

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

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

Student: Destiny Houghtlen

Final Grade: **Satisfactory**

Semester: **Fall**

Date of Completion: 11/26/2024

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

Faculty eSignature: **Rachel Haynes
RN, MSN**

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U” the following week. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.**

METHODS OF EVALUATION:

- Care Maps
- Patient/Family Education
- Preparedness for Clinical/Clinical Performance
- Online Clinical Discussion Groups
- Administration of Medications
- Nursing Skills Completion of Clinical Performance Tool
- Written Reports of Clinical Experiences
- Documentation
- Conferences with the Faculty
- Lasater Clinical Judgment Rubric
- vSim
- Simulation Scenarios

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)

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

7/18/24 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
9/27/24	Acute pain related to spinal headache	RH

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		N/A S	N/A	S	N/A	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
b. Provide care using developmentally appropriate communication.		N/A	N/A	S	N/A	S	N/A	S	S	N/A S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		N/A S	N/A	N/A	N/A	S	N/A	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	N/A	N/A	S	N/A	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	N/A	S	N/A	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
Clinical Location Age of patient		Lactation	No clinical	BV	No Clinical	OB Firelands	No clinical	MIDTERM	ER,FTMC, St Marys	Boys and Girls club	Fisher Tirus OB	No clinical	FINAL					
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

Comments:

1e week two. I would select trust versus mistrust because the baby was just born the day before. This means the baby will go through the stages of trust and mistrust. It will learn who it trusts and who it does not feel that connection with. **Very nice! RH**

Week 1: I changed 1a to "S" because you addressed this in your CDG this week. You explained how the baby had a high palate and how baby was having a difficult time latching to mom for feedings. You also discuss mom's history with breastfeeding and her knowledge deficit as it was her first time breastfeeding. I also changed 1c to "S" as you addressed that with your CDG as well. You explain how education was provided for syringe feeding the baby and how this helped with the feeding. **RH**

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

1e week four: I would select identity vs role confusion because the group I worked with were adolescents and during this stage they are learning how to be more independent and they are figuring out who they are as a person. **Good job! RH**

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

1e week six: I would select trust vs mistrust because one of my patients was the baby who was only one day old which means she is not used to the world and is learning who to trust and feel safe around vs who or what makes her feel unsafe. **RH**

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

1e week eight: One patient I seen in the ER would fall under industry vs. inferiority. The patient was a six-year-old which means this child is learning new skills and is in school working with other children. **RH**

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

1e Week nine: I would select industry versus inferiority for the group of children I was with for the boys and girls club. I would choose this because these kids were between the ages of 6-12 years old. They are learning how to be social with their classmates. They are also learning what it feels like to accomplish things in life but with that they also learn what it feels like to fail at things. **RH**

Week 9- 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

1e week ten: I would select trust vs mistrust because one of my patients was a baby girl that had only been 24 hours old. She is still figuring out who she can and cannot trust in the world. She will hopefully feel safe with her parents and her siblings, especially as time goes on. **RH**

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

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

Comments:

Week 1: were there no resources available to mom or baby while you did this clinical experience? If not, then leave 1j as "N/A", but if resources were provided and available, this should be changed to an "S" RH

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

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

Week 6: 1i, j- I changed both of these to “S” because we did discuss the importance of mother/baby bonding. We also discussed some of the resources available to the families that deliver at Firelands. Some of the resources were in the discharge packet we reviewed and some were at the ward clerk desk at the front of the unit. RH

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

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

Comments:

2g week two . One social determinant of health for this was the patient was not properly educated on some specifics of what to expect once her baby was born. She had explained that she did not know when she needed to feed the baby. This was also her first baby, so she did not know a lot about breast feeding. It did seem as though the family had a good support system. **Good job identifying this! Some new moms do not have the education prior to birth to know what to expect and breastfeeding can be intimidating to some. RH**

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

Week 2: I changed 2b to “S” due to you using standard precautions while caring for patients this week. This includes “foam in and foam out” as well as using gloves. RH

2g week four: One social determinant of health for the specific age group I was with which was adolescents, would be social support. The kids are in school which means their peers will play a big role in their lives. There have been a lot of issues with bullying among adolescents and it is important they feel safe and they know they have someone to depend on. **Good observation. RH**

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

2g week six: One social determinant of health for this patient would be stress. This patient has now two children to take care of and she is not able to function with the headache she has been having. This is causing the patient to become more stressed because she is unable to function normally due to the pain. She also had a blood patch done which means she is not able to lift anything more than the baby. This can also be stressful for her as she is used to doing more. **This can definitely be stressful. Though she can lift her baby, if the baby is in the carseat, that is much heavier than the baby alone so she would need assistance moving baby into and out of the car. RH**

