

SEVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Essence Byrd

Final Grade: Satisfactory

Semester: Fall

Date of Completion: 11/26/2024

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

Faculty eSignature: Brian Seitz MSN, RN, CNE

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

Absence: (Refer to Attendance Policy)

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

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

7/18/24 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
8/30/2024	Risk for impaired parenting	BS

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:	N/A	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.	N/A	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
b. Provide care using developmentally appropriate communication.	N/A	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.	N/A	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)	N/A	S	N/A	N/A	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*	N/A	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
Clinical Location Age of patient	N/A	Fisher Titus, 24	No Clinical	No clinical, Screening	Hearing and Vision Screening	Fisher Titus ER			Lactation, St. Marv's	Boys & Girls Club	No clinical, Simulation	No Clinical	No clinical, simulation	No clinical	S				
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS

Comments:

Week 2E: The patient was in stage one, trust vs mistrust. I chose this stage because this is where the infant is dependent on the mother for everything that they need. When you give them the things that they need they form trust in knowing their needs will be met. **Yes, nice job! BS**

Week 2- 1 b, c, d: **Used great communication with caregiver while doing assessment on baby this week. Was calm and able to answer questions that were being asked. You were able to identify some safety risks the patient had in going home (lack of safety items for care of baby). We had discussions of options to provide to the mother when she arrived such as where baby could sleep if there was no crib available. RH/BS**

Week5E: This week the stage of development I saw was initiative vs guilt. The children were in the first grade and they seemed very eager to do the hearing and vision screenings and some of the kids came in saying they know what to do without us having to tell them. They showed a lot of initiative by doing this and some got upset when they felt they did anything wrong. This shows the guilt side of this stage. **Good explanation, Essence. BS**

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

Week 6-2E: This week the stage of development that I was generativity vs stagnation. This is ages 40 to 65. One of the patients I cared for was 65 and she talked about her daughter a lot. I think this is a good example of generativity because her having and raising her daughter was a way that she was making her mark on the world and contributing to the next generation. **Good example! BS**

Week 6- 1a- **Nice job describing one of the patients you cared for at the FTMC ER and the care you provided to them. BS**

Week 7- 2E: this week the stage of development I saw was trust vs mistrust. I think that this was really tested for the infant I cared for this week because of the situation with her mother. Being cared for and protected by the parents promotes trust but when things happen and the parent is not caring for the infant and protecting them and meeting their needs mistrust is promoted instead. **Good explanation. The only good thing about this situation is that the baby won't remember what they went through. BS**

Week 7- 1b, c, d: **You used great communication this week with the patients as well as with the staff. You were able to perform a postpartum assessment as well as a newborn assessment while on clinical. You were also able to assist with the NAS scoring of the newborn this week. RH**

Week 8-2e: The stage of development that I saw this week was industry vs inferiority. I feel I saw this a lot in the students this week because the kids did really good and felt happy when they got chosen to participate in the activity we had and some of them also got really upset when they either didn't get chosen. They felt useful when they were chosen to participate and some of those who were not chosen to participate felt inferior. **Good observation, Essence. One of the many lessons they will learn during childhood. BS**

Week 8- 1a- **Great job describing a patient visit that you made with the Lactation Nurse Consultant. Great job also of discussing the patient's knowledge of the breastfeeding process. 1c- Although you did not get the chance to see the baby latch, it does sound like you were able to provide education to the mother about the benefits of breastfeeding, which is all we can do. Ultimately, it is up to the mother to make the decision. BS**

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

Week 9- 2e: The stage of development I saw this week was industry vs inferiority. The kids this week were super eager to participate and felt really good when they were chosen to answer my questions or share their activity. A lot of them even wanted to help pass out the activity and the colored pencils to the other kids and were really excited that I let them do so. Being able to do this made them feel as if they had purpose. I saw a lot of industry with this group of kids and no inferiority. **Way to put the pieces together, Essence! BS**

Week 9- 1b- Nice job adjusting your communication techniques to provide developmentally appropriate communication to the various age groups at the Boys and Girls Club. 1e- You were able to discuss some of the differences you noticed while working with children of various ages at the Boys and Girls Club. BS

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	S	S	N/A	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	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	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	S	N/A	N/A	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	N/A	N/A	N/A	S	N/A	N/A	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	S	N/A	N/A	N/A	N/A	N/A	S	S	N/A	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	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
l. Respect the centrality of the patient/family as core members of the health team.	N/A	S	N/A	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS

Comments:

Week 2- 1j: you were able to provide community resources to the mother upon discharge of baby including help me grow and the options for WIC. 1l: You treated the caregiver with respect and offered as much information as we legally could to them, since they were not biological mother or father. RH/BS

Week 5 – 1k – You did a nice job discussing with the school nurse about cultural beliefs of the school system you performed hearing and vision screening in. She discussed the emphasis of community and you were able to observe different aspects of the school that supported this culture. KA

Week 6- 1k- You did a nice job discussing some potential cultural implications that should be considered when planning care for patients. BS

