

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

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

Student: Dylan Wilson

Final Grade: Satisfactory

Semester: Fall

Date of Completion: 11/26/2024

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

Faculty eSignature: M. Dunbar DNP, RN

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

Absence: (Refer to Attendance Policy)

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

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

7/18/24 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
10/3/2024	Ineffective Thermoregulation	MD

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies:		S	NA	NA	NA	NA	S	S	S	S	S	NA	NA	S	NA	NA	NA	S
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	NA	NA	NA	NA	S	S	S	S	S	NA	NA	S	NA	NA	NA	S
b. Provide care using developmentally appropriate communication.		S	NA	NA	NA	NA	S	S	NA	S	S	NA	NA	S	NA	NA	NA	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	NA	NA	NA	NA	S	S	NA	NA	S	NA	NA	NA	NA	NA	NA	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	NA	NA	NA	NA	S	S	NA	NA	S	NA	NA	NA	NA	NA	NA	S
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	NA	NA	NA	NA	S	S	S	S	S	NA	NA	S	NA	NA	NA	S
Clinical Location Age of patient		FRMC OB 1Dav	NA	Empathy Bellv	Boys and Girls Club	NA	FT OB <24 hours	MIDTERM	ST MARY'S	Bellevue Middle sch	FT ER 16 month	NA	NA	Lactation	NA	NA	NA	FINAL
	KA	KA	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

E1: Trust stage. In this stage the infant will trust or mistrust the basic needs of life such as nourishment, and affection. Nice job identifying the correct stage. Make sure to state the complete stage first i.e. trust versus mistrust, then state which end your patient falls under. KA

Week 2 - 1a - You did a wonderful job providing holistic care to the mom and baby you were assigned to this week. You did a nice job completing your newborn assessment for the first time. KA

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

Week 2 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. KA
Week 2 – 1d – You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process. KA

Boys and Girls Club Objective 1E-This competency needs to be addressed with ALL clinical sites. Please respond with the Erikson's stages of development for this clinical and also respond with how you will prevent this from happening again in the future. MD

Week 5- 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

Boys and Girls- School age. In this stage the school age kids develop confidence in themselves to do task such as demonstrating the Heimlich maneuver. For future be sure to be using Erikson's stages of development. Let me know if you have questions. MD

In the future this won't happen again because now I am aware this is for all clinical sites. MD

7e- Newborns are in the stage of trust vs mistrust. The reason for the choice is the newborn will choose their mother to trust or mistrust for feedings. Aso with others holding them and how they react. Great! MD

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

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

E8- Industry vs inferiority. The school aged kids were able to be self confident in playing exercise games while competing against their classmates. MD

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- The kids were in 6th, 7th, and 8th grade, so their stage of development was Identity vs Confusion. During this stage, they experiment to find out who they really are. This was observed by a vast array of clothing styles, piercings, and how they view the world. This is a crucial stage of life for sense of self and preparing for the challenges of adulthood. Teenagers may start to focus and think about their religious beliefs, social identity, and sexual identity. MD

Week 9 – 1a, b, & c – You did a great job utilizing the techniques your learning through your training to complete hearing and vision screenings on the middle schoolers this week. You asked appropriate questions and communicated with the students utilizing your knowledge in growth and development. KA

E10- My patient's stage of development for a 16 month old is autonomy vs shame and doubt. This child developed a self of independence. While trying to be independent this child fell 8-10 feet from the playground equipment. MD

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

13E- The patients stage of development was Intimacy vs Isolation as they were 27 yo in early adulthood. During this time this age group will discover intimate relationships with others exemplified by the patient with 2 kids and a husband. Great! MD

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

Comments:

Week 2 – 1i – You did a nice job identifying which stage of bonding your mother and baby couplet were in and providing an example you observed while on clinical. KA