Week 6: 2b- you used standard precautions when caring for mother and baby. You also recognized that after baby has had a bath we do not need to use gloves, but prior to a bath we must use gloves when caring for the infant. RH

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

Week 6: 2d, e- you performed medication administration with correct technique and performed all your checks. You performed a medication administration on baby (IM) as well as for a mother (PO). RH

2g Week 8: One social determinant of health for the St Mary’s school is social support for the students. There are several age groups of students that attend this school. They need social support to get through school and life. It is also important that they are social with one another and using communication. Bullying can occur at any point in school unfortunately which can be a big problem for these children. They need as much support as possible. **RH**

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

2g Week 9: One social determinant of health for the children at the boys and girls club would be safety. These children were all younger which means they need to be safe and ensure someone is looking out for their safety. They do play in the gym which means they have to also ensure the children do not get hurt while playing. **RH**

Week 9- 2g- You did a nice job discussing two social determinants of health that could affect the children at the Boys and Girls Club. **BS**

2g Week 10: One social determinant of health for my patient that was the mother would be stress. She now has four children to care for even though only two are biologically hers, she has two stepchildren as well. Having a new baby can cause more stress at home and it may be a little bit harder to adjust. **This can definitely take more time to adjust with adding a fourth child to a family. Hopefully her other children will be great helpers for her. RH**

FTMC OB Objective 2 B, C, F-This week you did an awesome job performing standard precautions by performing hand hygiene and wearing gloves when appropriate. You also performed nursing care in an organized manner and you were able to gather information for the mother to obtain information on newborn. **MD**

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

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

Comments:

3d week two. One thing I noticed was one nurse was very upset because a baby had not eaten since 1am and it was around 10am. They have charts that are supposed to be charted on and they had not been charting the correct information on it. The nurse explained that this can affect the care that is given to the patient because they are going off of the wrong information. **This can be a big problem because babies need nutrition and have no way of telling us what is wrong other than crying. Also, the saying "if it is not charted, it did not happen" comes into play here. That nurse is unable to chart that the baby was fed if the parents did not write down when the baby was fed.** RH

3d week four: I did not notice any legal or ethical issues during this clinical. I think it is great that they offer these screenings in school for these children. There were a few people that had mentioned they were unable to pay for glasses which is why they didn't have them during school. I think this is unfair because it affects their learning and everyday life. **This could be due to lack of insurance or extra funds at home. Typically, the school nurses have vouchers or coupons for parents to use if that is necessary. One legal thing that can happen is that if the students do not follow up with a professional for a screening, the nurses have to report that to the state and the state is aware the parents are not taking the child to the recommended screenings.** RH

3d week six: I did notice the patient had reported she did not have instant relief from the blood patch procedure that was done but it was charted that she did have instant relief from it. **This is definitely not okay. If that patient's chart was reviewed and the pain assessment did not line up with the notes the provider placed in the chart, it would cause flags based on all charting done on that patient.** RH

3d week eight: A legal and ethical issue I observed in the ER is there were a few times I noticed some of the nurses would have the patient's information up on the computers and they would leave them open while they walked away. RH

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

3d week nine: I did not notice any legal and ethical issues that I can think of. I did notice that there seemed to be a lot of children and it would be helpful for the staff if they had more help. **It can be difficult to notice some legal and ethical issues at this clinical. Did you witness any bullying or unfair treatment to some of the students? This could be a legal or ethical issue. I like that you pointed out the staff to student ratio. This can be related to nurse to patient ratios as well.** RH

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

3d week ten: One issue I noticed was some nurses would handle all babies with no gloves on. I was just nervous because the babies are new to the world they can get sick easily so I thought it would be best to wear gloves when handling the babies. I also noticed during a patients labor she was contracting and had started pushing, the baby had just came out and the patient's significant other had a vape and was vaping as the baby was born. I am surprised the support person was able to have a vape while in the hospital because most are a smoke free facility and this includes vaping. RH

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

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	N/A	N/A	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		N/A	N/A	S	N/A	S	N/A	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S
c. Summarize witnessed examples of patient/family advocacy.		N/A	N/A	N/A	N/A	S	N/A	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S
d. Provide patient centered and developmentally appropriate teaching.		S	N/A	S	N/A	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		S	N/A	S	N/A	S	N/A	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

Week 2: Did you not witness any examples of patient or family advocacy during this clinical? If not, leave 4c as "N/A", but if you did witness some type of advocacy, this needs to be changed to "S". RH

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

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

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

Week 6: 4d- You were able to educate the mother on importance of taking Tylenol/ibuprofen to assist with her pain rating and recovery. RH

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

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

Week 9- 4d- You were able to provide developmentally appropriate education to the children at the Boys and Girls Club. Nice job! BS

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

Student Name: D. Houghtlen				Course Objective:			
Date or Clinical Week: 6							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	All criteria met. RH
	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	All criteria met. RH
	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	All criteria met. RH
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Make sure you are clear on your reassessment. You state "blood patch site reassessment" but do not state what the reassessment was. Was it WDL, was there drainage, was there redness, etc.
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	

Reference

An in-text citation and reference are required.