Week 7- 1j: we discussed various resources for the newborn due to the NAS scoring and how this would impact the newborn and their stay in the hospital. RH

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

Week 7- 1f,h- I changed these to S due to you discussing them in your CDG. 1i- Examples of family bonding were also discussed in your CDG. BS

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	S	N/A	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
b. Perform nursing measures safely using Standard precautions.	N/A	S	N/A	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
c. Perform nursing care in an organized manner recognizing the need for assistance.	N/A	S	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
d. Practice/observe safe medication administration.	N/A	N/A	N/A	N/A	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.	N/A	N/A	N/A	N/A	N/A	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
f. Utilize information obtained from patients/families as a basis for decision-making.	N/A	S	N/A	N/A	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*	N/A	S	N/A	N/A	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS

Comments:

Week 2G: A social determinant of health that I noticed for my patient would be housing. This could influence patient care because if they are living in an inadequate living environment they could not be getting things they need and in turn end up sick and not able to get care. **BS**

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

Week 2- 2b: use of standard precautions when handling baby. 2c: You did well with your newborn assessment and asked for assistance when needed, but you were able to do most of it on your own. Good job! RH/BS

Week 5- 2g- You received a U in this competency for not leaving a response, which is required every week you have a clinical experience. Please comment below as to how you will prevent this in the future. BS

Week 5-2g : I understand that I received a U for this competency because I did not leave a response. I will prevent this from happening in the future by remembering that I must answer every yellow competency question every week that I have any clinical experience. BS

Week 6-2G: A social determinant of health that I noticed for a patient this week would be the support system because she had a neighbor that came over to help her husband when she got injured. This shows that she has a support system and can be very beneficial to her when it comes to receiving the care she needs because she has someone else to help her if her husband just so happens to not be there when something happens. Good example. This is a very common issue for the elderly. BS

Week 7-2G: A social determinant of health that I noticed this week was mental health because the patient had a long history of mental health issues and this can affect whether or not a person seeks care for health issues because of the fact that some mental illnesses make it to where people cannot function properly to do anything to care for themselves or go get help that they may need to care for themselves. Yes, this is especially important for new mothers who are also at risk for postpartum depression. On top of existing mental illness, this can sometimes be severe, making education more important so the new mom knows what to be on the lookout for. BS

Week 7- 2b: you used standard precautions when caring for all patients. 2c: You were able to perform the newborn and postpartum assessment with minimal questions. You had a good flow and the nurse who did the postpartum assessment with you complimented your ability to do so with limited assistance. RH

Week 8- 2g: The social determinant of health that I noticed this week was education level. I noticed that the older kids knew a little bit more about their health than the younger kids did. This influences care because they have a better understanding of what is happening with their body and how they need to take care of it as well as what to do when they are sick. Yes, they do. Some of them know too much! BS

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

Week 9- 2g: The social determinant of health I noticed this week was social and community context. I noticed that this program gives the kids something to do after school until their parents can pick them up where they are in a safe place and stay out of trouble as well as giving them a larger support system. This influences care because it helps to relieve stress and anxiety for both the child and the parent which helps improve overall wellbeing. Yes, they really do provide a valuable service for the parents who rely on it. BS

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

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

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

Comments:

Week 2D: an ethical issue that I noticed was them deciding to get social work and CPS involved with the infant due to the mother having very little prenatal care and using drugs and tobacco during her pregnancy as well as her leaving the baby in the hospital just a few hours after being born. The nurses talked about getting them involved due to the situation but not wanting to upset the mom to where the situation is escalated, and anyone could end up being harmed. I think that the situation was handled very well. They were able to get social work involved and social work was able to educate the caregiver. **This is one of the uncomfortable situations we can get into in the nursing profession. It sounds like it was handled well. BS**

Week 2- 3b: You did well with not providing information to caregiver that was protected by HIPAA. This was a difficult situation and we could only say so much to the caregiver as they were not the legal guardian. **RH/BS**

Week 5- 3d- You received a U in this competency for not leaving a response, which is required every week you have a clinical experience. If you have a clinical where you don't feel you actually witnessed a legal/ethical issue, discuss one that could come up in that particular situation. Please comment below as to how you will prevent this in the future. **BS**

Week 5-3d: I understand that I received a U for this competency because I did not leave a response. I will prevent this from happening in the future by remembering that every yellow competency questions every week that I have clinical. I will also discuss legal/ethical issues that could have happened in the situation if I feel that I didn't witness any during my clinical experience going forward. **BS**

Week 6- 3D: I did not witness any legal or ethical issues but an example of one that could have come up in this situation is a patient refusing care that would really be beneficial for them to have. This is an issue because we know that they really need the care, but they also have the right to refuse anything that they don't want do from there you have to figure out how to handle the situation going forward in a way that helps them patient and also doesn't cause any further legal or ethical issues. **Yes, another good issue. Some people are dead set against certain treatments or interventions, even things that could save their lives, not realizing that some issues are easily resolved with certain interventions. BS**

