EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Melisa Fahey

Final Grade: Satisfactory

Semester: Fall

Date of Completion: 11/26/24

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

Faculty eSignature: K. Ammanniti MSN, RN, CHSE

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

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

7/18/24 KA

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
8/22/24	5	H&V Online Orientation	8/23/24 KA
9/24/24	4	Firelands ER Clinical	10/29/24 KA

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

SATISFACTORY CARE MAPS		
Date	**Priority Nursing Problem/Diagnosis**	**Faculty's Initials**
9/27/24	Risk for Bleeding	KA

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Make up	**Final**
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.	N/A	N/A	N/A	N/A	S	N/A	S	S	S	~~N/A~~ S	N/A	S	~~N/A~~ S	N/A	N/A	N/A	~~S~~ NA	S
b. Provide care using developmentally appropriate communication.	N/A	N/A	N/A	N/A	S	N/A	S	S	S	~~N/A~~ S	N/A	S	N/A	N/A	N/A	N/A	~~S~~ NA	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.	N/A	N/A	N/A	N/A	S	N/A	**S**	**S**	**S**	~~N/A~~ S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	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	N/A	S	N/A	S	N/A	S	N/A	N/A	N/A	N/A	~~S~~ NA	S
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below and explain reason for choice)***	N/A	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S
Clinical Location Age of patient	1st Week of School	No Clinical	No Clinical	No Clinical	FRMC OB	Missed FRMC ER	Hearing & Vision	NA	BG Club, St Marv's	FT OB	No Clinical	FRMC ER Make up	Lactation Clinical	No Clinical/E	No Clinical	No Clinical	ER Week 11	NA
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

1e. Wk 5 Stage 6 Intimacy vs. Isolation is the stage I chose because I was caring for a mom and dad that were in their mid 20's and they were on their second child both little girls. They are in a place in their lives where intimacy has come to be a big part of their lives. This Mom and Dad have committed to each other and have a family to fill their days. They were very affectionate and thoughtful of each other the entire day. I saw several exchanges of love through hugs and kisses and they both showed the same for their tiny baby girl. This is one of the best times of their lives where they have each other and family to fill this time of their life. Terrific job! KA

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

Week 5 – 1a – You did a wonderful job providing holistic care to the mom you were assigned to this week.

Week 7, 1e. Stage 4 Industry vs. Inferiority. The children at the Hearing and Vision at Clyde School were very well behaved. The individuality that I saw with each child was in the way they dressed, the fact that boys had long nails that were painted black, girls with very short haircuts, strong opinions on how they wanted to peak at me hitting the button for the hearing screening because in their heads they thought it was devastating to fail the test, not realizing that it was more important to figure out if they could hear or not. Nice job! KA

Week 7 – 1a, b, & c – You did a great job utilizing the techniques you learned through your training to complete hearing and vision screenings on the middle school children this week. You asked appropriate questions and communicated with the students utilizing your knowledge in growth and development. BS
Week 7 – 1b – You did a nice job discussing how you utilized the concepts of growth and development to communicate with the children at the school when completing hearing and vision screenings. KA
Week 7 – 1e – Great job identifying the growth and developmental stage for the students. You were able to describe behaviors and observations that supported the students being in that stage. KA

Week 8, 1e. Stage 4 Industry vs. Inferiority. The children at the B & G Club were definitely learning to their own individuality and really wanted to monopolize the students as we were speaking to the children about how to exercise. They were rushing up to us, finding it difficult to sit still and listen. It appeared as though the children were struggling to share time with each other with the Nursing students. They were trying to prove that each of them were worthy of our time. It was very chaotic. Good job! KA

Week 8 – 1a & 1b – You did a wonderful job working with the elementary children while on clinical at St. Mary's Catholic School. You provided developmentally appropriate communication and adjusted your presentation to meet the needs of both the children K through 2nd and 3rd through 5th. Terrific job! KA/MD/RH/BS
Week 8- 1b- Nice job adjusting your communication techniques to provide developmentally appropriate communication to the various age groups at the Boys and Girls Club. 1e- You were able to discuss some of the differences you noticed while working with children of various ages at the Boys and Girls Club. BS
Week 8 – 1e – You did a nice job describing the differences you observed in the younger school-aged children compared to the older school-aged children. Nice job! KA

Week 9, 1e- Trust vs. Mistrust-Sweet Baby Boy came into this world figuring out trusting and snuggling into Mama. This is the voice he has heard and is familiar with for the past 39 weeks of gestation. He was upset from being suctioned and messed with to become pink and happy and when laid on Mama's chest calmed right down. This amazing baby just went through terrific trauma squeezing through the birth canal to get here. Such a great explanation for your choice! KA

Week 9 – FTMC OB Objective 1 A-E: This week in clinical, we discussed as a clinical group how to provide care with techniques and diversions appropriate for level of development, how to use developmentally appropriate communication, provide care utilizing systematic and developmentally appropriate assessment techniques, described multiple safety measures, and discussed the Erikson's stage of development of our labor patient. MD
Week 9 – 1d – You did a nice job describing a safety concern related to leaving the newborn unattended on the OB unit while the mother went to the bathroom. This was definitely a safety concern that needs to be addressed especially if this is a repeated behavior as you discussed. KA

Week 11, 1e Integrity vs. Despair, Great 89 yr old female came into the ER after falling on her driveway when she went to the mailbox. She ended up breaking her femur neck in her hip. Absolutely no health issues prior for many years. Patient wasn't even in the system and was living in Huron with her son. Nice job! KA

Week 11 – 1a – You did a great job describing one of the patient's you had the opportunity to work with in the ER this week who ended up being diagnosed with pneumonia. KA

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

Week 12, 1e-Trust vs. Mistrust was what the infant patient was in. This stage the infant was learning to trust mom and get to a place of comfort to know that mom would feed her when she is hungry. Great job! KA

Week 12 – 1a – You did a great job describing the breastfeeding mother you worked with while on clinical with the lactation consultant. The mother you worked with was a multipara who had previous breastfeeding experience with her other children and the baby was being admitted at 5 weeks of age due to failure to thrive. KA
Week 12 – 1c – You had the opportunity to see a breastfeeding as well as the education the nurse provided to help improve the feeding process since the baby was not properly latching. You also described how the newborn had a successful feeding after the lactation nurse educated her. KA

