

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Anthony Drivas

Final Grade: Satisfactory

Semester: Fall

Date of Completion: 11/26/24

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

Faculty eSignature: K. Ammanniti MSN, RN, CHSE

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

- Care Maps
- Patient/Family Education

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

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
10/4/24	1	H&V Screening Survey not completed	10/10/24 KA

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

7/18/24 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
9/20/24	Risk for Infection	KA

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		N/A	N/A	N/A	S	S	S	S	S	NA S	NA	S	NA	NA	NA	NA	NA	S
b. Provide care using developmentally appropriate communication.		N/A	N/A	N/A	S	S	S	S	S	NA S	NA	NA	NA	NA	NA	NA	NA	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		N/A	N/A	N/A	S	S	S	S	S	NA S	NA	S	NA	NA	NA	NA	NA	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	N/A	S	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		N/A	N/A	N/A	S	S	S	S	S	S	NA	S	NA	NA	NA	NA	NA	S
Clinical Location Age of patient		No clinical	NA	NA	FRMC OB 1 day old	FRMC ER	B&G club V&H tests	Na	Saint Marvs	FTMC OB 33 F	NA	Lactation 32F	NA	NA	NA	NA	NA	NA
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KS

Comments:

Week 5e – Trust vs Mistrust (Infant is only 1 day old and Erikson's stage of trust vs mistrust is from birth to 18 months) **Nice job! KA**

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

Week 5 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. **KA**

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

Week 5 – 1d – You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process whenever returning the newborn to the parents from the nursery. KA

Week 6 1E – Generativity vs Stagnation for a majority of my patients being within their early thirties as well as Integrity vs Despair due to some of my pts being over the age of 65 Nice job! KA

Week 6 – 1a – You did a nice job describing the patient with the foot abscess you helped care for during your ER experience this week. How old was the patient? Your CDG did not list a specific age. KA – I was unable to remember off the top of my head but I believe they were 34

Week 7 1E – Industry vs Inferiority for the children at the middle school due to being about 11 to 12 years of age, For the children at boys and girls club would be industry vs inferiority as well due to falling within the age gap of 5 to 13 years old. Good job! KA

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

Week 7- 1b- Nice job adjusting your communication techniques to provide developmentally appropriate communication to the various age groups at the Boys and Girls Club. 1e- You were able to discuss some of the differences you noticed while working with children of various ages at the Boys and Girls Club. BS

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

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

Week 7 – 1e – You did a great job describing the different age groups you worked with at Boys and Girls Club and how the younger children need more assistance and direction than the older children. KA

Week 8 1E – The children at Saint Mary’s would fall under the category of Industry vs Inferiority due to having the wide range of ages of the kindergartners to the 5th graders. They fall within the range of 5 to 13 based off of Erikson’s set range for this classification. Nice job! KA

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

Week 9 1E – Intimacy vs Isolation due to the patient being 33 years old and also the complexity of her relationship with her husband as well as her new relationship with her newborn boy. Good job! KA

Week 9 – FTMC OB Objective 1 A-E: This week in clinical, we discussed as a clinical group how to provide care with techniques and diversions appropriate for level of development, how to use developmentally appropriate communication, provide care utilizing systematic and developmentally appropriate assessment techniques, described multiple safety measures, and discussed the Erikson’s stage of development of our labor patient. MD

Week 11 1E – Due to her being 32 yrs old she would fall under Erikson’s stage Intimacy vs Isolation due to her new forming relationship with her newborn daughter Nice job! KA

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

Week 11 – 1a – You did a great job describing the breastfeeding mother you worked with while on clinical with the lactation consultant. The mother you worked with was a first-time mother who had been to lactation several times due to the newborn having a tongue tie that was affected her feeding ability. KA

Week 11 – 1c – You were able to describe a feeding and witnessing the newborn both sucking and swallowing. Because of the baby's tongue tie the feeding was taking a significant amount of time and the newborn was tiring out before taking in an adequate amount of nutrition. KA

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

Comments:

Week 6 – 1k – You discussed how the child was shy and limited interactions with staff related to the healthcare workers being stranger and how this impacted the care provided to the patient. KA

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

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

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

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

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

Comments:

Week 5G – Risk of trouble with economic stability due to now having two children. **This is definitely an SDOH concern, but make sure to elaborate more in the future.**
KA

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

Week 5 – 2c – You did a wonderful job providing a baby bath to your assigned newborn. You monitored the newborn’s temperature before and after bath as well as helped prevent hypothermia by utilizing appropriate warming techniques. KA

Week 6 2G – Risk of losing support system due to his caregiver being his mother who has recently been diagnosed with late-stage lung cancer. Also economic instability due to being unable to work due to strong reluctance to communicate with others. These are definitely important SDOH factors for your patient. Were there any discussions of alternative care for the patient if his mother becomes unable to continue to care for her related to her diagnosis and treatment? KA – I believe after treatment they were going to make recommendations / plans for a SNF

Week 7 2G – SDOH for the children include access to good quality education and economic stability to have access to needed resources that can contribute to flourishing educational status . KA

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

Week 7- 2g- You did a nice job discussing two social determinants of health that could affect the children at the Boys and Girls Club. BS

Week 8 2G – SDOH for children include education access and quality, with Saint Mary’s being a private school it can be difficult for some family to send their children their to receive a quality education. Good thought! KA

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

Week 9 2G – SDOH for the new mother could be financial instability due to having a ten year old at home already on top of now having a newborn boy. This is true, but also think about it from the perspective that care of the newborn has changed in the last 10 years which could also affect her ability to manage the overall health of her newborn. KA

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

Week 11 2G – A SDOH for consulting family at lactation will be financial instability due to needing to have pediatric dentist assess their child for an anterior tongue tie and if severe enough may need surgery. Also if the type of insurance or lack there of will potentially affect the overall ability to treatment and manage this condition in the newborn. KA

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

Comments:

Week 5D – I did not observe any issues, I feel everything was addressed properly. I know it must have been hard for the nurses to treat the mother that caused her baby to test positive for THC and Cocaine but they handled it professionally and fairly. **Even though, this was handled well by the nurses it is a good ethical dilemma. Which ethical concept(s) does this example relate to? KA**

Week 6 3D – one legal thing that would be difficult is the need for consent with treatment if a caregiver is unable to be reached. It would have to be delayed until contact could be made unless it was emergent. **This is a great example of a legal issue that can often be seen in the ER setting. KA**

Week 7 3D - There were no legal or ethical issues that I noticed during my Boys and Girls club or Vison and Hearing screening clinicals. **In the future if you do not see any think about potentials that could occur such as what if a parent without custody picks up the child from school or Boys and Girls Club. KA**

Week 8 3D – No issues were observed but a potential issues could be cheating on tests or dealing with bullying between children. **These are great potentials. KA**
Week 8 – 3a & 3c – You were kind and respectful when interacting with children and staff at the school. All the teachers and the principal complimented your presentation and how wonderful you were with the children. Keep up the excellent work! KA/MD/RH/BS

Week 9 3D – Legal issues could be trouble with the birth certificate especially if the mother falsified being pregnant during a divorce and now does not want to put her husband name on the certificate. **This is a major concern and issue OB nurses manage on this unit. KA**

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

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

Week 11 3D – No issues were observed during clinicals, one ethical issue that could occur with lactation is nurses pushing for the mother to breast feeding even after the mother states she is unwilling to do so. I agree. This could be a concern and impede on the mother's autonomy. KA

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

Week 5 – 4a – You satisfactorily completed your care map. Please see the comments on the rubric for further details. KA

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

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

Week 6 – 4a – You discussed the 5 priority nursing interventions for your patient based on his diagnosis and the patient's response to each. It sounds like he was positively responding to treatment even though your were awaiting results for some of your interventions. KA

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

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

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

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

Week 7- 4d- You were able to provide developmentally appropriate education to the children at the Boys and Girls Club. Nice job! BS

Week 7 – 4d – You did a nice job discussing how you taught the students the screening process for both hearing and vision to ensure the results were valid KA