Week 7-3D: A legal or ethical issue that I witnessed this week was use of drugs during pregnancy. The baby I cared for this week was a NAS baby and the mother had been on 4-5 different drugs during her pregnancy until she found out she was pregnant at 32 weeks. I think this is an ethical issue because she was not intentionally taking drugs during most of her pregnancy. She did not know she was pregnant and once she found out she immediately stopped and wanted to detox. I think this shows that had she known she was pregnant she would not have used during pregnancy but there also is the side where even though she did not know she was pregnant if she were never doing the drugs in the beginning, she would not have a baby with NAS. **Yes, this is a big ethical issue, and there will be people on both sides of the issue since she didn't know she was pregnant. Personally, I cannot imagine being 32 weeks pregnant and not knowing it, but I know it does happen. I can't speak with any authority on this, but I would think if she went to term, and had last done any drugs at 32 weeks, it seems to me that the baby would not still be experiencing any withdrawal at this point. But, maybe so. BS**

Week 8-3d: I did not witness any legal or ethical issues this week but one that I possibly could have seen would be equity to resources. This helps to ensure that everyone has access to recourses in their community that they may need for help when they are not in the hospital no matter their race, age, gender etc. This helps by providing things that may be needed like lactation classes or support groups. **Way to think outside the box. As we all know, the distribution of, and access to, resources is vastly uneven. BS**

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: I did not witness any legal or ethical issues this week but one that I could have possibly seen would be safety. There was a lot of kids running around all over the place and there were a lot of incidences I saw where kids could have gotten hurt and one where a kid did get hurt. Having better safety protocol and more effective ways to keep the kids safe can help prevent future injuries. **Safety is definitely a valid concern for the Boys and Girls Club, and in some ways, it is handled better than in the past. In the past, at their previous facility, many games (kickball, football) would be played outside in the parking lot, with cars going by and parents pulling in to pick up their kids! BS**

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

Week 2- 4a- Great job utilizing the nursing process and your clinical judgment to develop and implement a priority care map for your newborn patient. BS

Week 2- 4b, c, d: We did paper charting for this clinical and your charting was well done. We had a lot of patient advocacy issues with this patient and you got to witness and participate in a social services consult, and child protective services investigation prior to the discharge of your patient. You were able to maintain a professional attitude while interacting with caregiver and mother as well. RH/BS

Week 5 – 4b – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You then helped alphabetize and document the information further on the required ODH documentation forms. This was a terrific help to the school nurse. 4d – You did a nice job educating the first graders as needed on the screening process and ensuring they were able to perform it correctly so the results would be valid. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. KA

Week 6- 4a- Great job listing some priority nursing interventions that were performed for your patient in the FTMC ER. BS

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

Week 7- 4b, c, d: You were able to chart all your assessments in meditech this week. Your charting was done correctly and you were able to identify any abnormalities in your assessments here. You also were able to educate the post partum mother on mental health assistance when doing her assessment. RH

Week 8- 4d- You did a good job detailing the education provided to the patient regarding breastfeeding. BS

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

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

Student Name: S. Byrd		Course Objective: 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.					
Date or Clinical Week: Week 2							
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	Nice job listing abnormal observation and assessment findings based on your patient experience this week. Abnormal lab/diagnostic findings were also provided. Nice job reviewing and including pertinent risk factors related to your priority problem of Risk for impaired parenting.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Several high-priority nursing problems were identified. Risk for impaired parenting was appropriately selected as the top priority problem. All relevant assessment data was highlighted pertinent to the priority problem. Three potential complications were identified, each supported with signs and symptoms to monitor for.
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Nursing interventions related to the top priority were listed. Interventions were appropriately prioritized. Each listed intervention included a frequency with rationales. All listed interventions were individualized and realistic to the patient situation.
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	An evaluation of abnormal findings was provided along with a determination to continue the plan of care.
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	

Reference

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

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

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

Faculty/Teaching Assistant Comments: Essence, great work with your care map related to risk for impaired parenting. See comments provided throughout the rubric. Let me know if you have any questions. Keep up the hard work! BS

(Please know the correct way to cite your source would be (Doenges, Moorhouse, & Murr 2022))

Total Points: 45/45

Faculty/Teaching Assistant Initials: BS

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	S	N/A	N/A	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)	N/A	N/A	N/A	N/A	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)	N/A	N/A	N/A	N/A	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)	N/A	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)	N/A	S	N/A	N/A	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS

Comments:

Week 2- 4i: you were able to chart and identify when the baby was eating per the caregivers charting and we could relate this to the RN.