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

The care map will be graded "unsatisfactory" if both in-text citation and reference are not included.

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

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

Faculty/Teaching Assistant Comments:

Total Points: 45/45

Faculty/Teaching Assistant Initials: RH

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

Comments:

Week 6: 4g- you were able to identify why we were administering ibuprofen and Tylenol to the mother and how it would assist with her pain and swelling. FTMC OB Objective 4 F and H-This week you did an awesome job with correlating diagnostic tests and medical treatment for the patients you took care of. MD

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

Comments:

Week 2: 5g Your CDG this week was great, it allowed me to see what type of visit you had with the lactation consultant and the patient. I wish you were able to go back in with the lactation consultant to watch baby latch with some assistance, but I understand the lactation consultant wanting to wait until family left. RH

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

Week 2 lactation comment: marked excellent in all areas. “Friendly, asked good questions” Rachel Figgins RN, CLC

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

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

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

Week 8: 5a- ER comment: Marked satisfactory or excellent in all areas. “Very engaged, willing to anything asked of her.” Kaya Tenzillo, RN

Week 9- 5a- You were active and engaged while providing education to the K-6 grade children at the Boys and Girls Club. BS

FTMC OB Objective 5 A, B, and C-You did an amazing job with being interested and enthusiastic in clinical, participating and communicating professionally during this clinical experience! MD

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

Comments:

6a week two . I was nervous for this clinical and unsure of what to expect which made me a bit timid at first. I would like to improve on this by opening up more at the start of the clinical experience. I was able to open up once I got comfortable, but I would like to be more open as soon as I start clinical. **This is a good goal. It can be intimidating at first because this semester is full of specific populations to care for and it is different from a medical surgical experience. RH**

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

6a week four: One area for improvement for this clinical that I noticed was I did not feel as prepared for the vision portion. I felt like I should have done more research a few days before so I could have been more confident. I kept mixing up which eye to start with and had to have a few students do it again, but I was able to get it down eventually. I will improve on this by doing more research before the next clinical and any skills I may need to perform. **Good goal. RH**

Week 4 – 6h – You did a great job displaying your ACE attitude while on clinical and stayed over to help the school nurse finish organizing her screening documentation. Wonderful job! Thank you for your kindness and commitment! KA

6a week six: One area for improvement for me is that I was giving the baby I had an IM and the medication did not come out when I was giving it. I will improve on this by watching videos on injections for babies and hope by the next clinical I will be able to give an injection and feel successful about it. **It has been a while since we have done IM injections on a real person so review is always great. You did all the proper steps, I think you were nervous because it was a baby and you did not want to push the syringe hard enough to get the fluid out. RH**

6a week eight: One area for improvement for me would be I would like to feel more comfortable with using the IV pumps. I was able to program a pump during clinical to run fluids through and it took me a few minutes to do it. The nurse helped walk me through it when I felt stuck but I'd like to be able to do it on my own! I am going to try to stay after some time or set up time to use the pumps at school I think this will help me feel more comfortable. **Let us know if you want in the skills lab at anytime and we will open it for you to practice. We will have to use IV fluids that are already primed due to the IV fluids shortage, but we can definitely provide some type of practice for you. RH**

6a week nine: One area for improvement for me would be I did not play much in the gym with all they children because I did not want to interrupt the children that were playing so I stayed near one kid that was watching Netflix on her phone. I would have liked to join more in with the other kids, but I am glad I was able to meet some of them. I will work on this during my next clinical by approaching more people and interacting with more people. **Sometimes the kids in the corner need some one on one attention, and you were able to provide them with that. RH**

Week 9- 6d,e- You were prepared for your activities at the Boys and Girls Club and acted professionally at all times. BS

Week 10: One area for improvement for me would be to try to be more open to different ways of doing things. There were a few things that were different at fisher Titus, and I found that made me a bit nervous not knowing exactly how to use certain things. I was giving heparin and thankful my preceptor was explaining that it was different and how exactly to use it. I would like to try to be more confident in learning how to be more open about learning new things by the next semesters clinicals. **This is a great goal. RH**