Objective																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children encompassing cultural sensitivity and diversity. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Engage in discussions of evidenced-based nursing practice.		S	NA	NA	NA	NA	S	S	S	S	S	NA	NA	S	NA	NA	NA	S
b. Perform nursing measures safely using Standard precautions.		S	NA	NA	NA	NA	S	S	NA	NA	S	NA	NA	S	NA	NA	NA	S
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	NA	NA	NA	NA	S	S	NA	NA	S	NA	NA	S	NA	NA	NA	S
d. Practice/observe safe medication administration.		S	NA	NA	NA	NA	S	S	NA	NA	S	NA	NA	NA	NA	NA	NA	S
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		S	NA	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	NA	S
f. Utilize information obtained from patients/families as a basis for decision-making.		S	NA	NA	NA	NA	S	S	NA	NA	S	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)*		S	NA	NA	NA	NA	S	S	S	S	S	NA	NA	S	NA	NA	NA	S
	KA	KA	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

Week 1 SDOH- Poor latching/lack of knowledge. The baby was having trouble breastfeeding which could lead to poor nutrition if not substituted with formula. The family wasn't able to get d/c until they could properly feed the child. KA

Week 2 - 2c - You did a wonderful job completing the car seat challenge on your patient and collecting vital signs every 15 minutes throughout the procedure. KA

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

Week 2 – 2d – You did a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. You had the opportunity to administer both PO and IM medications to the postpartum mother. KA

Boys and Girls Club Objective 2G-This competency needs to be addressed with ALL clinical sites. Please respond with the SDOH for this clinical and also respond with how you will prevent this from happening again in the future. MD I did complete the SDOH for B&G club, but I don't see it on here anymore. Also, Brian stated that it was done. Sorry for the confusion. MD

Week 5- 2g- You did a nice job discussing two social determinants of health that could affect the children at the Boys and Girls Club. BS

G7- A SDOH for this week is support. This is related to a 15yo who did have support during the delivery, but considering she is 15 and the father is absent can cause problems. I agree for sure. Also the dynamic of the family was really interesting. This definitely plays a part in the kind of support she will have in the postpartum period. MD

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

FTMC OB Objective 2 D-This week you were able to administer medications. You followed the rights of medication pass and were able to verify the patient's name and date of birth. Awesome job with administering the vaccine! You were able to perform the steps of IM injection well! Great job! MD

G8- A SDOH this week was a lack of education related to exercise and healthy eating. We were able to provide this for the kids and now they should have a better understanding of how to stay fit and healthy. Awesome! MD

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 SDOH- A SDOH I observed this week was some of the kids either had broken or without glasses. The SDOH related to this was the lack of money some of these families may have in order to afford new glasses. This is so true. What kind of resources could you provide? MD

Week 9 – 2c – You were organized throughout the screening and assisted others quickly and efficiently when needed. You helped answer each other's questions and worked as a cohesive unit. Nice job! KA

10G- A SDOH for one of the patients who was 88 years old is having to live alone. The patient had fallen at home at laid on the floor for hours before anyone was able to get him to the hospital. Absolutely. What kind of resources would you suggest for this patient and their family? MD

13G- A SDOH this week was a poor support system. The patients husband is often away from home working so after the grandparents left back to Wyoming she was often alone at home taking care of the baby. Absolutely! MD

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

Comments:

Week 1 Legal- An ethical issue I observed was an underage girl expecting a child was forced by her mother to come in the hospital to get tests done for the baby when the patient didn't want them. After she arrived to the OB department she refused tests such as an EKG. The girl wasn't even 30 weeks pregnant yet so she didn't see the need for all the tests, but she still is a minor who is under the care of her mother. **Great example of autonomy and nonmaleficence. KA**

Boys and Girls Club Objective 3D-This competency needs to be addressed with ALL clinical sites. Please respond with the ethical or legal issues for this clinical and also respond with how you will prevent this from happening again in the future. MD

Week 5- An ethical issue could be noticing and reporting a child being abused/neglected. Not saying this was the case but there were a couple kids that didn't get picked up from the school in time and were without rides. **MD**

In the future this won't happen again because now I am aware this is for all clinical sites. **MD**

D7- An ethical issue observed this week could be a patient refusing an epidural put who is talked into getting one by staff. **This definitely could be an ethical issue. Sometimes nursing can sway a patient's decision on treatment. It is so important to deliver education about treatments in a matter of fact way so the patient can make their own decisions. We also have to support their decisions. MD**