Week 6- 4f, g, h- You were able to discuss some diagnostic procedures and medications involved in the care of your ER patient. BS

Week 7- 4f, h: you were able to correlate diagnostic testing with the medical treatment the newborn was receiving. RH

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	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
b. Evaluate own participation in clinical activities.	N/A	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
c. Communicate professionally and collaboratively with members of the healthcare team.	N/A	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.	N/A	S	N/A	N/A	S	N/A	S	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	S	N/A	N/A	N/A	S	S	S	N/A	N/A	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	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
g. Consistently and appropriately post comments in clinical discussion groups.	N/A	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS

Comments:

Week 2- 5a: Though we had a low census for the day, you were enthusiastic and eager to assess and care for the newborn. 5d, e: paper charting was reviewed and done correctly per your assessment. You also were able to navigate the EHR when looking for additional information about your patient. RH/BS
 Week 5- 5g- You received a U in this competency for not having a reference and in-text citation for your CDG this week. Please respond below regarding how you will prevent this in the future. BS

Week 5-5g: I understand that I received a U for this competency because I did not have a reference or use an intext citation. I will prevent this from happening in the future by making sure that I double check my post before submitting it to make sure that I have an intext citation and a reference for all of my CDG post from here on. **BS**

Week 6- 5a- You were able to learn about a new way of disposing of narcotic medications during your time in the FTMC ER. Good job! **BS**

Week 6- From your ER preceptor; Essence Byrd: Marked satisfactory and excellent in all areas. “Essence was willing to learn, was a great helper today.” Jennifer Zebe, RN

Week 7- 5a: You showed great enthusiasm throughout the clinical day and you were always eager to assist in the nursery, which the nurses appreciated. **RH**

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

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

Week 9- Lactation Objective 5A-Marked satisfactory in all areas. “The tongue ring is not very professional. Body language did not show interest in being here.” Rebecca Smith RN, IBCLC. You are receiving an unsatisfactory rating in this competency related to your lack of interest and enthusiasm show through your body language per the preceptor’s comments. Please respond below with how you will address this competency in the future. **MD/KA**

Week 9- lactation objective 5a response: I understand why I received an unsatisfactory in this competency. Going forward I will prevent this from occurring again but trying to show more interest. I will ask more questions and not just be quiet and watch the preceptor like I did during this clinical experience. I will also try to display better body language as to not seem uninterested in what I am learning or watching. **Great! BS**

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

Comments:

Week 2A: I think that I can improve by being more confident in my abilities going into clinical and not starting out so shy at the beginning of the day. I will work to improve this going forward by saying positive affirmations before clinical and working to improve my confidence and decrease my anxiety before clinical. **This will come with practice. Soon you won't think twice about being around and interacting with your patients. BS**

Week 5A: I think I could improve by learning to be a little more patient . I had a situation where a student refused the hearing test and I kind of caught myself getting a little flustered and frustrated that no matter how much I tried to convince the student the kept telling me no. I can improve this going forward by taking a breath and remembering that they are children and they don't fully understand why they need the screening and telling myself they are not just saying no to be difficult intentionally. **Good realization, Essence. Interacting with children can be frustrating, but as you mention, we must remember that we may be dealing with someone who doesn't understand what we are saying/asking. BS**

Week 6- 6A: I think that I could improve by not passing judgement on people. I did catch myself passing judgement toward one of the patients due to her appearance. I will improve this going forward by remembering that I never know anyone else's situation outside of the hospital setting and I should never pass judgment because I don't know what they may be going through or dealing with outside of the hospital and I wouldn't want anyone passing judgment on me the way that I did to that patient. **Great realization, Essence. It can be easy to judge some people, but as you mention, often times we do not get the whole picture or understand the details that influence some people's behavior. It's best to keep an open mind. BS**

Week 7-6A: I think that I could improve by taking more initiative. I found that I was kind of standing waiting to be told what to do more this week instead of just taking the initiative to do things. I can improve this going forward by remembering that I do not have to ask to do things. I know what I can and cannot do as a student nurse so I will take the initiative to do the things that I know need to be done that I know I can do without having to be told first. **Good point. I always encourage students to take advantage of being a student, ask questions and try new skills. I remember being in school and I would always be the one volunteering to be the first to try something new. Sometimes I would fail, but at least I had that first try under my belt, and it always got easier from there. Many of you, just a few weeks after you graduate, will be working as RNs, and now all those skills will be your responsibility. So, I say, try all that you are allowed. BS**

Essence, nice work this first half of the semester. Keep it up! BS

Week 8-6a: This week I think I can improve in putting in more effort. I feel that I did not put in as much effort as my other classmates and I feel that I could have done way more than what I did this week. I will improve this by setting goals going forward so that I know what I expect of myself. I will also communicate and ask for feedback on how I am doing so that I will know if there is anything that I have to improve and I know how to improve it. **That's a great idea, Essence. BS**

Week 9-6a: This week I think I can improve by being more vocal. I didn't speak up as much as I should have to try to get the kids' attention back sometimes because I felt like I was yelling and I thought it would hurt their feelings. I can improve this by remembering that it is loud and talking in a louder voice doesn't mean that I am yelling at them or being mean to them. **Considering the environment at the club, loud voices are a valuable tool to try and maintain order. If you don't speak loud enough to keep their attention, they will take over and it will be chaos! BS**

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

Week 9- Lactation Objective 6E-Based on the preceptor comments for your lactation clinical, it was noted that your tongue ring was not professional and distracting to the staff and patients you interacted with. Please respond below with how you will address this competency in the future. MD/KA

Week 9- lactation objective 6e response: I understand why I received an unsatisfactory on this competency. I will do better and address this going forward by making sure to just take out my tongue ring during my clinical experiences so that it is not distracting to patients or staff that I may be working with. BS

Week 11- 6e- You received a U in this competency for having submitted your tool after 0800 on Friday, November 1, 2024. Please respond below regarding how you will prevent this in the future. BS

Week 11- 6e response: I understand why I received an unsatisfactory for this competency. I will prevent this from happening in the future by making sure that I do not wait until the last minute to do my tool because it is easy to forget about it when you wait until the last minute to do it. Going forward I will make sure my tool is turned in the day before it is due.