Week 7- 4d – You did a nice job discussing how you educated the children at Boys and Girls Club and how they reacted to your activity. KA

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

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

Week 9 – FTMC OB Objective 4E: As a clinical group we discussed the pathophysiology of a laboring patient’s disease process. MD

Week 11 – 4d – You described many different pieces of information that were given to the breastfeeding mothers to support their journey. One piece of education was regarding the jaw exercises and massage to assist the newborn with a tongue tie who was having difficulty not tiring out while feeding. KA

Student Name: Anthony Drivas				Course 4a			
Date or Clinical Week: 5				Objective:			
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	Anthony, you did a great job completing the noticing section with all of the assessment findings, labs/diagnostics, and risk factors for your patient from this week. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job listing the patient's nursing priorities and highlighting the highest priority. You wrote a realistic goal and highlighted all supporting data for your highest nursing priority. You also listed appropriate complications for the nursing priority and signs and symptoms you would assess for with each complication. KA
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job writing nursing interventions for your priority nursing problem that were prioritized, individualized, realistic, and included rationale. All interventions except your education interventions were timed. When writing frequencies for education interventions consider times such as on admission, before discharge, daily, and prn. KA
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	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	<p>You did a nice job reevaluating your highlighted assessment findings. In the future when including SpO2 make sure to note if it is on room air or with oxygen. Also, you did not document if you are continuing, discontinuing, or modifying your care map based on your reevaluation. KA</p> <p>You included 4 references and only 1 in-text citation. One of the references matching your in-text citation, therefore you are receiving credit for having bot a reference and in-text citation. In the future, each reference should have its own in-text citation. KA</p>
	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	0	

Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

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

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

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

Total Points: 41/45

Faculty/Teaching Assistant Initials: KA

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

Comments:

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

Week 6 – 4f – You were able to discuss the importance of the patient's PT and PTT in the management of the anticoagulant administration due to his pulmonary embolism. You also discussed how received a chest CT and d dimer to diagnose the pulmonary embolism before treatment was started. KA

Week 6 – 4g – You discussed the importance of the patient receiving vancomycin, heparin, and lactated ringers for your patient's diagnosis as well as how they hopefully positively impact his condition. KA

Week 6 – 4h – You discussed how the patient was being treated with antibiotics, anticoagulants, and IV fluids for his wound infection and pulmonary embolism. KA

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

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

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

Comments:

Week 5 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You were able to observe a hearing screening and PKU testing, provide a baby bath, and perform a newborn heart screen along with many other skills while on clinical this week! KA

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

Week 5 – 5g – Anthony, I did not grade your CDG this week since you complete the Care Map for one OB experience and the CDG questions for the other. I figured you would prefer I grade the Care Map for this clinical experience. If you would rather I grade the CDG instead please let me know. If you agree and are using the care map

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

for this week's OB experience, you will be expected to redo the CDG questions for your Fisher Titus OB experience. KA

Week 6 – 5a – The ER nurse reported you were excellent in all areas. Marie Caporini, RN made the comment that you were “Proactive and anticipated needs of patients.” KA

You did a nice job discussing how you were able to see a different type of ultrasound utilized by the ER to help IV placement in patients. KA

Week 6 – 5g – You responded thoughtfully to all of the CDG questions related to your ER clinical experience. You shared your thoughts on your patient's disease process and the care he received while in the ER. You did not include a reference and in-text citation to support your post and there will receive an unsatisfactory for the post. Please make sure to make a statement on how you will prevent from receiving a U in this competency in the future. KA

U acknowledgement for week 6 5g – To remember to look at the rubric paper and go back and make sure everything is checked off, I did it this week and I hit submit and realized I missed adding the citation even though I had them saved on a separate word document. I edited my submission and had them added to meet the needed criteria. SO from now on I am referencing back to all the rubrics when I come to any homework of online submissions. Great catch! KA

Week 7- 5a- You were active and engaged while providing education to the K-6 grade children at the Boys and Girls Club. BS