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

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

D8- An ethical issue observed at st mary's was during rock, paper, scissors the kids would cheat in order to win the game. This is an interesting one...what other ethical issues did you observe? MD

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

A legal or ethical issue that was observed this week was the school collecting data from the kids. Some parents may frown upon this idea and they also may be angered if they didn't know it was happening before the data was set. This is true. MD

10D- An ethical issue I experienced was the decision to keep the 88 year old, full arrest, STEMI, intubated patient a full code. Every family is different with their decision but it is a common issue in the medical field when or to have a patient decide on DNR. This is very true. It can be very difficult to determine this. Especially if family is not involved. MD

13D- A legal issue I observed this week was with a mother who just delivered a baby in the morning and wanted to leave ASAP. Soon to find out she was withdrawing from drugs. She had two other kids at home of age 11 and 14 years old. The patient was likely going to lose all her kids after she was reported to child services. So sad for those kids. MD

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

Week 5- 4d- You were able to provide developmentally appropriate education to the children at the Boys and Girls Club. Nice job! BS

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

FTMC OB Objective 4D-This week you provided outstanding education for your patient! It was specific to her needs and you delivered the information in a caring and compassionate manner! You were also able to answer questions and seek clarification when needed! Awesome job! MD

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

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

Week 9 – 4b – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You then helped alphabetize and document the information further on the required ODH documentation forms. This was a terrific help to the school nurse. KA

Week 9 – 4d – You did a nice job educating the middle schoolers as needed on the screening process and ensuring they were able to perform it correctly so the results would be valid. You were kind, caring, and professional with your interactions with the students. Keep up the nice work. KA

Student Name: Dylan Wilson				Course Objective:			
Date or Clinical Week: Week 7							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	All criteria met. MD
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

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

Reference

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

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

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

Faculty/Teaching Assistant Comments:

Total Points: 45/45 Satisfactory MD

Faculty/Teaching Assistant Initials: MD

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

Comments:

Week 2 – 4f, g, h, I, j – According to policy any competency left blank is marked as unsatisfactory. Please make sure to write a comment on how you will prevent receiving a U in these competencies in the future. KA

Week 3 Objective 4-Dylan, you did not address this competency with a rating and you also did not write a comment on how you will prevent this from occurring in the future. Please be sure to address this objective and write a comment on how you will prevent this from occurring again. Please reach out if you have questions. MD

Week 2&3- I will prevent this from happening again by thoroughly going through the entire word document. I was wrong and thought the competencies ended when I saw the care map rubric. MD

FTMC OB Objective 4 F and H-This week you did an awesome job with correlating diagnostic tests and medical treatment for the patients you took care of. MD

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

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

Comments:

Week 2 – 5 a, b, c, d, e, f, g – According to policy any competency left blank is marked as unsatisfactory. Please make sure to write a comment on how you will prevent receiving a U in these competencies in the future. KA

Week 2 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You assisted with a baby bath and completed a car seat challenge on your patient. KA

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

Week 2 – 5e – 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 2 – 5f – You provided hand off report to the appropriate nurse when leaving clinical at the end of shift and ensured they had the necessary information to continue to provide the appropriate care to the newborn. KA

Week 2 – 5g – You satisfactorily completed all CDG questions on your OB experience this week. You did a nice job sharing your experience and viewpoint and supported your post with an intext citation and a reference. Keep up the nice work! KA

Week 3 Objective 5-Dylan, you did not address this competency with a rating and you also did not write a comment on how you will prevent this from occurring in the future. Please be sure to address this objective and write a comment on how you will prevent this from occurring again. Please reach out if you have questions. MD

Week 2&3- I will prevent this from happening again by thoroughly going through the entire word document. I was wrong and thought the competencies ended when I saw the care map rubric. MD

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

Boys and Girls Club Objective 5G-Great job with your CDG! You met all of the requirements for a satisfactory CDG. One thing to note-your in-text citation should be (Cleveland Clinic Medical, 2024). Let me know if you have any questions. MD

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

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 10 Objective 5A- For your FTMC ER clinical you were marked satisfactory in all areas by the primary RN. The RN signature was not able to be identified. Great job! MD