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:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
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:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	S	S	S	S	S	S	S	S	S

Faculty Initials	BS									
Remediation: Date/Evaluation/Initials	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	Date: 9/23	Date: 9/26	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: 11/7
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
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): Byrd, Harper

GROUP #: 3

SCENARIO: Pregnancy and PPH

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

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Mona CO pain at 5/10. Patient identified. VS. Begins assessment. FSBS 200.</p> <p>Mona CO feeling dizzy and lightheaded. Noticed HR. Notice abnormal bleeding. Notice boggy uterus.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interpreted the need to apply fetal monitor. Fetal monitor interpreted. UA interpreted. FSBS 200, interpreted ab above normal.</p> <p>HR interpreted as elevated. Interpreted the need for fundal massage. Noticed lower respiratory rate and the need to sit-up. Fundus reassessed.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Inquires about typical dietary choices. Urine sent to lab. Fetal monitor applied. Leopold's maneuver performed to determine fetal position. Patient repositioned to left side. Call to provider, report provided. Mona informs of the lack of prenatal car. US + for glucose, nitrates, leukocytes, THC. Orders received for acetaminophen, Procardia, fluids, US to verify dates. Orders read back. Medications and fluid prepared, patient identified. Fluids initiated and medications administered. Medication and dietary education provided to patient.</p> <p>Fundus immediately massaged when boggy uterus assessed. Good job remaining calm. Call to provider to report new findings. Peri-pad weighed- 600 g. Order received for methylergonovine, prepared and administered. Patient repositioned. Fundus reassessed to be firm.</p>

<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the importance of SBAR communication when calling the provider, and gathering information prior to. Discussed that it is ok to ask for help or offer help to team members. Forgot to mention this in debriefing but good job providing patient education.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary A= Accomplished D= Developing B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In simple, common, or familiar situations, is able to compare the patient’s data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Is hesitant or ineffective in using nursing skills</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

<p>5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</p> <p>*Course Objectives</p>	
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Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: 3

SCENARIO: Shoulder Dystocia and Newborn Care

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

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Introduce self. Identify name/DOB</p> <p>Pain assessment: rating, description, location.</p> <p>Obtain vitals</p> <p>Perform sterile vaginal exam.</p> <p>Begins head to toe assessment. Asks about gestational age, medical history, weight gain</p> <p>Reassess mom after pain medication administration.</p> <p>APGAR 1 minute: heart rate (133), respiratory rate (43), cry, movement, color. Total: 9</p> <p>Perform newborn assessment including reflexes</p>

					<p>APGAR 5 minute: 9</p> <p>Delayed mom assessment after delivery- does not assess fundus</p>
<p>INTERPRETING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 					<p>Interpret vitals as WDL</p> <p>Interpret fetal monitor as accelerations and connects that to baby wellbeing</p> <p>Interpret immediate delivery</p> <p>Identify all forms of thermoregulation for baby</p>
<p>RESPONDING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 					<p>Offer pain relief techniques (deep breathing, position changes, pain medications) and techniques to progress labor.</p> <p>Educate on pain medication and how it is safe for baby.</p> <p>Educate that increased monitoring for mom and baby after administration</p> <p>Medication administration: nubain- ask name/DOB, scan patient and medication, use of subcutaneous needle rather than IM needle, correct IM technique, use of needle safety.</p> <p>Medication administration: PCN- did all checks at same time as nubain. Hung secondary bag below primary bag rather than primary bag below the secondary bag. *timeout for assistance, faculty assistance with correct placement of primary and secondary bags for proper flow*, program pump correctly.</p> <p>Education provided to patient in regards to shoulder dystocia prior to delivery to prepare mother.</p> <p>Call healthcare provider. SBAR organized but slow</p> <p>Call for help, McRoberts, suprapubic pressure, roll to hands and knees, evaluate for episiotomy, rotational maneuvers,</p>

	<p>remove posterior arm</p> <p>Immediately dry baby off and wrap in blanket, place baby under the warmer, put hat on baby</p> <p>Medication administration: erythromycin ointment (educate mom on what is for), vitamin K (educate mom on what vitamin K is for and why important to administer. Vitamin k admin: correct dose, correct needle, use of needle safety. Apply ointment to baby's eyes</p> <p>Offer skin to skin with baby/mother</p> <p>Call healthcare provider to update on delivery. SBAR used, organized</p> <p>Education provided to mom of expectation of bleeding and when to report to healthcare provider</p>
<p>REFLECTING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Team remediated on IV pump and IV fluids and how to hang correctly. Identified all types of thermoregulation. Used good SBAR while calling healthcare provider.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p>	<p>You are Satisfactory in this simulation! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying</p>