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

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

Week 8 – 5g – You did not have any CDG requirements this week just a simulation reflection therefore this week this competency is NA. KA

Week 9 – FTMC OB Objective 5A-C and E-G: This week in clinical you were very interested in clinical, participated in all activities we did in clinical, had professional communication with all members of the healthcare team, demonstrated the ability to look through a patient's chart with guidance in Cerner, had clear SBAR communication about our laboring patient, and you also discussed what was required for a satisfactory CDG. Great job! MD

Week 9 – FTMC OB Objective 5D-you did not document in the patient's EHR. MD

Week 9 – 5g – Anthony, you did a great job responding to your CDG questions this week on your OB experience. Thank you for sharing your unique clinical experience. You supported your thorough responses with an in-text citation and reference. Keep up the excellent work! KA

Week 11 – 5a – The preceptor marked you excellent in all areas. She left the comment, “Attentive and involved.” Hannah Alexander RN, CLC. KA

Week 11 – 5g – You did a terrific job responding to the CDG questions related to your lactation consultant clinical. You did a wonderful job describing all the education that was provided during the one two hour visit you saw. You supported your post with an in-text citation and reference. Keep up the excellent work! KA

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

Comments:

6a week 2 – An area of improvement would be my study habit, I usually only review our packets without paying any attention to the book and charts mentioned that would probably be helpful. A goal to improve my studying and test performance would be to review the packet and read the chapter in the book we are currently covering, circle

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

the slides that have chart and read through them in the book. This is a great goal, however remember to keep only evaluate and discuss examples about clinical on the Clinical Evaluation Tool. KA

6a week 3 U recognition- A area of improvement is to remember to have my tool submitted on time and when I do submit it make sure it goes through. An easy way to achieve this goal is to have my clinical tool submitted as soon as I am able to, doing this will lessen any chances of late submissions Great job for acknowledging and addressing this U already. I agree with your rating based on the fact your tool was submitted after Friday at 0800. I appreciate that you promptly fixed this issue and have set things in place to prevent this in the future. KA

6a Week 4 – An area for improvement I think is during simulation, I knew what one of the medications were due to giving it during my job but was unsure of additional uses. I should of utilized my resources to prevent any risk of providing false information/education. To prevent this from happening if I am unsure of something I was look up information to guarantee correct information is provided. This is a great goal. KA

Week 4 – 6a, b, c – For weeks you only have simulation or lab please place NA's in all competencies. Only clinical is rated in these clinical competencies. KA

6a Week 5 – An area of improvement is gaining confidence in the assessment of newborns as well as confidence in myself to provide accurate information when asked questions. Easy ways to fix this is continue to practice my newborns assessment and how to recognize abnormalities as well as knowing the technical terms and also general studying to provide accurate information confidently when questioned. Great idea! You got this! KA

Week 5 -6e – Your Care Map was submitted after Friday at 0800. Remember all clinical, sim, and lab components are due by Friday at 0800. Please make sure to make a comment on how you will prevent receiving a U in the competency in the future. KA

Week 6 6A – An area of improvement would be to utilize my resources more and to find another nurse to precept with during clinicals that would of given me more opportunities to be hands on. My overall experience in ER was good just lack luster with my nurses assignment, For me at the time there was no children with minimal pt in general. I am sorry you did not have the opportunity to work with any children. Unfortunately, the ER' census is unpredictable and is dependent on the population seeking out medical attention at any given time. KA

U acknowledgement – To have all my assignments turned in the previous night and to also double check everything the day before so I know everything is finished and turned in on time. KA

Week 7 6A – Area of improvement is my discussion posts and remembering to check my rubrics to make sure I meet all the needed criteria. I always forget to add the reference and intext citation but this time I made sure to get all my boxes checked off. For clinical wise just have more confidence and comfortability talking and interacting with children. Great job following the rubric and making sure each area was addressed. I am glad checking it twice allowed you to find your missing information so you could add the in-text citation and reference to receive full credit this week. KA

Week 7- 6d,e- You were prepared for your activities at the Boys and Girls Club and acted professionally at all times. BS