Lactation Clinical Objective 5A- You were marked excellent in all areas with the comment of: “Interactive, personable, asked good questions.” Rachel Figgins CLC, RN. Great job! MD

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

Comments:

Week 2 – 6a, b, c, d, e, f, g, h, I, j – According to policy any competency left blank is marked as unsatisfactory. Please make sure to write a comment on how you will prevent receiving a U in these competencies in the future. KA

Week 3 Objective 6-Dylan, you did not address this competency with a rating and you also did not write a comment on how you will prevent this from occurring in the future. Please be sure to address this objective and write a comment on how you will prevent this from occurring again. Please reach out if you have questions. MD

Week 2&3- I will prevent this from happening again by thoroughly going through the entire word document. I was wrong and thought the competencies ended when I saw the care map rubric. MD

Week 4 Improvement- I can improve my clinical tool by not missing objectives next week and keeping up to date on all these necessary. **This is a really good improvement! Good job! MD**

Week 5 Improvement- I can improve on my communication with kids by initiating conversation more often throughout clinicals and real world situations. **That will help for sure! Keep working on it! MD**

Week 5- 6d,e- You were prepared for your activities at the Boys and Girls Club and acted professionally at all times. BS

Week 6 Objective 6E-Dylan- this week you turned in your clinical tool on Saturday 9/28 at 0933. The due date and time for submission of the clinical tool is Friday at 0800. Please respond with how you will prevent this from occurring in the future. MD

6E- This was my fault as I lost track of time and realized a day late that my tool needed to be turned in. To prevent this again I will set alarms and be more aware of due dates. MD

6A- Areas for improvement can be with giving discharge instructions. This week we practiced education r/t dc but I can become more familiar and educated myself for certain OB topics. Good! MD

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

MIDTERM-Great job in the first half of the semester! Remember to keep seeking out learning opportunities! MD

Week 8- Areas for improvement could be to have multiple different games to play for the kids instead of only one throughout the day. It was successful with only using one game though. **How will you improve on this? MD**

Week 9 Improvement- This week I could've done a better job interacting with the students instead of focusing so much on doing the hearing and vision assessment. Dylan-I can appreciate this area of improvement, however, you need to describe how you will improve this for the future. If this continues without a goal on how to adjust and work on the area of improvement I will need to give you an unsatisfactory. MD

Week 9 – 6e – You were late for your hearing and vision clinical. You made it within your 10 minute window but was 5 minutes late causing the school nurse to have to orient you separately since she already started orienting the students to the hearing and vision process. Please make sure to write a comment on how you will address this competency in the future to be satisfactory. KA

Week 9e- In the future I will be sure to account for time in traffic and be on time to clinicals. I realize that I did waste the school nurses time when she had to reexplain the procedure for hearing and vision. **I am glad you will work on this. MD**

Week 9 – 6h – You did an excellent job staying over clinical to assist the nurse in finishing the documentation for all the screenings we completed that day. This was such a great ACE attitude and the nurse was extremely grateful for your continued commitment and assistance. Wonderful job! KA

10A- An improvement that could be made talking more with the patients. During triage I didn't want to interrupt so I didn't say much or ask my own questions to the patient. Next time I will go back into the rooms to speak or ask questions to the patient about their health and situation. **Good goal! MD**

13A- An improvement that I could make is to better interact with the moms when they are feeding. It was a bit awkward to just be watching mothers breastfeed, so I just stood their and listened for the most part. Next time I could start more conversations with the mothers to make it less awkward. **Great goal! MD**

FINAL: Dylan- Congratulations! You have satisfactorily completed the clinical/lab/simulation portion of the Maternal Child Nursing course! You have grown so much over this semester! You have done an amazing job with learning maternal/newborn and pediatric content and applying it to each of your clinical experiences! I am excited to see you continue your growth in AMSN! MD