<p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)* 5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)* 6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)* 	<p>rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: E. Byrd

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

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

<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Responded to safety issues by correcting each of them to provide a safe environment for the patient's care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient's respiratory distress by providing the patient with the ordered breathing treatment.</p> <p>Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Utilize the concepts of growth and development to identify concerns with patient safety and provide appropriate interventions to address safety concerns. (1, 3, 5)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication 	<p>You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! KA/MD/RH/BS</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks</p>

<p>administration to prevent errors in the process. (1, 2, 5)*</p> <p>3. Collaborate with members of the healthcare team to provide safe, holistic, and comprehensive patient care. (1, 2, 4, 5, 6)*</p> <p>4. Utilize SBAR communication in interactions with members of the health team. (5)*</p> <p>*Course Objectives</p>	<p>further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: **3**

SCENARIO: **Pediatric Respiratory**

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

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Introduce self, identify patient with wrist band</p> <p>Notice needle, battery, and scissors. Remove from crib.</p> <p>Obtain vitals. Notice elevated temperature.</p> <p>Pain assessment with use of faces pain scale</p> <p>Respiratory assessment includes lung sounds, does not remove gown to visualize chest.</p> <p>Reassess temperature after ibuprofen administration. Reassess pain with use of faces pain scale</p> <p>Assess ears and notices drainage from right ear.</p> <p>Does not identify IV fluids running at incorrect rate. During debriefing, IVF maintenance rate identified and calculated.</p> <p>Obtain vitals. Notice pulse ox low, does not apply oxygen</p> <p>Reassess lungs, reassess pain with faces scale. Respiratory assessment includes lung sounds, does not remove gown to visualize chest</p> <p>Notice worsening cough. Does not notice or identify stridor</p> <p>Reassess temperature.</p> <p>Does not identify IV fluids running at incorrect rate. During debriefing, IVF maintenance rate identified and calculated.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Calculate correct medication math for ibuprofen with corrected dose. Identifies medication error and corrects with healthcare provider for new order.</p> <p>Identifies that patient is in pain and can administer acetaminophen for pain per orders.</p>

	<p>Leaves patient bedside even with pulse ox in 80s</p> <p>Does not identify or prioritize stridor as emergency</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Educate patient on safe toys and what appropriate toys are</p> <p>Closes crib rails when not at bedside</p> <p>Call healthcare provider. SBAR organized. Asks about weight-based orders for ibuprofen and acetaminophen. Gets new orders for acetaminophen and ibuprofen. Does not read back orders for verification.</p> <p>Medication administration: ibuprofen. Scan patient and medication, correct dose, route. Verify name/DOB. Does not inform patient or father what medication is for or what medication it is.</p> <p>Education provided to father about illness including handwashing to prevent spread, cough descriptors, illness length, educate on taking child outside for cool air to relax lungs, cool mist humidifier, encouraging fluids, lots of rest, signs of respiratory effort increase (anxiety, increased respiration, and tiredness)</p> <p>Call healthcare provider. SBAR less organized this time, but still includes most data. Provides update to provider on pain and fever. While on phone with provider, identifies inappropriate dose for amoxicillin and gets a new order with correct weight-based requirements. Does not read back new order.</p> <p>Medication administration: amoxicillin. Scan patient and medication. Verify name/DOB. Correct dose, correct route. Does state it is an antibiotic for ears but does not provide further medication education.</p> <p>Call respiratory therapy for breathing treatment.</p>

	<p>Does not apply oxygen to child with low pulse ox (80s)</p> <p>Medication administration: scan patient, scan medications. Administer ibuprofen, acetaminophen, and amoxicillin.</p> <p>Call respiratory therapy for breathing treatment.</p> <p>Apply oxygen (4L) to patient after extended time of pulse ox at 88%.</p> <p>Call healthcare provider. No SBAR provided. Ask about PO medication cetirizine. Gets new order for dexamethasone. Does correct medication math on phone with provider. Read back dexamethasone order for verification.</p> <p>Medication administration: cetirizine and dexamethasone. Verify name/DOB, scan patient and medications. Correct dose for both medications, correct routes.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario and recognition of teamwork/communication. Identified importance of double-checking orders to verify correct/safe dose for pediatric patients. During debriefing correct IV fluid rate calculated by each student. Discussed medication errors and how to identify/prevent doing so in their practice as nurses. Team provided great educate to father and child on illness as well as medications administered and what to watch for at home. Students identified they should react quicker to respiratory distress and applied oxygen quicker than what they did in scenario.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p>	<p>You are Satisfactory for this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks</p>

<p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)* 	<p>subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: **3**