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

Final comment: You have satisfactorily completed the clinical, lab, and simulation portion of the Maternal Child Nursing course. You have demonstrated growth in your knowledge, skill, and clinical judgment. As you reflect back on the semester I hope you realize how much you have learned and are proud of yourself. Keep up the great work and good luck as you continue in the program! RH

***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	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

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

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/12 & 9/19	Date: 9/23	Date: 10/3	Date: 10/7	Date: 10/17 & 10/18	Date: 10/31	Date: 11/4	Date: 11/5 & 11/6	Date: 11/15	Date: 11/19	Date: 11/22	Date: 11/22	Date: 9/17
Evaluation	U	S	S	S	S	S	S	U	S	S	S	S	S
Faculty Initials	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
Remediation: Date/Evaluation/Initials	S 9/20 RH	NA	N/A	N/A	N/A	N/A	N/A	S RH 11/15/24	N/A	N/A	N/A	N/A	N/A

* Course Objectives

Comments:

Pregnancy and PP simulation: Please see Lasater Rubric for reasoning of unsatisfactory rating. RH

Pediatric GI simulation: please see Lasater Rubric for reasoning of unsatisfactory rating. RH

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Destiny Houghtlen

OBSERVATION DATE/TIME: 9/17/24

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

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Houghtlen, Schnellinger

GROUP #: 9

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/19/2024 1000-1130

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Hand hygiene, patient identified. VS, heart and lung sounds assessed. Pregnancy history obtained. BP reassessed prior to administering Procardia. Charge and medication nurses staying outside the patient room during entire assessment. Not introducing self and not assisting. Patient identified, begins to CO of being dizzy and lightheaded. Charge nurse and medication nurse not very involved, should be in the room helping.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interpreted need for fetal monitor. Fetal strip interpreted- good variability, accelerations, contraction time, and frequency. UA results interpreted. BP interpreted as WNL. Indication for Procardia interpreted. Notices boggy uterus and excessive bleeding. Notices BP and HR improving following methylergonovine. Uterus noted to be firm. Charge nurse and assessment nurse stay outside patient room until they are asked to assist.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Fetal monitor applied. Patient assisted to left side. Urine sample collected. Call to HCP, (remember to gather necessary information prior to calling). Assessment nurse left patient room to phone the provider. Charge nurse should be attentive to what is going on, get a report from the assessment nurse, and make the phone call. Additional assessment data gathered. Call to HCP with additional assessment information and UA results. Orders received for fluid, Acetaminophen, Procardia, orders read back. Pain assessed- rated 4-5/10. Prenatal care encouraged. Call back to HCP by assessment nurse. Orders for US to verify dates, patient education. US complete, date verified confirming 33 weeks. Call to HCP to question Procardia due to lack of history of hypertension. Indication determined. IV fluid initiated. Prenatal and dietary education provided. Four calls to the provider all made by the assessment nurse. Charge nurse and medication nurse hesitant to get involved in scenario.</p>

	<p>Assessment nurse notices PPH and begins to massage fundus and calls HCP. Team members – should come in to help and assist- this is an emergency. In this situation, the priority for the assessment nurse is to massage the fundus while the charge nurse or medication nurse (whoever is free) makes the phone call. Other nurse offers to help and comes in to take over phone call. Order received, medication prepared and administered. BP and HR reassessed with noted improvement. Pads weighed- 600g. Education provided by all three team members</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Discussed the importance of teamwork and SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary A= Accomplished D= Developing B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon 	<p>You are Unsatisfactory for this scenario. BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment Is ineffective in seeking information; relies mostly on objective data; has difficulty interacting with the patient and family and fails to collect important subjective data</p> <p>Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data In simple, common, or familiar situations, is able to compare the patient’s data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance</p> <p>Responding: Except in simple and routine situations, is stressed and disorganized, lacks control, makes patients and families anxious or less able to cooperate Has difficulty communicating; explanations are confusing; directions are unclear or contradictory; patients and families are made confused or anxious and are not reassured Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient’s response Is unable to select and/or perform nursing skills</p> <p>Reflecting: Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Houghtlen C, Schnellinger A