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

Week 7 – 6e – Your survey for your Hearing and Vision Clinical experience was not completed by Friday at 0800. Please make sure to write a comment on how you will prevent receiving a U in the future in this competency. KA

Midterm – You have had the opportunity to see many areas of maternal child nursing so far this semester. Please be aware that 1 f, g, h, and I were marked as NA for the first part of the semester. Let your faculty member know during your second rotation on the OB unit so hopefully these areas can be addressed during the second half of the semester. Also you are receiving a U for 6e at midterm, this is due to the fact you did not submit the survey for your hearing and vision experience. Please make sure to complete this. Also, please think of ways to help remind yourself to complete your clinical assignments on time since this is the second time this semester that a part of your clinical assignment was late or missing. If you have any question or concerns let me know. Continue to work hard and finish strong during the second half of the semester! KA

Week 8 6A – An area of improvement would be my study routine, Instead of focusing mostly on my note packet and reviewing some charts I have focused on reading entire chapters as well as doing ATI practice questions and self-teaching in front of the mirror. For clinicals the main thing I can improve on is just communication with children and explaining things on a level they can understand better. Make sure to set a goal on how you are going to improve your area of weakness. AN example for your current weakness would be to look up different age appropriate communication techniques before your next clinical experience. I am glad you were able to adjust your studying habits I hope it helps you understand the material more! KA

Midterm U Acknowledgement – I swore I thought I completed the Vision and Hearing screening survey but I apparently didn't, the only thing I can do differently is make sure I complete them the same day as the clinical. Thank you for completing it promptly! KA

Week 9 6A – An area of improvement would be balancing my time spent between homework and studying. This week has mostly been trying to do homework so I can study later, I need to do some homework and then study during the day instead of all of one thing and none of the other. Please make sure to only include areas of improvement related to clinical. I have pointed this out previously, if you do not include areas to improve in your clinical practice for the future and only focus on theory you will receive a U for this competency. KA

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

Week 11 6A – Areas that I could improve on is communication with the families during clinicals, overall I wasn't doing much conversating and more observing the education being provided. Also trying to ask better questions to the staff to grasp a better understanding of the process overall. Remember to write a goal such as "Next time I will come up with a list of statements or questions I can use to develop rapport with the patient and questions for staff to gain more knowledge about that area of nursing." KA

Final – Anthony, you have satisfactorily completed the clinical portion of the Maternal Child Nursing Course. You worked hard this semester learning the many concepts related to the Maternal Child population and then applying them to each of your clinical experiences. You interact well with the members of the healthcare team and ask excellent questions to help you gain a greater understanding of the expectations and the nursing process. You should be proud of all you have accomplished over the past semester. Good luck as you continue on into your last semester! KA

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

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

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

* Course Objectives

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

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/12 & 9/19	Date: 9/23	Date: 9/26 & 10/3	Date: 10/7	Date: 10/17 & 10/18	Date: 10/24 & 10/31	Date: 11/4	Date: 11/5 & 11/6	Date: 11/15	Date: 11/19	Date: 11/22	Date: 11/22	Date: 10/8
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: 4

SCENARIO: Pregnancy and PPH

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

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

<p>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. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients, which the team did a good job of.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary A= Accomplished D= Developing B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* <p>*Course Objectives</p>	<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 most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: 4

SCENARIO: Shoulder Dystocia and Newborn Care

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

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 patient name/DOB</p> <p>Pain assessment: rating, description</p> <p>Obtain vitals</p> <p>Listen to lung sounds and heart sounds, abdomen assessment, IV assessment</p> <p>Obtain cervical exam after phone call to provider but prior to nubain administration.</p> <p>APGAR 1 minute: cry, heart rate (assessed 117; actual was 136), respiratory rate (47), tone, color. Total: 9</p> <p>Performs post partum assessment on mom, assess fundus</p>
<p>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 relate that to fetal well being</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 medication based on pain assessment. Education provided to mother on interactions of medication and monitoring done after administration</p> <p>Call healthcare provider in regards to administer or not administer nubain to patient. Use good SBAR when calling healthcare provider.</p> <p>Education provided to mother and sister in regards to antibiotics and GBS+ status</p> <p>Medication administration: identify name/DOB, scan patient and medications, check allergies, PCN-hand secondary bag above primary bag, clean hub prior to hooking up to primary tubing, program pump appropriately, unclamp secondary tubing. Nubain- use correct needle size, correct technique, use of needle safety.</p> <p>Education provided to mother about risk for shoulder dystocia including risk factors mom has and possibility of having difficult birth.</p>