SCENARIO: **Pediatric GI**

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

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Introduce self, identify patient. Pain assessment: rating using 1-10 scale (5-10). Obtain vitals. Assess skin turgor: elastic. Assess mucous membranes: slightly tacky. Assess abdomen, notice bruising. Asks how got bruise and mom answers that he fell off the bike. Listen to bowel sounds, ask about urine and bowel habits, ask about emesis, Ask mother to leave room and begin inquire about bruising on abdomen. Assess right arm bruise after prompting that it is sore.</p> <p>Patient complain of abdominal pain, vomits. Obtain vitals. Reassess vitals after IVF bolus. Repeat GI assessment.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Temperature 102.5- interpret as elevated Mucous membranes slightly tacky: interpreted as sign of dehydration. Temperature reassessment 100.5: interpret as improvement from interventions</p> <p>Blood pressure 84/50- interpret as sign of dehydration. Temperature 102.1- interpret as elevated. Blood pressure 105/56- interpret as improvement from interventions.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Offer Pedialyte to patient and offers emesis basin at same time. Call lab for results of stool sample. Get rotavirus positive results. Place patient in contact precautions. Call healthcare provider and update on patient status. Question cetirizine order since it is PO and patient has NPO order. Update provider on rotavirus positive result and request change of route for acetaminophen. Get new order for acetaminophen, does not read back order for verification. Education provided to mother on BRATTY diet for management of diarrhea and vomiting. Education provided to mom about smoking cessation due to pregnancy. Medication administration: acetaminophen and cetirizine. Check name/DOB, scan patient, scan medication. Incorrect medication math and gave too much medication per order. Call healthcare provider with update on patient. Notices of suspicion</p>

	<p>of abuse. Encouraged to question patient separate from mother and contact case management. Call case management for referral for suspicion of abuse. Update mother on referral for case management to ensure patient and mother are safe in the home. Does not ask further questions about mother's abuse or safety.</p> <p>Call healthcare provider. Requesting IV fluids. Receive order for IV fluid bolus and maintenance rate. Receive order for Zofran. Does not read back orders. Call lab to test emesis for occult blood. No order received for this test. Medication administration (IV bolus) done by assessment/charge nurse. Verify name/DOB. Scan patient, scan medication. Set pump up correctly for bolus. IV flushed to ensure patency. Medication administration (medication nurse) Zofran. does not verify name/DOB or use scanner to scan patient. Pushes medication slowly. Call healthcare provider. Provide update on patient and ask about testing PO fluids Medication administration (medication nurse): acetaminophen. Check name/DOB, scan patient, scan medication. Incorrect medication math for dose</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussed scenario. Also discussed importance of checking recommended doses for medications to ensure safe dose is ordered. Discussed contact precautions and educated on how to prevent illness spreading at home. Recognized need to contact someone to investigate bruising and signs of abuse. Discussed need to also assess mother since it was reported by child that she was also hurt. Discussion of proper medication math and how to calculate safe dose.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p>	<p>Nice work! You are satisfactory for this scenario. RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p>

<p>Scenario Objectives:</p> <ol style="list-style-type: none"> 6. Select physical assessment priorities based on individual patient needs. (1, 2)* 7. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 8. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 9. Utilize the concepts of growth and development to identify concerns in assessment findings associated 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)* <p>*Course Objectives</p>	<p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient’s condition. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: E. Byrd

OBSERVATION DATE/TIME: 11/7/2024

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

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **S. Byrd** 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	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.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	

<ul style="list-style-type: none"> • Information Seeking: E A D B 	<p>assessment aspects to include for a patient/support person with your assigned diagnosis.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Was able to interpret data pieces and prioritize accordingly.</p> <p>For each scenario, care was given in gathering details needed in order to phone the healthcare provider and provide SBAR.</p> <p>When developing your scenario, you interpreted the expected path of the disease process and necessary nursing interventions to include in the patient's care.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Responded with communication that was collaborative between roles. Clear communication was utilized between colleagues.</p> <p>Clear communication was utilized with family and layman's terms were utilized when appropriate.</p> <p>Responded with interventions that were planned accordingly and verbalized when necessary.</p> <p>Skill in identifying focused assessments as well as timely reassessments were utilized.</p> <p>Family members and others of the healthcare team were kept up to date on patient condition and given education for current condition as well as for preventative measures.</p> <p>In response to your assigned disease process you developed a comprehensive simulation that encompasses aspects of assessment, interprofessional communication, and nursing interventions appropriate for the patient scenario you developed.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Reflected with a self-analysis of assessment and analyzation of data to identify missing pieces of the scenario.</p> <p>Actively participated in providing constructive feedback to all groups observed throughout the simulation.</p>