Make-up – You ER clinical experience was documented in week 11 so it does not need to be documented again even though it was considered make-up clinical. KA

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

Objective

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

Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies: f. Describe psychological changes in response to the expectant mother's pregnancy. **Maternal**	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	S	N/A	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	N/A	N/A	N/A	NA	N/A	S	N/A	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	N/A	N/A	N/A	NA	N/A	S	N/A	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	S	N/A	N/A	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
j. Identify various resources available for children and the childbearing family.	N/A	N/A	N/A	N/A	S	N/A	N/A	S	N/A	S	N/A	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.	N/A	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	~~N/A~~ S	S	N/A	N/A	N/A	~~S~~ NA	S
l. Respect the centrality of the patient/family as core members of the health team.	N/A	N/A	N/A	N/A	S	N/A	N/A	S	N/A	S	N/A	~~N/A~~ S	S	N/A	N/A	N/A	~~S~~ NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

Week 5 – 1j – Your patient was having concerns with getting Medicaid and WIC set up for the baby before being discharged. You worked with the nurse to help ensure the patient had the referrals and resources needed. KA

Week 7 – 1k – You did a great job describing the culture, beliefs, behaviors, and values that were displayed at the school during hearing and vision screenings and the impact they had on the students. KA

Week 7– 1k – You did a nice job discussing with the school nurse about cultural beliefs of the school system you performed hearing and vision screening in. She discussed values the school deems important and you were able to observe different aspects of the school that supported this culture. BS

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

Week 9 – FTMC Objective 1 F-L: This week in clinical, we discussed as a clinical group the psychological changes in pregnancy, prenatal influences on pregnancy, stage of progression of our labor patient from beginning of labor to delivery and postpartum period. We also discussed family bonding as it was witnessed, various resources available for the family unit, how we can value patient's perspective, diversity, and culture during patient and family care, and finally how to respect the family unit as a core. MD

Week 11 – 1k – You did a great job discussing the how the patient being a mother affected her care and how she was seeking out medical care related to concerns of getting other sick in her family. KA
Week 11 – 1l – You did a wonderful job describing a patient you worked with in the ER and how your respected their viewpoint and recognized not only their medical history but their overall history with the medical system influenced their behaviors and how they communicated and interacted with healthcare worked. KA

Make-up – You ER clinical experience was documented in week 11 so it does not need to be documented again even though it was considered make-up clinical. KA

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

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

Comments:

2g. Wk 5 As far as it goes with my family that I cared for that have an interracial relationship and were in their mid 20's which are more than half my age, I was careful to be thoughtful that maybe our age differences could play a role in our beliefs regarding children. Being in nursing school I have been able to be more careful expressing my thoughts and beliefs knowing they are different from the people in their 20's and younger. I do need improvement when it comes to understanding that I need to improve

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

on what I feel are common conversations for small talk to engage with patients. It is great insight to recognize that different generations have different cultural thoughts and beliefs. This can definitely impact how rapport is built between the nurse and patient. Good thoughts! KA

Week 5 – 2b – You did a great job assessing and managing the patient's IV fluids and site and recognizing when it was infiltrated and required further intervention. You had the opportunity to DC the IV site of another patient and utilized good technique and appropriate precautions. KA
Week 5 – 2c – You did a wonderful job working you're your classmates as they provided a baby bath to a newborn and monitored the newborn's temperature before and after bath. KA
Week 5 – 2d – You did a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. You had the opportunity to pass multiple PO medications on your patient. Nice job! KA

Week7, 2g. With the children at the Hearing & Vision screening, since they were all different ages it was important to be age appropriate when speaking with them. One of the children seemed to be really struggling reading the letters on the screening machine. I could tell something did not seem right and that he knew the letters. I know someone that is dyslexic, so I had a feeling that was what was going on, so I asked him, "can you read the letters, just struggling to tell which letter is which?" The student said that he could see all of the letters, but that he was dyslexic. It felt good to recognize what was happening instead of just failing him. Great job! I am glad you were able to recognize this and assist him with completing the assessment. KA

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

Week 8, 2g. In regards to the St. Mary's clinical experience, the SDOH that my group recognized that we had to determine what each age and grade of the students were learning so we could discuss hygiene in their age appropriate way so they could understand what we were talking about. It was fun working with the children figuring out what was exciting for them in their learning process. Education level is a great SDOH. How does schooling and education level impact the patient's overall health? KA

Week 8 – 2g – You worked with the children at St. Mary's Catholic School and observed different cultural and social aspects that could impact their overall health and well-being. You provided education to meet the needs of this population to positively impact their health. KA/MD/RH/BS
Week 8- 2g- You did a nice job discussing two social determinants of health that could affect the children at the Boys and Girls Club. BS

Week 9, 2g- The SDOH that I recognized was that Mama was in her 30's and had been a mother for 10 years, so she was more aware of things that can be issues in the hospital. For these reasons, Mama & Dad did not want sweet boy going anywhere without one of them when anything needed done to sweet baby boy. Great observation. Do you think building a strong rapport with the patient would decrease this concern? KA I absolutely agree that if the patient/parents had gotten to know the staff a little better, they probably would have eased up on those restrictions a bit! And maybe they did, we just weren't there to see it. MF

Week 9 – FTMC OB Objective 2A-G: This week as a clinical group we discussed evidence-based practice in the OB department, used standard precautions, recognized the need for assistance in patient care, observed the administration of medications during an epidural and at the delivery of the placenta. We also discussed and had practice problems for pediatric math practice during clinical. We also utilized information obtained from report and from the family on their birth plan to determine appropriate decision making for the labor and delivery process. We also discussed SDOH during our clinical. MD