	<p>Call for help, McRoberts, suprapubic pressure, evaluate for episiotomy, roll to hands and knees, rotational maneuvers, remove posterior shoulder</p> <p>Did not call provider prior to delivery</p> <p>Immediately dry baby and wrap in blanket, placed baby in warmer, put hat on baby, offer skin to skin to mom after baby assessment done.</p> <p>Medication administration: education on vitamin K administration to baby and why necessary. Verify baby band and mom band, scan patient, scan medications, administer vitamin K as subcutaneous injection (should be IM, needle in at 90 degrees and straight into muscle), use of needle safety, correct dose, correct needle size. Administration of erythromycin ointment done with correct technique.</p> <p>Education on caffeine intake and breastfeeding baby.</p> <p>Education on post partum depression and “baby blues”</p>
<p>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 correct needle size for IM injection on infant. Discussion on importance of calling healthcare provider when patient is pushing and after patient delivers as a healthcare provider should be present at this time.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)* 	<p>You are Satisfactory in this simulation! 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 most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient’s response. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>

<p>3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</p> <p>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)*</p> <p>5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)*</p> <p>6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)*</p>	
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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Anthony Drivas

OBSERVATION DATE/TIME: 10/8/24

<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 wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.</p> <p>Great job.</p> <p>I enjoyed seeing your pregnancy photo!</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p>Simulation Objectives:</p> <ol style="list-style-type: none"> 1. Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)* 	<p>Comments</p> <p>You are satisfactory for this simulation. KA</p>

<p>2. Describe how patient-centered care is dependent on past medical history, cultural history, social history, and pregnancy/birth history. (1, 2, 4)*</p> <p>3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)*</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	
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*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Anthony Drivas

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		
INTERPRETING: (2, 4)*						<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>
• Prioritizing Data:	E	A	D	B		
• Making Sense of Data:	E	A	D	B		

<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 administration to prevent errors in the process. (1, 2, 5)* 3. Collaborate with members of the healthcare team to provide safe, holistic, and comprehensive patient care. (1, 2, 4, 5, 6)* 	<p>You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! KA/MD/RH/BS</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

4. Utilize SBAR communication in interactions with members of the health team. (5)*

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: 4

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/24/24 1200-1330

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *						Introduce self
• Focused Observation:	E	A	D	B	Ask about breathing, ask about pain (does not use faces scale or ask for a pain rating), ask about cough.	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Identify needle, battery, and scissors in crib. Remove from crib.	
• Information Seeking:	E	A	D	B	Respiratory assessment. Listen to lung sounds. Does not remove gown to visualize chest. Does move gown after done with respiratory assessment complete.	
						Obtain vitals. Identify elevated temperature.
						Verify symptoms with father report. Ask father questions about illness and how long has been present.
						Assess ears. Notice drainage from right ear. Assess throat. Notice red throat with moist mucous membranes
						Medication errors in chart not identified or investigated. Incorrect dose administered to child. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient.
						Reassess pain in ears and throat after ibuprofen administration.
						Notice increased cough, ask about difficulty breathing. Begin respiratory assessment: listens to lung