GROUP #: 9

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/19/2024 1000-1130

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Introduction, patient identified. Patient CO abdominal pain rated 5/10. VS initiated. Charge nurse gathers pregnancy history information.</p> <p>Patient identified. Patient CO feeling lightheaded and dizzy. BP measured. Notices low HR. Notices boggy uterus and bleeding.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interpreted the need to place fetal monitor on patient. Monitor waveforms interpreted- contractions q 2 min, FHR 145.</p> <p>BP interpreted as being low. Interprets HR as being high due to falling BP. Interprets uterus firming up as indication of medication effectiveness.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Patient questioned about pregnancy/prenatal care. Prenatal care encouraged. Gestational diabetes history discussed. Questions regarding contractions- duration, frequency. Fetal monitor applied. Urine sample sent to lab. Patient assisted to left side. Call to lab for UA results. Call to HCP with report, pertinent information relayed to HCP. Orders received for IV fluids, acetaminophen, Procardia, and US to verify dates. Medications prepared, patient identified, allergies confirmed. IV fluid initiated, acetaminophen and Procardia explained and administered.</p> <p>Measures BP in response to patient CO dizziness and lightheadedness. Peri area assessed, fundus</p>

	<p>immediately massaged, requests charge nurse to assist. Call to HCP to report hemorrhage. Orders received for methylergonovine. Medication prepared and administered. Uterus massaged until firm. Patient states feeling better. BP HR reassessed- found to be normalizing. Pads weighed- 600 g. Call to HCP to report blood loss volume and resolution of hemorrhage and symptoms. Patient education provided regarding lochia color and what to expect over the next few weeks.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussed the scenarios. Team met all expectations of the scenario and preformed well. Teamwork and communication were very good. Work was efficient and team worked together well to complete all tasks and objectives. Very nice job.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 6. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 7. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 8. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 9. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 10. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses</p>

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Stang (C), Houghtlen (M), Schnellinger (A)

GROUP #: 9

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/24 1000-1130

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
<p>NOTICING: (1,2,5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Introduce self, identify patient (name/DOB)</p> <p>Pain assessment: location, rating</p> <p>Obtain cervical exam prior to nubain administration</p> <p>Assess fundus after delivery: firm and midline. Obtain vitals after delivery</p> <p>APGAR 1 minute: heartrate (150), respirations (50), cry, color, tone. Total: 10</p> <p>Assess reflexes in newborn to ensure all are positive. Complete newborn assessment</p> <p>Repeat post-partum assessment after time has passed. Reassess pain after delivery. Does full post-partum assessment on mom (bowels, breasts, bladder, uterus, legs/edema, emotional state)</p>
<p>INTERPRETING: (2,4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Interpret fetal monitor and correctly identify frequency of contractions, interpret fetal monitor as accelerations</p> <p>Identify vitals are WDL</p> <p>Identify imminent delivery</p>

<p>RESPONDING: (1,2,3,5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Call healthcare provider. SBAR organized.</p> <p>Offer pain management options. Education on pain medication ordered and how it would impact baby.</p> <p>Education provided on penicillin and why needs to be administered.</p> <p>Medication administration: nubain and PCN. Check name/DOB, verify allergies, scan patient, scan medications, hang secondary bag above primary bag, clean hub prior to hooking up secondary tubing. Hook up secondary tubing below the pump.</p> <p>Nubain admin: correct dose, verify name/DOB, use of subcutaneous needle rather than IM needle, correct IM technique used, use of needle safety.</p> <p>Baby is coming, does not call healthcare provider prior to attempting delivery</p> <p>Baby is coming: call for help, McRoberts, suprapubic pressure, rotational maneuvers, roll to hands and knees, evaluate for episiotomy, remove posterior arm</p> <p>Immediately after delivery dry off baby, put baby in warmer,</p> <p>Verify mom is okay with medication administration to baby (vitamin K and erythromycin)</p> <p>Medication administration: erythromycin ointment- applied appropriately, scan patient and medication. Vitamin K: correct dose, correct technique, correct location, use of needle safety. Use of adult IM needle for infant injection.</p> <p>Education on bleeding expectations for new mother. Education provided on post-partum depression/baby blues</p> <p>Does not place hat on baby</p> <p>Call healthcare provider with update on mother after delivery.</p> <p>Gather consent for circumcision on baby. Education provided on circumcision care on baby after procedure will be done.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Team remediated on correct needle size for IM injection on infant. Team remediated on correct needle size for adult IM injection. Discussion on importance of hat on baby. Team discussed all interventions done and education provided to mom during simulation. Team reflected well on their performance.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p>	<p>You are Satisfactory in this simulation! RH</p>

<p>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)* 5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)* 6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)* 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Destiny Houghtlen**

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

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

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

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

STUDENT NAME(S) AND ROLE(S): Stang (C), Houghtlen (M), Schnellinger (A)