Week 11, 2g- There was a 21 yr old female that came into the ER and she has been there something like 21 times this year and has been to Fisher Titus and Bellevue ER's as well. I noticed that the nursing staff were discussing this patient at report and seemed reluctant to want to do much care for this patient because they thought she had psych issues due to so many issues she would report at each visit. It did just so happen that this visit the doctor was very thorough with her and ended up finding that she had Atypical pneumonia (Mycoplasma & Viral). It was a very mild case that did not show up on CXR, and patient had refused a swab for some reason. Doctor talked her

into a swab and good thing, because the swab showed this. I did mention that there was a yellowish fluid on her bedding and on the floor that I cleaned up with bleach wipes to ensure no spreading in case. Glad I did because of the found diagnosis. There are many aspects of SDOH and cultural implications that can be impacting this specific patient. It is a great case to show on how a prior incidence can cause a patient to be labeled and impact their care. I am glad they were able to properly diagnose her and treat her. KA

Week 12, 2g- An SDOH that impacted the care of the patient was that the mom was overly confident in her ability to properly care for her infant because of previously having other children that she nursed. The problem was that the mom was so sure she knew what was the reason her infant wasn't feeding that she struggled to listen to the lactation nurse as to why her infant was struggling to feed and get nutrition. Education is a great example of an SDOH that can impact the overall health of a patient as well as the caregivers to manage the care of the children in the family unit. KA

Make-up – You ER clinical experience was documented in week 11 so it does not need to be documented again even though it was considered make-up clinical. KA

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

Objective																		
3. Summarize the legal, moral and ethical issues related to care of children and the childbearing family. (2,6,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Make up	**Final**
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Act with integrity, consistency, and respect for differing views.	N/A	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.	N/A	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"	N/A	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S
d. Critique examples of legal or ethical issues observed in the clinical setting. **(List Below)***	N/A	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

3d. Wk 5 One example of an ethical issue that I observed was my family had a couple times that I observed them leaving their newborn on the nursing pillow on the bed without any immediate supervision. Dad was in the room, but further than a few arms lengths away if anything were to happen and mom was in the bathroom in both situations. I did bring it to the attention of my instructor because I was concerned for the safety of the newborn. You never know when the baby could move and possibly roll off the pillow, possibly suffocating or falling off the bed. I do need to figure out a way to approach these types of situations to educate and make people aware of what could happen. This is definitely a safety concern that could turn to a legal issue is the baby fell. This type of issue is why there is an intervention on safe sleep habits in the EMR. This situation is best handled with education and approaching it from the perspective of trying to protect the baby from harm. KA

Week 7, 3d. It was important to have the students stand far enough away from the student testing their hearing and vision so as not to embarrass the ones that disabilities, etc which might cause problems for that student if the information got into the head of a troublemaking student that might bully or spread the disability to others. This is definitely a major concern in the school system to be aware of. KA

Week 8, 3d We had to be careful at the B & G Club to take turns with the students so not to make any of the students feel as though they were not being treated fairly. We did not have enough gifts for every single student, so we made sure not to give out prizes that I had brought so we did not hurt any students feelings. What a great example of Justice. KA

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

Week 9, 3d- An example of an ethical issue that could've been observed in the clinical setting is if/when the patient would not agree with the caregiver's plan of care for the

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

baby after birth. An example of this could be that Mom & Dad do not want baby to leave the room without Mom or Dad going with to do testing etc. If a Nurse were to take the baby out of the room without one of the parents would be a definite example of a disagreement. Yes I agree. You could also look at it from a legal concern about if dad wasn't available and mom was not physically ready to move due to recovering and the nurses let the mother go with the newborn and the mother had an adverse outcome such as a fall or hemorrhage. KA

Week 9 – FTMC OB Objective 3A-D: This week in clinical you acted with integrity, you were respectful, followed HIPAA, and followed the standards outlined in the Student Code of Conduct policy. As a group, we also discussed multiple examples of legal and ethical issues that could occur in the OB clinical setting. MD

Week 11, 3d- Legal and/or ethical issues I saw during this clinical setting worry me to discuss because I do not want it getting back to the staff. Everyone was wonderful and great at their job, but I believe with time, people get a little complacent. Our 89-year-old female patient needed a foley cath. I mentioned that I was more than happy to try, but it had been a couple semesters since I had done one. The nurse actually said it probably was best I didn't put it in or attempt because there was a great struggle finding this patient's urethra. First attempt was placed in the vagina, next was attempted. What concerned me is the nurse was very careful with sterile field until she realized she was still having difficulty locating the urethra. She attempted it, laid it down on the pad placed under the patient, went and got help, came back and attempted again and this time hit the patient's thigh and then another nurse used the same one to place in urethra. No sign of urine and we even bladder scanned after a couple hours and nothing. Very concerned my nurse informed the Nurse Practitioner of the situation and we weren't in there got it in. I'm truly hoping she used a new kit. It made me realize how some practice in "the real world"! I know as a student it can be difficult, but as a RN this is a situation where assertive communication and advocating for the patient would be best. I think sometimes we do not always realize we are breaking sterile technique or do as we see others do versus what we were taught. Sometimes a little gentle reminder is all we need to change our practice for the better. KA

Week 12, 3d- Legal and/or ethical issues I saw during my clinical was when my patient was being difficult to teach what could have been the reason her infant was not feeding enough and not latching on properly. If the lactation nurse would have listened to the mom that thought she knew everything there was to know about her infant and would not have continued to pursue helping the mom with feedings, the infant could have died from malnutrition and the family would have blamed the staff for not helping enough. It is always important to explore the caregiver's motivations for their actions and educate them appropriately to improve the overall care and health of the newborn. KA

Make-up – You ER clinical experience was documented in week 11 so it does not need to be documented again even though it was considered make-up clinical. KA

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

Objective

4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*

Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Make up	**Final**
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Develop and implement a priority care map and/or plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)	N/A	N/A	N/A	N/A	~~S~~ NI	S	N/A	S	N/A	~~N/A~~ S	N/A	~~N/A~~ S	N/A	N/A	N/A	N/A	~~S~~ NA	S
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)	N/A	N/A	N/A	N/A	S	N/A	~~N/A~~ S	S	N/A	~~N/A~~ S	N/A	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	N/A	S	N/A	~~N/A~~ S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S
d. Provide patient centered and developmentally appropriate teaching.	N/A	N/A	N/A	N/A	S	N/A	S	S	S	~~N/A~~ S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S
e. Analyze the involved pathophysiology of the patient's disease process. **(noticing, interpreting, responding)**	N/A	N/A	N/A	N/A	S	N/A	N/A	S	N/A	S	N/A	S	N/A	N/A	N/A	N/A	~~S~~ NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Week 5 – 4a – Your care map is currently a needs improvement based on not having both an in-text citation and reference. Please see the comments on the rubric for further details. KA