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

	<p>medications. Correct dose per chart.</p> <p>Apply oxygen to child to increase pulse ox. (2L)</p> <p>Educate father on asthma triggers and what to watch for. Encourage keeping a journal. Educate on peak flow meter to assist with asthma control.</p> <p>Healthcare provider called nurses for update. SBAR very organized. Receive new order for dexamethasone. Do medication math with provider on phone for correct order. Readback order for verification.</p> <p>Medication administration: dexamethasone. Check name/DOB. Educate father on medication and why needed. Scan patient, scan medications, correct dose, correct route.</p>
<p>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 lack of double-checking orders for medications. During debriefing all safe dose medications were checked and medication safe doses were calculated by all students. Discussed medication errors and how to identify/prevent doing so in their practice as nurses. Team provided great educate to father and child on illness as well as medications administered and what to watch for at home.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)* 	<p>You are Satisfactory for this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information.</p> <p>Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</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>3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</p> <p>4. Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)*</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): Beltran (M), A. Drivas (C), Gresh (A)

GROUP #: 4

SCENARIO: Pediatric GI

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

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *						<p>Introduce self. Identify patient. Assess pain, assess abdomen. Ask about bruising on stomach. Begin to question story of falling off bike. Continue with head to toe skin assessment and notice bruising on right upper arm. Obtain vitals. Pain assessment using faces scale. Mother leaves room with charge nurse to sign paperwork and discuss illness. Inquire about bruising on Jack. Ask about feeling safe at home.</p> <p>Obtain vitals, complain of stomach pain Patient vomits, assess emesis as bile and Pedialyte. Repeat vitals after emesis Pain assessment with faces scale. Repeat vitals after IV bolus complete.</p>
<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 						
INTERPRETING: (2, 4)*						
<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 Skin turgor: elastic. Mucous membranes: slightly tacky. Interpreted as possible dehydration. Temperature 100.5- interpreted as improvement after acetaminophen.</p> <p>Temperature: 102.1- interpret as elevated</p>

	<p>Sin turgor tenting, interpret as dehydration. Mucous membranes tacky, interpret as dehydration Temperature recheck: 100.9- interpret as improved 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>Education on proper hand hygiene and how to prevent spread of illness through home. Medication administration: cetirizine. Educate on what medication is for. Verify name/DOB, scan patient, scan medication. Correct medication math. Call lab for stool sample results. Stool is positive for rotavirus. Place patient in contact precautions. Call healthcare provider. Update provider on assessment findings and how suspicious of abuse. Update on rotavirus results. Receive order for right arm xray, consult to case management, and encouraged to separate mom from child to further question child. Asked for clarification on acetaminophen order and proper/safe dosing. Repeat all orders back for verification. Offer gown and PPE to mother Education provided to mom about smoking around children and smoking cessation especially while pregnant. Medication administration: acetaminophen. Check name/DOB, educate on what it is for, scan medication, scan patient. Educate patient on proper handwashing after using bathroom. Call case management due to suspicious bruising and suspect for abuse. Update mother on case management consult.</p> <p>Call healthcare provider. Update that he has had no output since morning. Flush IV to ensure patency Acetaminophen administration: acetaminophen. Verify name/DOB, scan patient, scan medication. Correct medication math. Call healthcare provider. Provide update from last assessment. Receive new order for IVF bolus and maintenance fluids. Receive new order for Zofran and ibuprofen. Read orders back for verification. Medication administration: IVF and Zofran. verify name/DOB, scan patient, scan medication. Correct medication math. Push IV Zofran slowly. Program pump correctly for bolus.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussed the scenario. Also discussed importance of checking recommended doses of medications to ensure safe dose is ordered. Discussed contact precautions and education on how to prevent spreading illness at home. SBAR communication used while calling members of the healthcare team. Recognized need to contact someone to investigate bruising and signs of abuse. Identify need to also investigate abuse on mother as well.</p>

<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 6. 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>Nice work! 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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient’s condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Anthony Drivas

