung sounds, identify lung sounds as wheezes (should be rhonchi) Obtain vitals. Notice oxygen level is low Reassess lung sounds after breathing treatment complete. Pain assessment with "smile" chart. Reassess ears and throat.
INTERPRETING: (2, 4) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Calculate medications correctly per order in chart but does not catch medication errors (amoxicillin and ibuprofen). Does not identify IV fluids are running to quickly. During debriefing, IVF maintenance rate identified and calculated. Identifies retractions and correlates with increased work of breathing and respiratory distress Does not stay in room with patient until respiratory therapy arrives. Due to stridor and retractions, nurse should stay at bedside incase patient deteriorates Does not administer acetaminophen for throat pain as stated per order.
RESPONDING: (1, 2, 3, 5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Remove unsafe items from crib Call healthcare provider to clarify order of cetirizine pill. Get chewable tablet. Close crib when not at bedside Education provided to father about croup including medications, illness duration, smoking cessation and preventing secondary smoke exposure Medication administration: check name/DOB with child and father, scan patient and medications, educate on medications and why administering. (amoxicillin, ibuprofen, cetirizine) Elevate head of bed to assist with work of breathing Apply oxygen via nasal canula due to low pulse ox (2L) Call respiratory therapy to administer breathing treatment Education to father about plan of care for child. Healthcare provider had to call for update on patient. Receives orders for dexamethasone. Does

	medication math to get correct dose for patient weight. Read back order for verification. Medication administration: check name/DOB, scan patient and medication, educate father and patient on steroid and what it is for. Administer correct dose Education provided to dad about triggers for asthma (smoking, dust, pollen, allergens, encourage tracking of symptoms to help control asthma symptoms)
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	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.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize the concepts of growth and	**You are Satisfactory for this scenario! RH** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. 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. Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance. Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy. 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.

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): Catanese (A), N. Drivas (C), Fahey (M)
GROUP #: 2
SCENARIO: Pediatric GI
OBSERVATION DATE/TIME(S): 11/5/2024 0830-1000

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1, 2, 5) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Identify patient, introduce self. Complain of stomach pain. Pain assessment: description, location. Does not assess mucous membranes or skin turgor Notice bruising on abdomen and patient mother states he fell off bike. Begin to further question patient about bruising while mother in room. Ask mother about wearing sunglasses inside but does not inquire past original answer of "I have a headache" Mother leaves room and students question Jack about bruise on abdomen in private. Does not notice bruise on arm until prompted by Jack. Patient complain of abdominal pain and nausea, vomits. Does not perform pain assessment. Obtains all vitals except temperature while on phone with healthcare provider. Does not assess mucous membranes or skin turgor Reassess vitals after IV bolus. No temperature obtains at this time.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Temperature: 102.5- interpret as high Temperature reassessment: 101.1- interpret as improved. Interpret lack of fluid intake and output as signs of dehydration. Interpret change in vitals as improvement after IV bolus.

RESPONDING: (1, 2, 3, 5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Call pharmacy to verify dose of acetaminophen. Call lab for results of stool sample. Get results that rotavirus positive. Place patient in contact precautions. Leave bed elevated with side rails up when leave room. Call healthcare provider regarding rotavirus result and suppository of acetaminophen. Get new order for acetaminophen, readback order for verification. Educate mother on rotavirus diagnosis. Educate on how to clean and kill virus at home to prevent spread to other members of the household. Medication administration: acetaminophen. Verify name/DOB, scan patient, scan medication. Correct medication math for dose. Offer Pedialyte with meds. Call healthcare provider about bruising and request an xray of right upper arm and CT scan of abdomen to check for further injury. Told to contact case management. Call case management for referral due to suspect abuse. Include concerns for mother also being abused as well. Call dietary and order tray with BRATTY foods. Medication nurse calls healthcare provider and request IV fluids. No assessment of patient has been done so far. Obtain vitals while on phone with healthcare provider obtain orders for IV fluid bolus and maintenance fluids. Read back orders for verification. Assessment nurse calls healthcare provider to update on emesis. Requests antiemetic. Receive order for Zofran. Readback order for verification Medication administration: Zofran. Name/DOB, scan patient, scan medication.
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussed scenario. Also discussed importance of checking recommended doses of medications to ensure safe dose is ordered. Discussed contact precautions and educated how to prevent spread to others in the home. SBAR communication used at times but not other times. Identify need to gather all assessment data prior to calling healthcare provider so SBAR can be organized and used appropriately.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning**	**Nice work! You are satisfactory for this scenario. RH** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires

Scenario Objectives: 6. Select physical assessment priorities based on individual patient needs. (1, 2)* 7. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 8. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 9. Utilize the concepts of growth and development to identify concerns in assessment findings associated with potential child abuse and make appropriate referrals as necessary. (1, 3, 5)* 10. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* *Course Objectives	advice or assistance. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring but not competence. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Nadia Drivas OBSERVATION DATE/TIME: 11/12/24

REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy. Great job. I enjoyed seeing your pregnancy photo!