Week 5 -4b - You did a nice job documenting the postpartum assessment in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessment accurately. KA

Week 5 – 4d – You witnessed discharge teaching for the mother and newborn couplet and how the patient is removed from the security system before discharge. KA

Week 6 – 4a – You have satisfactorily completed your care map. See comments in blue below for your resubmission. KA

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

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

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

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

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

Week 9 – FTMC OB Objective 4A-D: You are rating these objectives as an NA due to not having hands on patient care during this clinical. You were able to observe a patient in labor and delivery of the newborn. MD

Week 11 – 4a – You did a great job describing the plan of care for the patient you worked with in the ER. You discussed the 5 priority nursing interventions for her and how she responded to each. Terrific job! KA

Week 12 – 4d – You described many different pieces of information that were given to the breastfeeding mother to support their journey. One piece of education was regarding the proper latching and positioning to decrease the mother having cracked and sore nipples. KA

Make-up – You ER clinical experience was documented in week 11 so it does not need to be documented again even though it was considered make-up clinical. KA

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

Student Name: Melisa Fahey	**Course Objective:** 4a
Date or Clinical Week: 5	

	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 3	You did a nice job identifying the patient's abnormal assessment findings, labs/diagnostics, and risk factors. KA You did a nice job identifying the patient's abnormal assessment findings, labs/diagnostics, and risk factors. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3 3	
	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 3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3 3	You did a nice job listing all the nursing priorities for the patient and highlighting the highest nursing priority. You wrote an appropriate goal and highlighted the associated findings in the noticing section. You listed 3 complications associated with the highest nursing priority and included the signs and symptoms nursing would monitor for. For the PTSD complication you wrote signs and symptoms that would cause the complication versus signs and symptoms of PTSD such as irritability, difficulty sleeping, easily startled. KA You did a nice job with the nursing priorities and goal sections. You highlighted the associated findings in the noticing section. You chose 3 appropriate complications and listed signs and symptoms nursing would monitor for. Your complication of PTSD still has signs and symptoms that would cause the complication versus signs and symptoms of PTSD the nurse would assess for. KA
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	3 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 3	
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3 3	
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	2 2	
Res	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2 2	You did a nice job writing your nursing interventions for your nursing priority. All of your interventions were prioritized,

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

ponding	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3 3	were realistic, and were time. One intervention did not have rational related to it. When listing medication interventions make sure to list the specific medications to make it more individualized. Other interventions you would want to include are provide fundal massage prn, weigh pads to determine blood loss, and educate about signs and symptoms of PPH. KA You did a nice job writing your nursing interventions for your nursing priority. Your interventions were prioritized, realistic, timed, and had rationale. You updated the medication intervention to include the specific medication ordered. Other interventions you would still want to include are provide fundal massage prn, weigh pads to determine blood loss, and educate about signs and symptoms of PPH. KA
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3 3	
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2 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 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 3	You did a nice job reevaluating all highlighted assessment and lab/diagnostic findings. Remember to include whether you would continue, modify, or terminate your care. KA You did a nice job reevaluating all highlighted assessment and lab/diagnostic findings and noted you would continue the plan of care. KA
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	0 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. In-text citation added to the nursing priorities section noting skyscape as the resource for your highlighted nursing priority, KA

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

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

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: Your care map is currently a needs improvement related to not having an in-text citation. Please make sure to add an in-text citation and resubmit your care map by Friday at 0800 to have it regarded. KA** **Your care map is satisfactory please see comments above for further areas to consider in the future. You did an excellent job making several improvements through the previous suggestions. KA**	**Total Points: 39/45 43/45** **Faculty/Teaching Assistant Initials:** KA

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

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

Comments:

Week 5 – 4f, g, h, I – You did a nice job assessing your patient and researching their medical history when developing your care map. You actively discussed on clinical how the patient's diagnostic tests, medications, medical treatments, and diet related to their current health status and potential complications that may require further intervention. KA

Week 9 – FTMC OB Objective 4E: As a clinical group we discussed the pathophysiology of a laboring patient's disease process. MD
Week 9 – FTMC OB Objective 4F-J: Even though we were observing the labor patient, as a clinical group we were able to discuss diagnostic testing, pharmacotherapy, medical treatment, nutrition, and growth and development for the pregnant and laboring patient. MD

Week 5 – 4f, g, h – You did a nice job discussing your patient's medical history and how their diagnostic tests, medications, and medical treatments related to their current health status. The nasal swab allowed for the patient to be definitively diagnosed with mycoplasma pneumonia and was treated with IV fluids to help with her dehydration. KA

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

Make-up – You ER clinical experience was documented in week 11 so it does not need to be documented again even though it was considered make-up clinical. KA

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

Objective																		
5. Collaborating professionally with members of the health care team, childbearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Make up	**Final**
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Demonstrate interest and enthusiasm in clinical activities.	N/A	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S
b. Evaluate own participation in clinical activities.	N/A	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S
c. Communicate professionally and collaboratively with members of the healthcare team.	N/A	N/A	N/A	N/A	S	N/A	N/A	S	N/A	S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	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	N/A	S	N/A	N/A	N/A	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	N/A	S	N/A	S	N/A	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	N/A	S	N/A	S	N/A	S	N/A	N/A	N/A	N/A	~~S~~ NA	S
g. Consistently and appropriately post comments in clinical discussion groups.	N/A	N/A	N/A	N/A	S	N/A	S	S	~~S~~ U	S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

Week 5 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical and asked many questions to the nurses to learn as much as you could. . You were able to observe a hearing screening and PKU testing, assist with providing a baby bath, observe newborn NG placement, and assist a classmate with performing a newborn heart screen along with many other skills while on clinical this week! KA

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

Week 5 – 5f – You provided hand off report to the appropriate nurse when leaving clinical at the end of shift. KA

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

Week 5 – 5g – Melisa, I did not grade your CDG this week since you complete the Care Map for one OB experience and the CDG questions for the other. I figured you would prefer I grade the Care Map for this clinical experience. If you would rather I grade the CDG instead please let me know. If you agree and are using the care map for this week's OB experience, you will be expected to redo the CDG questions for your Fisher Titus OB experience. KA