GROUP #: 9

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/31/24 1000-1130

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Introduce self</p> <p>Pain assessment with faces scale</p> <p>Obtain vitals. Notice elevated temperature</p> <p>Notice battery, needle, and scissors in crib</p> <p>Respiratory assessment. Notices abnormal lung sounds</p> <p>Ask father about history of respiratory illness. Ask about family history of chronic lung disorders. Asks about frequency of stridor.</p> <p>Medication errors in chart not identified or investigated. Incorrect dose administered.</p> <p>Identified IVF rate was incorrect.</p> <p>Reassess respiratory status. Pulls down gown to assess chest. No retractions. Listen to lung sounds.</p> <p>Reassess vitals and pain</p> <p>Notice increased cough and increased work of breathing. Ask father how long it has been going on</p> <p>Pain assessment with faces scale.</p> <p>Obtain vitals. Notice low oxygen level</p> <p>Respiratory assessment. Take gown down to visualize chest. Notices retractions. Assess skin color. Identify lung sounds as wheezes rather than stridor.</p> <p>Reassess respiratory status after breathing treatment complete. Identifies normal lung sounds and retractions are less than previous.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Calculate correct medication math for original orders in chart (amoxicillin and ibuprofen) but does not catch error in orders. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient</p> <p>Calculate correct dose of dexamethasone</p> <p>Correlate retractions with increase work of breathing.</p> <p>Calculate correct medication math for original order in chart for acetaminophen but does not catch error in orders. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient</p>

					Nurse stays at bedside until respiratory arrives for breathing treatment.
RESPONDING: (1, 2, 3, 5) *					<p>Remove unsafe items from crib</p> <p>Raise crib side rails when not in room</p> <p>Medication administration: amoxicillin, cetirizine, ibuprofen. verify name/DOB, scan patient, scan medication, right dose, right route, educated on what each medication is for.</p> <p>Education to father about respiratory effort, ask about frequency of stridor and what makes better/worse. Educate on cool mist humidifier or taking child outside at night for cool air. Educate on respiratory distress signs and symptoms (tripod positioning, restlessness).</p> <p>Call healthcare provider. SBAR organized. Update on patient status. Receives dexamethasone order. Does correct medication math on phone with healthcare provider. Healthcare provider brings up IVF seems fast and students calculate hourly rate should be 52mL/hr. Readback orders for verification.</p> <p>Correct fluid rate on IV pump.</p> <p>Medication administration: dexamethasone. Check name/DOB, educate what medication is for, scan patient and medications, right med, right route, right dose.</p> <p>Apply oxygen via nasal cannula. Start at 1L</p> <p>Medication administration: acetaminophen. verify name/DOB, verify allergies, scan patient, scan medication, right dose, right route, right med.</p> <p>Call healthcare provider for update on respiratory status. Receive order for additional dose of dexamethasone. Read order back for verification.</p> <p>Call respiratory therapy for breathing treatment</p> <p>Medication administration: dexamethasone. Check name/DOB, educate what medication is for, scan patient and medications, right med, right route, right dose.</p> <p>Set up cool mist humidifier for room. Elevate head of bed.</p> <p>Remove oxygen to trial room air with patient after breathing treatment complete</p>
REFLECTING: (6) *					<p>Team discussion of scenario and recognition of teamwork/communication. Identified lack of double-checking orders for medications. During debriefing all safe dose medications were checked and medication safe doses were calculated by all students. Discussed medication errors and how to identify/prevent doing so in their practice as nurses. Team provided great education to father and child on illness as well as medications administered and what to watch for at home.</p>

<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)* 	<p>You are Satisfactory for this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Stang (M), Houghtlen (C), Schnellinger (A)