SUMMARY COMMENTS:	Comments
E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Simulation Objectives:** 1. Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)* 2. Describe how patient-centered care is dependent on past medical history, cultural history, social history, and pregnancy/birth history. (1, 2, 4)* 3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)* **Developing to accomplished is required for satisfactory completion of this simulation.**	**You are satisfactory for this simulation.**

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Nadia Drivas OBSERVATION DATE/TIME: 11/19/24 SCENARIO #: Student Developed Scenarios

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					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. When developing your scenario, you noticed the important assessment aspects to include for a patient/support person with your assigned diagnosis. Through the scavenger hunt you were able to notice various details of each of the ten scenarios simulated.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	

INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	You were able to interpret data pieces and prioritize accordingly. For each scenario, care was given in gathering details needed in order to phone the healthcare provider and provide SBAR. When developing your scenario, you interpreted the expected path of the disease process and necessary nursing interventions to include in the patient's care. You utilized clinical judgment to interpret appropriate responses to NCLEX style questions related to each scenario.
RESPONDING: (1, 2, 3, 5)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Responded with communication that was collaborative between roles. Clear communication was utilized between colleagues. Clear communication was utilized with patient and family and layman's terms were utilized when appropriate. Responded with interventions that were planned accordingly and verbalized when necessary. Skill in identifying focused assessments as well as timely reassessments were utilized. Family members and others of the healthcare team were kept up to date on patient condition and given education for current condition as well as for preventative measures. In response to your assigned disease process you developed a comprehensive simulation that encompasses aspects of assessment, interprofessional communication, and nursing interventions appropriate for the patient scenario you developed. You developed appropriate NCLEX questions for your scenario based on your disease process.
REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Reflected with a self-analysis of assessment and analyzation of data to identify missing pieces of the scenario. Actively participated in providing constructive feedback to all groups observed throughout the simulation. You developed debriefing questions specific to your scenario to assist your peers in reflecting on the importance of your simulation.
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing or higher in all areas is required for satisfactory completion of this simulation.**	The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS/RH

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: Hannah Baum, Nadia, Drivas, Andrea, Pulizzi, Lindsey Steele OBSERVATION DATE/TIME: 11/22/24 SCENARIO: Comprehensive Simulation

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	You noticed suspicious bruising on patient and patient's physical appearance and psychosocial status as deviation from normal. You noticed environmental concerns throughout the home that would be safety hazards. You noticed abnormal family functioning as you progressed through the simulation. You noticed the signs of respiratory distress and dehydration in the children. In the mother encounter you noticed suspicious bruising on the mother's face and neck. You also noticed the poor environment with chips, pop, rats, spider, and cockroaches scattered throughout the room. You also obtained vital signs during your visit. Additionally, you noticed that the mother had a unprescribed medications, is a current cigarette smoker, and had a dysfunctional family dynamic when having conversations on home life.

	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. You provided a thorough assessment to the children of the household recognizing concerns of an asthma attack in the 8-year-old and dehydration and failure to thrive in the newborn.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit. You were able to interpret safety and health issues with each member of the family. You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit. You interpreted acute respiratory status changes and lethargy as major assessment concerns in the children in this home environment. 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 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).
RESPONDING: (1, 2, 3, 5)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	You responded to patient's admission of abuse calmly without judgement. Communicated alternatives clearly and empathetically. You responded with intervention regarding safety of children; flexible and creative with ideas and interviewing each member of the family. You responded by prioritizing the safety and health concerns of each family member and seeking further treatment for them. You sought further information regarding potential abuse from all members of the family. You were respectful and calm in communicating with potential abuser. Coping skills were discussed. You responded to safety, psychosocial issues calmly. You were confident in your approach to each family member. In the mother encounter you provided education on abuse resources and emotional support groups and safety plans along with encouraging her that the abuse is not her fault. You also provided education on smoking

	cessation, not taking unprescribed medications, and safer sleeping options for the newborn rather than using a pack-n-play for sleep. You provided education on birth control to prevent another pregnancy and information on breastfeeding the newborn more frequently. Great job with the mother encounter! Educated father that cleaning supplies should not be stored in places where the children could get access to them. Educated father to pay attention to expiration dates and how to properly and safely prepare a bottle. Educated that there are resources available to assist with healthy food choices. You recognized the need for involvement by CPS, law enforcement, and hospitalization for medical treatment of both children. You recognized that you only had consent to treat the mother in this situation and sought maternal consent to call for medical assistance and treat the children of the household. You recognized the need and ability to educate the 8-year-old son in the family and educated him on better tv programing to watch versus a scary tv show.
REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Group discussion of how reviewing the chart during prebrief assisted with developing a plan for the "home visit." Discussion of what they noticed in the mother room including the physical abuse, filth, lack of bonding between mother/new baby, manipulation/control issues in relationship, anxiety, depression/post-partum depression. Group was able to educate on medication importance/compliance, WIC, and healthy foods. Group did mention they would have liked to also add a post-partum assessment of mother and include education on cleaning/pest control. During discussion of partner visit, group noticed the open chemicals, photos on the refrigerator, and excessive alcohol present. The group educated partner on how to make a proper bottle, how to store chemicals, anger management, lactation consultants, and healthy food choices for the family. They did not mention or notice an attitude from the partner during the visit. During the children visit, the biggest thing they noticed was all the safety issues in the room. They noted the space heater, lack of safe sleep, beer, and juice in the sippy cup for Jill. This group wanted to educate but was not sure how to educate an 8-year-old on safe sleep when he was just trying to keep the baby warm. After assessment of both children, group was able to get Jack, Jill, and mother to ER for further evaluation. Team lead discussion with little prompting and were able to have good discussion about their assessment findings and interventions. Upon completion of the simulation, you created an education plan focused on Monica for post-partum depression, hypertension, and home safety.
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing or higher in all areas is required for satisfactory completion of this simulation.** Objectives	Excellent job in communicating without judgement and providing appropriate education, information regarding resources, and intervention for family. You are satisfactory for this scenario. KA/MD/BS/RH

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:

I have no other comments regrating this course. It was a pleasure to work with all the wonderful instructors.

Student eSignature & Date: Nadia Drivas 11/26/2024