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

Week 8 – 5a – You did a great job working the children at St. Mary's Catholic School and not only did an excellent job presenting the education you developed but showed interest in the children and hearing what they had to say about your topic. The school and its students were very appreciative of everything you did. You should be proud of all your hard work! KA/MD/RH/BS
Week 8- 5a- You were active and engaged while providing education to the K-6 grade children at the Boys and Girls Club. BS
Week 8 – 5g – Melisa, you did a nice job responding to all the CDG questions this week on your Boys and Girls Club experience. You discussed several aspects of the clinical including the education you provided on exercising in a limited environment. Remember to support all posts with an in-text citation and a reference. You are receiving a U this week related to missing both of these in your post. Please make sure to make a comment on how you will prevent receiving a U in this competency in the future. KA
Week9 -5g. Short of knocking myself out for again forgetting an in-text citation and reference. So frustrated with myself. I am not sure how I keep forgetting this. I am writing it in my calendar, I have a check off list I make each week so I do not forget homework and I am adding it to that, and I am writing myself a note on my mirror in the bathroom. I'm very sorry, I thought I made a point to do this. My only other suggestion would be take out the CDG rubric every time you write your post and review the satisfactory column to ensure all criteria are met. KA Thank you Kelly, that's a great idea!

Week 9 – FTMC OB Objective 5A-C and E-G: This week in clinical you were very interested in clinical, participated in all activities we did in clinical, had professional communication with all members of the healthcare team, demonstrated the ability to look through a patient's chart with guidance in Cerner, had clear SBAR communication about our laboring patient, and you also discussed what was required for a satisfactory CDG. Great job! MD
Week 9 – FTMC OB Objective 5D-you did not document in the patient's EHR. MD
Week 9 –5g – You did a nice job responding to all your CDG questions about your OB experience. Thank you so much for sharing the unique birth you were able to observe while on clinical. You made sure your ideas were supported with an in-text citation and a reference. Keep up the terrific work! KA

Week 11 – 5a – You did a nice job describing how you had the opportunity to work with the bladder scanner for the first time while you were in the ER. This technology allowed for you to identify that the patient's Foley was not in the bladder but in the vagina. KA
Week 11 – 5a – The RN you worked with in the ER marked you excellent in all areas. Jill Wasylik-Waldock RN. KA
Week 11 – 5g – You did a great job responding to all the CDG questions on your ER experience and describing one of the patient's you had the opportunity to work with. You supported your pat with a reference and in-text citation. Keep up the wonderful work! KA

Week 12 – 5a – The preceptor marked you excellent in all areas. She left the comment, "Very involved with care. Asked great questions." Hannah Alexander RN, CLC. KA
Week 12 – 5g – You did a terrific job responding to the CDG questions related to your lactation consultant clinical. You did a wonderful job describing all the education that was provided during your experience. You supported your post with an in-text citation and reference. Keep up the marvelous work! KA

Make-up – You ER clinical experience was documented in week 11 so it does not need to be documented again even though it was considered make-up clinical. KA

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

Objective																		
6. Critique own strengths and areas for improvement modifying behaviors accordingly to achieve personal and professional goals. (7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	**Final**
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Recognize areas for improvement and goals to meet these needs. **(List Below)***	N/A	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S S
b. Accept responsibility for decisions and actions.	N/A	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S
c. Demonstrate evidence of growth and self-confidence.	N/A	N/A	N/A	N/A	~~S~~ NI/S	N/A	S	S	S	S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S
d. Demonstrate evidence of research in being prepared for clinical.	N/A	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.	N/A	N/A	N/A	N/A	S	U	S	S	S	S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S
f. Describe initiatives in seeking out new learning experiences.	N/A	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S
g. Demonstrate ability to organize time effectively.	N/A	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.	N/A	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S
i. Demonstrates growth in clinical judgment.	N/A	N/A	N/A	N/A	S	N/A	S	S	S	S	N/A	S	S	N/A	N/A	N/A	~~S~~ NA	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

6a. Wk 5 I definitely had a clinical full of recognizing my weaknesses and areas to improve. I recognize that in life and in nursing my insecurities and lack of confidence in myself can and do affect my ability to care for patients because they cause me to question myself and second guess myself in situations that I full well understand and am capable of doing well with. My goal is to work daily on my belief in myself through recognizing my strengths and trusting those strengths to build on and allow myself to

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

give the best care I can to my patient's and families. I greatly appreciate the growth I saw after our conversation and hope you keep going in this positive direction. This shows great self-awareness and desire for personal growth. KA

Week 5 – 6c – While on clinical with you I witnessed multiple occasions at the beginning of the shift where you showed a lack of confidence and trust in your capabilities and nursing skills. This behavior needed improvement compared to the competency standard. After discussing these concerns with you and the potential for this lack of confidence and trust in yourself to lead to issues in the skillfulness and safety of the care you provide to your patients I witnessed a change in your practice. You provided skillful and safe nursing care with confidence and autonomy for the remainder of the clinical day. Therefore, you are receiving a NI/S for your clinical experience this week. You must maintain this level of confidence for all clinical experiences to remain satisfactory in this clinical competency for the semester. KA

Week 6 – 6e – You showed up to your ER clinical without your name badge and could not attend your assigned clinical experience. Please make sure to make a comment on how you will prevent receiving a U in this competency in the future. KA
Week 7-6e In the future I will not take my badge off anywhere but in my vehicle where it is always placed on my dashboard so I have it. I took it off the day before my ER clinical and clipped it on my roller bag. That's where I forgot it and drove all the way to the clinical and at 31 minutes before my clinical I realized I didn't have it when I was gathering my things to go into the clinical. I will not do this in the future because it will remain on my person until I get in my vehicle and take it off and place it on the dash.