GROUP #: 9

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/6/2024 1000-1130

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Identify patient, introduce self Pain assessment using faces scale Obtain vitals GI assessment. Lift gown to visualize abdomen, listen to bowel sounds, ask about vomiting pattern, ask about energy level, does not address bruising Reassess vitals GI reassessment Returns to address bruising on abdomen. Per prompting from Jack does skin assessment and notices right upper arm bruise Begin to inquire about bruising while mom at bedside rather than separating them.</p> <p>Patient vomits Pain assessment with faces scale Obtain vitals GI assessment. Ask about bowel habits, ask about vomiting, ask about specific pain Reassess vitals after IVF bolus</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Mucous membranes slightly tacky, interpret as possible dehydration Temperature 102.5- interpret as elevated Temperature reevaluation 101.1- interpret as improvement</p> <p>Mucous membranes pink and tacky- interpret as dehydration Skin turgor tenting- interpret as dehydration Temperature 102.1- interpret as elevated Reassess skin turgor, some tenting noted but interpret as improvement. Mucous membranes pink and starting to look moist- interpret as improvement Temperature 101.1- interpret as elevated but improvement</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Call healthcare provider to question acetaminophen and cetirizine orders (safe dose ranges). Receive new order for acetaminophen 450 mg PO every 6 hours as needed. Student does not read back orders. Medication administration: acetaminophen and cetirizine. Verify patient name/DOB, scan patient, scan medication. Incorrect medication math for acetaminophen (2mL = 130 mg) Medication administration: IVF. No order for IVF in chart or MAR. Start fluids at maintenance rate. Correctly calculate maintenance rate. **Starting IV fluids at this point in the scenario was prescribing a medication without a license. This falls outside the scope of nursing practice. Call lab for stool culture results. Patient is positive for rotavirus; initiate contact precautions Update and educate mother on rotavirus (precautions, how to prevent spread, plan of care) Offer some Pedialyte in small sips</p>

	<p>Provide education to mom about smoking cessation during pregnancy Call case management due to concerns for abuse/bruising Inform mother of case management consult</p> <p>Offer emesis basin Call healthcare provider. Receive order for IVF bolus (600 mL NS), IVF maintenance rate (D5 NS at 71 mL/hour), and Zofran (0.15 mg/kg IV every 6 hours prn nausea/vomiting. 30kg x 0.15 mg = 4.5 mg). Student does read back orders for verification. Medication administration: IVF bolus. Does not verify patient name/DOB, does not scan patient or medication. Does program pump appropriately. Medication administration: Zofran and acetaminophen. Check name/DOB. Scan patient, scan medications. Incorrect medication math for Zofran. (4.5 mL = 9 mg) Medication administration: IVF maintenance rate. Change pump appropriately, does not check</p> <p>Remediation: Students each completed a variance report for all medication errors performed during the simulation. Each student also had to fill out reflection questions related to if there was a cause of the medication errors, how to prevent this incident from happening in the future, what potential effects the patient could have presented with due to the medication errors, and they had to provide an SBAR report to the healthcare provider in regards to the medication errors. After remediation you are now satisfactory in this scenario due to your new evaluation being “developing”.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario. Discussed importance of checking recommended doses of medications to ensure safe dose is ordered. Discussion of contact precautions and education provided to prevent spread of illness. Recognized need to contact someone to investigate bruising and signs of abuse. Identified mother was also at risk for abuse and could have been more inquisitive with her as well.</p> <p>Identified incorrect medication administration of acetaminophen and Zofran. Each student calculated correct medication math for dosing for orders provided to show correct dosage calculation for each medication.</p> <p>Identified that students started IV fluids in first part of scenario with no order. Discussion of how this could be a sentinel event and how this is not within nurse scope of practice. Review of MAR to have each student identify the order was for an IV flush.</p> <p>Full faculty discussion with students upon completion of debriefing in regards to implementing IV fluid orders without prescription/order. Students received remediation assignment for completing an incident report related to their medication errors along with answering questions related to just culture.</p> <p>Remediation: Students each completed a variance report for all medication errors performed during the simulation. Each student also had to fill out reflection questions related to if there was a cause of the medication errors, how to prevent this incident from happening in the future, what potential effects the patient could have presented with due to the medication errors, and they had to provide an SBAR report to the healthcare provider in regards to the medication errors. After remediation you are now</p>

<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 11. Select physical assessment priorities based on individual patient needs. (1, 2)* 12. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 13. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 14. 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)* 15. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* <p>*Course Objectives</p>	<p>satisfactory in this scenario.</p> <p>You are unsatisfactory for this scenario. RH</p> <p>After remediation you are satisfactory in this scenario. RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring but not competence. Focuses on developing a single intervention, addressing a likely solution, but it may be vague, confusing and/or incomplete; some monitoring may occur. Is unable to select and/or perform nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Destiny Houghtlen OBSERVATION DATE/TIME: 11/19/24