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

STUDENT NAME: **Seannita Byrd**, Ava Lawson, Molly Plas, and Presley Stang

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

CLINICAL JUDGMENT					OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 					<p>You noticed suspicious bruising on patient and patient’s physical appearance and psychosocial status as deviation from normal.</p> <p>You noticed environmental concerns throughout the home that would be safety hazards.</p> <p>You noticed abnormal family functioning as you progressed through the simulation.</p> <p>You noticed the signs of respiratory distress and dehydration in the children.</p> <p>In the mother encounter you noticed suspicious bruising on the mother’s face and neck. You also noticed the poor environment with chips, pop, rats, spider, and cockroaches scattered throughout the room. You also obtained vital signs during your visit. Additionally, you noticed that the mother had a unprescribed medications, is a current cigarette smoker, and had a dysfunctional family dynamic when having conversations on home life.</p> <p>Noticed multiple bugs in kitchen. Noticed exposed cleaning supplies that kids could get into. Noticed expired infant formula. Noticed lack of nutritious foods in the refrigerator. Noticed open beer bottles. Witnessed father preparing bottle.</p> <p>You provided a focused assessment to the children of the household recognizing concerns requiring immediate medical assistance.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 					<p>You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit.</p> <p>You were able to interpret safety and health issues with each member of the family.</p> <p>You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit.</p> <p>You interpreted acute respiratory status changes and lethargy as major assessment concerns in the children in this home environment.</p> <p>In the mother encounter you interpreted the suspicious bruising on the mother’s face for physical abuse from her partner. You identified there were educational opportunities for abused women and children. You were also able to interpret the safety concerns throughout the room with the environment, unprescribed medications, cigarette smoking, and her high blood pressure from not taking her medications. You encouraged the mother to discuss more of her dysfunctional family dynamic.</p>

	<p>Interpreted conditions in the kitchen as being dirty, messy, and unsafe for children. Interpreted exposed cleaning supplies as dangerous for children. Interpreted the lack of nutritious foods as not ideal for the family. Interpreted multiple empty beer bottles as potential alcohol abuse. Interpreted father's bottle preparation method to be inadequate (formula expired, not using the correct quantity).</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>You responded to patient's admission of abuse calmly without judgement. Communicated alternatives clearly and empathetically.</p> <p>You responded with intervention regarding safety of children; flexible and creative with ideas and interviewing each member of the family.</p> <p>You responded by prioritizing the safety and health concerns of each family member and seeking further treatment for them.</p> <p>You sought further information regarding potential abuse from all members of the family.</p> <p>You were respectful and calm in communicating with potential abuser. Coping skills were discussed.</p> <p>You responded to safety, psychosocial issues calmly. You were confident in your approach to each family member.</p> <p>In the mother encounter you provided education about resources for the physical abuse and educated on the importance of being able to have a way to communicate outside of the home in case of an emergency. You provided the mother with WIC information as well as information for an exterminator for the poor home environment. Additionally, you gave the mother information on smoking cessation and to not take unprescribed medications. Great job in the mother encounter!</p> <p>Educated father that cleaning supplies should not be stored in places where the children could get access to them. Educated father to pay attention to expiration dates and how to properly and safely prepare a bottle. Educated that there are resources available to assist with healthy food choices.</p> <p>You recognized the need for involvement by CPS, law enforcement, and hospitalization for medical treatment of both children.</p> <p>You recognized that you only had consent to treat the mother in this situation and sought maternal consent to call for medical assistance and treat the children of the household.</p> <p>You recognized the need and ability to educate the 8-year-old son in the family and educated him on proper baby care and not drinking alcohol.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B 	<p>Group discussion of how reviewing the chart during prebrief assisted with developing a plan for the "home visit." Discussion of what they noticed in mother's room including post-partum depression, flat affect, abuse, anxiety,</p>

<p>• Commitment to Improvement: E A D B</p>	<p>unlabeled prescription medications, and abnormal vitals. Education was provided on diet, smoking cessation, WIC, meals on wheels, peds on wheels, counseling, importance of follow up appointments, and importance of medication compliance. Group also noted that the mother assumed blame for lack of bonding/PPD and education was provided that this was not her fault. During discussion of the partner visit, the group mentioned that they were careful with their questions/statements as they did not want to make the partner angry or triggered in any way as to not to put the mother at risk for abuse upon completion of the home visit. They also noticed that the partner was lying when answering certain questions related to the relationship and how he treated the mother. The group attempted to educate on how to make a proper bottle for baby, cleanliness, and expired food. The group wanted to address the photos on the refrigerator but was unsure how to do so without making the partner angry. Discussion of the children's visit was mainly about safety and improper care of the children. The group noticed lack of medication for Jack's asthma and that he was currently experiencing some respiratory distress. They also noticed lack of safety concern for Jill and her failure to thrive. Safety items they were most concerned with were lack of safe sleep (blanket over face, pillow in crib, toys in crib), a space heater, and juice for the baby rather than formula. Team lead discussion with little prompting and were able to have good discussion about their assessment findings and interventions.</p> <p>Upon completion of the simulation, you created an education plan focused on Brian for bottle preparation, anger management, and keeping the hazards out of reach of children.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p>Developing or higher in all areas is required for satisfactory completion of this simulation.</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. Provide quality, patient-centered care in an organized, safe manner. (1, 2, 4, 5)* 2. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 	<p>Excellent job in communicating without judgement and providing appropriate education, information regarding resources, and intervention for family.</p> <p>You are satisfactory for this scenario. KA/MD/BS/RH</p>

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| <ol style="list-style-type: none">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)* | |
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*Course Objectives

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

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

Student eSignature & Date: Seannita Essence Byrd 11/26/24