Week 7, 6a. Areas I could improve in the hearing & vision clinical is that I realized that the students were watching me hit the button on the hearing screening so they knew when to raise their hand stating they could hear the sound. I started having the students turning their backs to me so they couldn't see when I was pushing the button and could they actually had to hear the noise instead of guessing if I pushed it or not. Great job of an area of improvement and how you instantly corrected it. Remember to write a goal on how you will work on this in the future. KA

Midterm – You have had the opportunity to see many areas of maternal child nursing so far this semester. Please be aware that 1 f, g, and h were marked as NA for the first part of the semester. Let your faculty member know during your second rotation on the OB unit so hopefully these areas can be addressed during the second half of the semester. I have seen your confidence grow the more you have worked with the material child population this semester. Please continue to show that confidence and utilize strategies to prevent self-doubt. Always remember you have the knowledge and capabilities to be successful! Continue to work hard and finish strong during the second half of the semester! KA

Week 8, 6a. An area of improvement I needed to make at the B & G Club was to learn and recognize that the young children tried to find ways with me to get their way so I would continue to let one child demonstrate the exercises and not take turns with others. I was afraid of hurting one of the children's feelings when they approached me, not realizing they wanted their way. How can you improve on this? An example of a goal may be to practice assertive communication or to simply practice having students take turns next time you are presenting material. KA

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

Week 9, 6a- An area of improvement I could make is having more confidence in myself in the clinical setting where I second guess what I already know about taking care of patients properly. I could see that there was no one on the patient's left leg to help with her pushing and I thought I should offer to help but was concerned with overstepping my bounds. I had to wait for Dr. Mona to ask one of us to help. I knew that someone should've been up there, and I was too concerned about getting in

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

trouble and asking to help wouldn't have hurt anything. This is a great self-reflection. What is you goal to improve your self-confidence in the future? KA Listen to that little voice in my head telling me when I don't think something is right and ask…..what could it hurt? Get a no thank you?!

Week 9 – FTMC OB Objective 6A-I: This week you were able to identify areas of improvement, accepted responsibility for actions, demonstrated great growth and self-confidence, were prepared for clinical, showed wonderful professionalism, sought out new learning experiences, were organized, used an ACE attitude, and had growth in clinical judgment based on our conversations of the delivery process to our patient and newborn. Great job! MD

Week 11, 6a-An area of growth I can use as a learning experience was when in a room with a patient and his family, the family member asked me a question when the doctor was in there speaking with the patient and when we walked out, the nurse pulled me aside to inform me that it is in my best interest not to speak when the doctor is and if it had been an older doctor I probably would have been yelled at by the doctor. She told me so I could learn from a mistake she had also made in the past and got reamed out for. I expressed my sorries and thanked her for pointing that out for future reference. We can learn from the experience of others and I feel that is the overall goal to gain from this experience. However, if the question is appropriate and not interrupting or distracting from the healthcare provider it is not inappropriate to answer questions being asked of you in front of the healthcare provider. The patients often develop a stronger rapport with the nurses than the healthcare provider and are more comfortable asking the nurse questions that then can be directed to the healthcare provider for a response. The key in all interactions with your fellow coworkers is respect. KA

Week 12, 6a- An area of growth I can use as a learning experience was standing back and listening instead of speaking when a thought came to my mind with my own personal experiences. It is sometimes difficult for me to keep my mouth shut because I get excited or concerned that I will forget what I want to say. I realized that if I don't say something I'm thinking, sometimes it will be okay. It can be hard to learn the active listening with the added power of reflective silence. We often want to fill the silence with our own experience and knowledge but sometimes just having someone who listens is all the patient needs. KA

Make-up – You ER clinical experience was documented in week 11 so it does not need to be documented again even though it was considered make-up clinical. KA

Final – Melisa, you have satisfactorily completed the clinical portion of the Maternal Child Nursing Course. You have learned many concepts related to the Maternal Child population and had the opportunity to apply this knowledge in a multitude of clinical settings. You have set goals on improving your confidence and insecurities and communication skills with your patient and family throughout the semester. You have diligently worked on improving these areas of weakness you identified. Continued awareness and conscientious effort in implementing your goals and strategies from the semester will serve you well as you continue on in the program. Remember you are knowledgeable, you are capable, and you are enough. Continue to put in the extra effort and remind yourself you can do this. KA

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

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

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

* Course Objectives

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

* Course Objectives

Comments:

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

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

* Course Objectives

Comments:

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

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

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

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

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

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)***	

Lasater Clinical Judgment Rubric Scoring Sheet

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

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	

INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.
RESPONDING: (1, 2, 3, 5)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Responded to safety issues by correcting each of them to provide a safe environment for the patient's care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient's respiratory distress by providing the patient with the ordered breathing treatment. Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.
REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing to accomplished is required for satisfactory completion of this simulation.** Scenario Objectives: 1. Utilize the concepts of growth and development to identify concerns with patient safety and provide appropriate interventions to address safety concerns. (1, 3, 5)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1, 2, 5)*	You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! KA/MD/RH/BS Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments

3. Collaborate with members of the healthcare team to provide safe, holistic, and comprehensive patient care. (1, 2, 4, 5, 6)* 4. Utilize SBAR communication in interactions with members of the health team. (5)* *Course Objectives	Displays proficiency in the use of most nursing skills; could improve speed or accuracy Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Introduce self, obtain vitals, ask about pain. Identify elevated temperature
• Focused Observation:	E	A	D	B	Notice scissors, needle, and battery. Remove from crib.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Respiratory assessment: pull gown down to visualize chest, listen to lungs, ask about cough
• Information Seeking:	E	A	D	B	Assess throat, ears, nose. Notice small drainage from right ear. Notice throat is red Medication errors in chart not identified or investigated. Incorrect dose administered to child. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient. Reassess temperature after ibuprofen administration Notice increase work of breathing Ask about cough, notice cough is worse when return to room, lift gown to assess chest, listen to lung