SCENARIO #: Student Developed Scenarios

CLINICAL JUDGMENT	OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p style="color: red;">Noticed deviations from normal with physical assessment and inquiry. Information seeking regarding patient condition as well as with parent/support person at bedside when appropriate.</p> <p style="color: red;">When developing your scenario, you noticed the important assessment aspects to include for a patient/support person with your assigned diagnosis.</p> <p style="color: red;">Through the scavenger hunt you were able to notice various details of each of the ten scenarios simulated.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p style="color: red;">You were able to interpret data pieces and prioritize accordingly.</p> <p style="color: red;">For each scenario, care was given in gathering details needed in order to phone the healthcare provider and provide SBAR.</p> <p style="color: red;">When developing your scenario, you interpreted the expected path of the disease process and necessary nursing interventions to include in the patient’s care.</p> <p style="color: red;">You utilized clinical judgment to interpret appropriate responses to NCLEX style questions related to each scenario.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p style="color: red;">Responded with communication that was collaborative between roles. Clear communication was utilized between colleagues.</p> <p style="color: red;">Clear communication was utilized with patient and family and layman’s terms were utilized when appropriate.</p> <p style="color: red;">Responded with interventions that were planned accordingly and verbalized when necessary.</p> <p style="color: red;">Skill in identifying focused assessments as well as timely reassessments were utilized.</p> <p style="color: red;">Family members and others of the healthcare team were kept up to date on patient condition and given education for current condition as well as for preventative measures.</p> <p style="color: red;">In response to your assigned disease process you developed a comprehensive simulation that encompasses aspects of assessment, interprofessional communication, and nursing interventions appropriate for the patient scenario you developed.</p> <p style="color: red;">You developed appropriate NCLEX questions for your scenario based on your disease process.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B 	<p style="color: red;">Reflected with a self-analysis of assessment and analyzation of data to identify missing pieces of the scenario.</p> <p style="color: red;">Actively participated in providing constructive feedback to all groups observed throughout the simulation.</p>

<p>• Commitment to Improvement: E A D B</p>	<p>You developed debriefing questions specific to your scenario to assist your peers in reflecting on the importance of your simulation.</p>
<p>SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p>Developing or higher in all areas is required for satisfactory completion of this simulation.</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Provide quality, patient-centered care in an organized, safe manner to patients and families. (1, 2, 4, 5)* 3. Prioritize patient care of the patient after end-of-shift report. (2, 5)* 4. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 5. Utilize the concepts of growth and development to provide therapeutic communication with the patient and family. (1, 3, 5, 6)* 6. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* 	<p>The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS/RH</p>

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Caitlin Gresh, Destiny, Houghtlen, Paige Knupke, Dylan Wilson
SCENARIO: Comprehensive Simulation

OBSERVATION DATE/TIME: 11/22/24

CLINICAL JUDGMENT					OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 					<p>You noticed suspicious bruising on patient and patient’s physical appearance and psychosocial status as deviation from normal.</p> <p>You noticed environmental concerns throughout the home that would be safety hazards.</p> <p>You noticed abnormal family functioning as you progressed through the simulation.</p> <p>You noticed the signs of respiratory distress and dehydration in the children.</p> <p>In the mother encounter you noticed suspicious bruising on the mother’s face and neck. You also noticed the poor environment with chips, pop, rats, spider, and cockroaches scattered throughout the room. You also obtained vital signs during your visit. Additionally, you noticed that the mother had a unprescribed medications, is a current cigarette smoker, and had a dysfunctional family dynamic when having conversations on home life.</p> <p>Noticed multiple bugs in kitchen. Noticed exposed cleaning supplies that kids could get into. Noticed expired infant formula. Noticed lack of nutritious foods in the refrigerator. Noticed open beer bottles. Witnessed father preparing bottle.</p> <p>You provided a focused assessment to the children of the household recognizing concerns requiring immediate medical assistance.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 					<p>You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit.</p> <p>You were able to interpret safety and health issues with each member of the family.</p> <p>You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit.</p> <p>You interpreted acute respiratory status changes and lethargy as major assessment concerns in the children in this home environment.</p> <p>In the mother encounter you interpreted the suspicious bruising on the mother’s face for physical abuse from her partner. You identified there were educational opportunities for abused women and children. You were also able to interpret the safety concerns throughout the room with the environment, unprescribed medications, cigarette smoking, and her high blood pressure from not taking her medications. You encouraged the mother to discuss more of her dysfunctional family dynamic.</p> <p>Interpreted conditions in the kitchen as being dirty, messy, and unsafe for children. Interpreted exposed cleaning supplies as dangerous for children. Interpreted the lack of nutritious foods as not ideal for the family. Interpreted multiple empty beer bottles as potential alcohol abuse. Interpreted father’s bottle preparation method to be inadequate (formula expired, not using the correct quantity).</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B 					<p>You responded to patient’s admission of abuse calmly without judgement. Communicated alternatives clearly and empathetically.</p> <p>You responded with intervention regarding safety of children; flexible and creative with ideas and interviewing each</p>

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

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

Based off of Lasater's Clinical Judgment Rubric

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

Objectives

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

*Course Objectives

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

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

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

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

Student eSignature & Date: _____Destiny Houghtlen & 11/26/2024