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

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 					<p>Noticed deviations from normal with physical assessment and inquiry. Information seeking regarding patient condition as well as with parent/support person at bedside when appropriate.</p> <p>When developing your scenario, you noticed the important assessment aspects to include for a patient/support person with your assigned diagnosis.</p> <p>Through the scavenger hunt you were able to notice various details of each of the ten scenarios simulated.</p>
INTERPRETING: (2, 4)* <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 					<p>You were able to interpret data pieces and prioritize accordingly.</p> <p>For each scenario, care was given in gathering details needed in order to phone the healthcare provider and provide SBAR.</p> <p>When developing your scenario, you interpreted the expected path of the disease process and necessary nursing interventions to include in the patient's care.</p> <p>You utilized clinical judgment to interpret appropriate responses to NCLEX style questions related to each scenario.</p>
RESPONDING: (1, 2, 3, 5)* <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 patient and family and layman's terms were utilized when appropriate.</p> <p>Responded with interventions that were planned accordingly and verbalized when necessary.</p> <p>Skill in identifying focused assessments as well as timely reassessments were utilized.</p> <p>Family members and others of the healthcare team were kept up to date on patient condition and given education for current condition as well as for preventative measures.</p> <p>In response to your assigned disease process you developed a comprehensive simulation that encompasses aspects of assessment, interprofessional communication, and nursing interventions appropriate for the patient scenario you developed.</p> <p>You developed appropriate NCLEX questions for your scenario based on your disease process.</p>
REFLECTING: (6)* <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>You developed debriefing questions specific to your scenario to assist your peers in reflecting on the importance of your simulation.</p>
SUMMARY COMMENTS:					

<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: Tylie Dauch, Anthony Drivas, Zachary Grosswiler, Katherine Shirley OBSERVATION DATE/TIME: 11/22/24 SCENARIO:
Comprehensive Simulation

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					
• Focused Observation:	E	A	D	B	You noticed suspicious bruising on patient and patient’s physical appearance and psychosocial status as deviation from normal.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	You noticed environmental concerns throughout the home that would be safety hazards. You noticed abnormal family functioning as you progressed through the simulation.
• Information Seeking:	E	A	D	B	You noticed the signs of respiratory distress and dehydration in the children.

	<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 thorough assessment to the children of the household recognizing concerns of an asthma attack in the 8-year-old and dehydration and failure to thrive in the newborn.</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 on resources for the abuse and assisted her in forming a safety plan. You encouraged her that the abuse was not her fault and provided additional resources for WIC and Job and Family Services for more support. You educated her on resources for an exterminator and a cleaning service to assist with the poor home environment. You provided information on not taking unprescribed medications and preceded to take the medication with you to prevent any further usage. You educated on the importance of taking prescribed medications (labetalol and Zolof) as well. Great job with 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 reflected on the care you provided and sought feedback on what more care you could have provided to the children and family in the simulation</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Group discussion of how reviewing the chart during prebrief assisted with developing a plan for the “home visit.” Discussion of what they noticed in the mother room including the abuse, filth, lack of medications, non-prescription medications, and poor food choices. The group focused on safety of the mother and educated on resources regarding the abuse and how to create a safety plan. It was noted that the mother was defending the partner and saying he was doing a good job and was helpful to her. During discussion the group wanted more time to then perform a postpartum assessment on the mother as well as ask about the birth and how the mother was healing. Education was also provided on medication compliance, proper use of prescription medications, and healthy food choices. During discussion of the partner visit, the group noticed the defensiveness of the partner, pictures on the refrigerator, expired food, and excessive alcohol present. It was noted that the partner</p>

	<p>was also dismissive of any and all education that was attempted to provide at this time. Education that was offered included healthy food options, WIC, and proper use of formula. Discussion of the children's visit included safety concerns and neglect of care. The group was able to identify the failure to thrive and respiratory distress in Jill and Jack, respectively. The group also noted that the neighbor was aware of the situation because they were bringing food to the kids, but did nothing to call CPS which was frustrating to the group. 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 Monica for smoking cessation, domestic violence resources, and medication adherence.</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)* 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)* <p>*Course Objectives</p>	<p>Excellent job in communicating without judgement and providing appropriate education, information regarding resources, and intervention for family.</p> <p>You are satisfactory for this scenario. KA/MD/BS/RH</p>

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:

Overall I felt that class was a great experience and had many opportunities to learn and become more comfortable with the pediatric aspect of nursing.

Student eSignature & Date: Anthony Drivas 11/26/24