	sounds, identify lung sounds as wheezes (should be rhonchi) Obtain vitals. Notice oxygen level is low Reassess lung sounds after breathing treatment complete. Pain assessment with “smile” chart. Reassess ears and throat.
INTERPRETING: (2, 4) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Calculate medications correctly per order in chart but does not catch medication errors (amoxicillin and ibuprofen). Does not identify IV fluids are running to quickly. During debriefing, IVF maintenance rate identified and calculated. Identifies retractions and correlates with increased work of breathing and respiratory distress Does not stay in room with patient until respiratory therapy arrives. Due to stridor and retractions, nurse should stay at bedside incase patient deteriorates Does not administer acetaminophen for throat pain as stated per order.
RESPONDING: (1, 2, 3, 5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Remove unsafe items from crib Call healthcare provider to clarify order of cetirizine pill. Get chewable tablet. Close crib when not at bedside Education provided to father about croup including medications, illness duration, smoking cessation and preventing secondary smoke exposure Medication administration: check name/DOB with child and father, scan patient and medications, educate on medications and why administering. (amoxicillin, ibuprofen, cetirizine) Elevate head of bed to assist with work of breathing Apply oxygen via nasal canula due to low pulse ox (2L) Call respiratory therapy to administer breathing treatment Education to father about plan of care for child. Healthcare provider had to call for update on patient. Receives orders for dexamethasone. Does medication math to get correct dose for patient weight. Read back order for verification. Medication administration: check name/DOB, scan patient and medication, educate father and patient on steroid and what it is for. Administer correct dose Education provided to dad about triggers for asthma (smoking, dust, pollen, allergens, encourage tracking of symptoms to help control asthma symptoms)

REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of scenario and recognition of teamwork/communication. Identified lack of double-checking orders for medications. During debriefing all safe dose medications were checked and medication safe doses were calculated by all students. Discussed medication errors and how to identify/prevent doing so in their practice as nurses. Team provided great educate to father and child on illness as well as medications administered and what to watch for at home.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)*	**You are Satisfactory for this scenario! RH** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information. Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance. Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1, 2, 5) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Identify patient, introduce self. Complain of stomach pain. Pain assessment: description, location. Does not assess mucous membranes or skin turgor Notice bruising on abdomen and patient mother states he fell off bike. Begin to further question patient about bruising while mother in room. Ask mother about wearing sunglasses inside but does not inquire past original answer of "I have a headache" Mother leaves room and students question Jack about bruise on abdomen in private. Does not notice bruise on arm until prompted by Jack. Patient complain of abdominal pain and nausea, vomits. Does not perform pain assessment. Obtains all vitals except temperature while on phone with healthcare provider. Does not assess mucous membranes or skin turgor Reassess vitals after IV bolus. No temperature obtains at this time.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Temperature: 102.5- interpret as high Temperature reassessment: 101.1- interpret as improved. Interpret lack of fluid intake and output as signs of dehydration. Interpret change in vitals as improvement after IV bolus.
RESPONDING: (1, 2, 3, 5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Call pharmacy to verify dose of acetaminophen. Call lab for results of stool sample. Get results that rotavirus positive. Place patient in contact precautions. Leave bed elevated with side rails up when leave room. Call healthcare provider regarding rotavirus result and suppository of acetaminophen. Get new order for acetaminophen, readback order for verification. Educate mother on rotavirus diagnosis. Educate on how to clean and kill virus at home to prevent spread to other members of the household. Medication administration: acetaminophen. Verify name/DOB, scan patient, scan medication. Correct medication math for dose. Offer Pedialyte with meds. Call healthcare provider about bruising and request an xray of right upper arm and CT scan of abdomen to check for further injury. Told to contact case management. Call case management for referral due to suspect abuse. Include concerns for mother also being

	abused as well. Call dietary and order tray with BRATTY foods. Medication nurse calls healthcare provider and request IV fluids. No assessment of patient has been done so far. Obtain vitals while on phone with healthcare provider obtain orders for IV fluid bolus and maintenance fluids. Read back orders for verification. Assessment nurse calls healthcare provider to update on emesis. Requests antiemetic. Receive order for Zofran. Readback order for verification Medication administration: Zofran. Name/DOB, scan patient, scan medication.
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussed scenario. Also discussed importance of checking recommended doses of medications to ensure safe dose is ordered. Discussed contact precautions and educated how to prevent spread to others in the home. SBAR communication used at times but not other times. Identify need to gather all assessment data prior to calling healthcare provider so SBAR can be organized and used appropriately.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 6. Select physical assessment priorities based on individual patient needs. (1, 2)* 7. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 8. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 9. Utilize the concepts of growth and development to	**Nice work! You are satisfactory for this scenario. RH** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring but not competence. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

identify concerns in assessment findings associated with potential child abuse and make appropriate referrals as necessary. (1, 3, 5)* 10. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* *Course Objectives	

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Melisa Fahey OBSERVATION DATE/TIME: 11/12/24

REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy. Great job. I enjoyed seeing your pregnancy photo!
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Simulation Objectives:** 1. Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)* 2. Describe how patient-centered care is dependent on past medical history, cultural history, social history, and pregnancy/birth history. (1, 2, 4)*	**Comments** **You are satisfactory for this simulation. KA**

3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)* **Developing to accomplished is required for satisfactory completion of this simulation.**	

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Melisa Fahey OBSERVATION DATE/TIME: 11/19/24 SCENARIO #: Student Developed Scenarios

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Noticed deviations from normal with physical assessment and inquiry. Information seeking regarding patient condition as well as with parent/support person at bedside when appropriate. When developing your scenario, you noticed the important assessment aspects to include for a patient/support person with your assigned diagnosis. Through the scavenger hunt you were able to notice various details of each of the ten scenarios simulated.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	You were able to interpret data pieces and prioritize accordingly. For each scenario, care was given in gathering details needed in order to phone the healthcare provider and provide SBAR. When developing your scenario, you interpreted the expected path of the disease process and necessary nursing interventions to include in the patient's care. You utilized clinical judgment to interpret appropriate responses to NCLEX style questions related to each scenario.
RESPONDING: (1, 2, 3, 5)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/	Responded with communication that was collaborative between roles. Clear communication was utilized between colleagues. Clear communication was utilized with patient and family and layman's terms were utilized when appropriate. Responded with interventions that were planned accordingly and verbalized when necessary.

Flexibility: E A D B • Being Skillful: E A D B	Skill in identifying focused assessments as well as timely reassessments were utilized. Family members and others of the healthcare team were kept up to date on patient condition and given education for current condition as well as for preventative measures. In response to your assigned disease process you developed a comprehensive simulation that encompasses aspects of assessment, interprofessional communication, and nursing interventions appropriate for the patient scenario you developed. You developed appropriate NCLEX questions for your scenario based on your disease process.
REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Reflected with a self-analysis of assessment and analyzation of data to identify missing pieces of the scenario. Actively participated in providing constructive feedback to all groups observed throughout the simulation. You developed debriefing questions specific to your scenario to assist your peers in reflecting on the importance of your simulation.
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing or higher in all areas is required for satisfactory completion of this simulation.** Objectives 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Provide quality, patient-centered care in an organized, safe manner to patients and families. (1, 2, 4, 5)* 3. Prioritize patient care of the patient after end-of-shift report. (2, 5)* 4. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 5. Utilize the concepts of growth and development to provide therapeutic communication with the patient and family. (1, 3, 5, 6)* **6.** Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)*	The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS/RH

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Melisa Fahey, Kailee Felder, and Lynette Swinehart OBSERVATION DATE/TIME: 11/22/24 SCENARIO: Comprehensive Simulation

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	You noticed suspicious bruising on patient and patient's physical appearance and psychosocial status as deviation from normal. You noticed environmental concerns throughout the home that would be safety hazards. You noticed abnormal family functioning as you progressed through the simulation. You noticed the signs of respiratory distress and dehydration in the children. In the mother encounter you noticed suspicious bruising on the mother's face and neck. You also noticed the poor environment with chips, pop, rats, spider, and cockroaches scattered throughout the room. You also obtained vital signs during your visit. Additionally, you noticed that the mother had a unprescribed medications, is a current cigarette smoker, and had a dysfunctional family dynamic when having conversations on home life Noticed multiple bugs in kitchen. Noticed exposed cleaning supplies that kids could get into. Noticed expired infant formula. Noticed lack of nutritious foods in the refrigerator. Noticed open beer bottles. Witnessed father preparing bottle. You provided a thorough assessment to the children of the household recognizing concerns of an asthma attack in the 8-year-old and dehydration and failure to thrive in the newborn.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit. You were able to interpret safety and health issues with each member of the family. You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit. You interpreted acute respiratory status changes and lethargy as major assessment concerns in the children in this home environment. In the mother encounter you interpreted the suspicious bruising on the mother's face for physical abuse from her partner. You identified there were educational opportunities for abused women and children. You were also able to interpret the safety concerns throughout the room with the environment, unprescribed medications, cigarette smoking, and her high blood pressure from not taking her medications. You encouraged the mother to discuss more of her dysfunctional family dynamic.

	Interpreted conditions in the kitchen as being dirty, messy, and unsafe for children. Interpreted exposed cleaning supplies as dangerous for children. Interpreted the lack of nutritious foods as not ideal for the family. Interpreted multiple empty beer bottles as potential alcohol abuse. Interpreted father's bottle preparation method to be inadequate (formula expired, not using the correct quantity).
RESPONDING: (1, 2, 3, 5)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	You responded to patient's admission of abuse calmly without judgement. Communicated alternatives clearly and empathetically. You responded with intervention regarding safety of children; flexible and creative with ideas and interviewing each member of the family. You responded by prioritizing the safety and health concerns of each family member and seeking further treatment for them. You sought further information regarding potential abuse from all members of the family. You were respectful and calm in communicating with potential abuser. Coping skills were discussed. You responded to safety, psychosocial issues calmly. You were confident in your approach to each family member. In the mother encounter you provided information on the physical abuse and encouraged her that the abuse was not her fault. You provided resources such as WIC and Job and Family Services for additional support. You encouraged her to seek behavioral health counseling as well. You provided information on bonding with her newborn as well. You discussed not taking unprescribed medications while breastfeeding since the medication can go through the breastmilk leading to the newborn receiving some of the medication. You also discussed taking her prescribed medications (labetalol and Zoloft) appropriately. Great job in the mother encounter! Educated father that cleaning supplies should not be stored in places where the children could get access to them. Educated father to pay attention to expiration dates and how to properly and safely prepare a bottle. Educated that there are resources available to assist with healthy food choices. You recognized the need for involvement by CPS, law enforcement, and hospitalization for medical treatment of both children. You recognized that you only had consent to treat the mother in this situation and sought maternal consent to call for medical assistance and treat the children of the household. You recognized the need and ability to educate the 8-year-old son in the family and educated him on proper baby care, but reassured him throughout the education process he did nothing wrong, but there was a better way to do the care.
REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B	Group discussion of how reviewing the chart during prebrief assisted with developing a plan for the "home visit." Discussion of what they noticed in the mother room including the filth, lack of prescription medications, random pills on the table, poor self-esteem, and lack of support system. Group was able to educate mother on medication importance and compliance as well as follow up appointments. During the partner visit, the group noticed the

• Commitment to Improvement: E A D B	misaligning stories of what was going on in the household. The group noticed the defensiveness of the partner during their interaction and stated it modified how they were talking and asking questions during this portion of the visit. They also noticed the pictures on the refrigerator as well as the amount of alcohol in the kitchen compared to the amount of food. The group was able to educate partner on WIC and how to make a bottle for the baby. During discussion of the children's visit, the group noticed the poor health of both Jack and Jill. They noticed the respiratory distress as well as failure to thrive and were able to send both children plus mom 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. Upon completion of the simulation, you created an education plan focused on Monica for medication compliance, nutrition, and living conditions.
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing or higher in all areas is required for satisfactory completion of this simulation.** Objectives 1. Provide quality, patient-centered care in an organized, safe manner. (1, 2, 4, 5)* 2. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 3. Utilize the concepts of growth and development to provide therapeutic communication with the family unit. (3, 5)* 4. Identify safety measures for the family unit in the home setting. (1,3,5)* 5. Demonstrate thorough environmental assessment in the home setting. (1,3,5)* *Course Objectives	Excellent job in communicating without judgement and providing appropriate education, information regarding resources, and intervention for family. You are satisfactory for this scenario. KA/MD/BS/RH

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

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

This semester, by far has been my favorite nursing semester. Things were all coming together for me from all previous semesters helping me to understand what I've learned. I truly am enjoying this school and hope everyone appreciates the hard work, dedication, and work put into making the semester successful. Thank you Everyone for being compassionate and understanding all the time. Have a Great Holiday Season!

Student eSignature & Date: _____Melisa Fahey_____11/26/2024_____