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

Skills Lab Competency	Lab Skills														
	Adult Head to Toe Assessment (*1, 2, 5, 6)	Breastfeeding and Bottle Feeding	Breast Assessment (*1, 2, 3, 4, 5, 6)	Circumcision Care (* 1,2,6)	Broselow Tape (*1,2,3,5)	Leopold's (*1, 2, 3, 5, 6)	APGAR (*2, 3, 4, 5, 6)	Breast Self-Exam (*1, 4, 5, 6)	Pediatric Vital Signs (*1,4,5)	Pediatric Lab Values (*1,4,5)	C-Section Care (*1, 2, 5, 6)	Health Literacy (*2,5,6)	Safety (*1,2,3,5,6)	Postpartum Assessment (* 1, 2, 6)	Newborn Bath and Cord Care (*2, 4)
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	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	MD
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: 9/19	Date: 9/23	Date: 10/3	Date: 10/7	Date: 10//18	Date: 10/31	Date: 11/4	Date: 11/6	Date: 11/15	Date: 11/19	Date: 11/22	Date: 11/22	Date: 9/10
Evaluation	S	S	S	S	U	S	S	S	S	S	S	S	S
Faculty Initials	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	S 10/18 MD	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:

Patient Safety Escape Room-You are receiving an unsatisfactory for this simulation due to being 5 minutes late for the simulation experience. Please be sure to arrive 5 minutes early for simulation experiences. MD

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME:

OBSERVATION DATE/TIME:

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): McIntyre A, Troike M, Wilson C

GROUP #: 11

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/19/2024 1330-1500

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>Orientation established. VS. Heart and lung sounds. Notices accelerations on monitor.</p> <p>Patient CO feeling dizzy and lightheaded. Bleeding noticed. Notices lower BP.</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>FSBS 200- interpreted as above normal. UA results interpreted.</p> <p>Prioritized the need to massage fundus. Prioritized obtaining BP following medication administration.</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>Questions patient about pregnancy, frequency of contractions. Patient assisted to left side. Urine sample collected and sent to lab. Call to HCP to give report. Orders received for acetaminophen (remember to read back order). Patient is questioned about medical and pregnancy history. UA results received. FSBS obtained. Questions patient about drug use and prenatal care. Acetaminophen prepared, patient identified, allergies verified, medication administered. Call to HCP, orders received for IV fluids, Procardia, education, and US to verify due dates (remember to read back orders). Education provided regarding marijuana use during pregnancy, prenatal care. IV fluid and Procardia prepared. Call to HCP to question Procardia with a SBP of 115. Fluids initiated and Procardia administered. BP reassessed.</p> <p>Boggy uterus assessed and fundus massaged. Call to HCP to report PPH. Order received for methylergonovine (not read back). Methylergonovine prepared and 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</p>

	importance of providing education to patients.
<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. 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): McIntyre (M), Troike (C), Wilson (A)

GROUP #: 11

SCENARIO: **Shoulder Dystocia and Newborn Care**
 OBSERVATION DATE/TIME(S): **10/3/24 1330-1500**

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2,5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Introduce self</p> <p>Pain assessment: location, rating, description</p> <p>Assess breasts, assess abdomen, verify allergies, verify patient name/DOB, assess legs and edema,</p> <p>Obtain vitals</p> <p>Obtain cervical exam</p> <p>Assess IV site</p> <p>Reassess vitals and pain after nubain administration</p> <p>Asks about contraction frequency</p> <p>Perform second cervical check after change in fetal strip</p> <p>Suction baby mouth and nose</p> <p>APGAR 1 minute: heartrate (140), respirations (46), tone, color, cry. Total: 10</p> <p>Obtain vitals after delivery, assess lochia, does not assess fundus</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>Identify fetal monitor as moderate variability with accelerations and associates with fetal wellbeing</p> <p>Identify vitals as WDL</p> <p>Identify change in fetal monitor after nubain administration. Ensures to visualize more than one deceleration prior to assessing second cervical exam</p>

RESPONDING: (1,2,3,5) *					Obtain fingerstick blood sugar
• Calm, Confident Manner:	E	A	D	B	Offer education on pain management and impact of meds on baby
• Clear Communication:	E	A	D	B	Call healthcare provider. SBAR organized but missing some information. Inquire about nubain order and ensure is okay to administer.
• Well-Planned Intervention/ Flexibility:	E	A	D	B	Education on pain medication to patient
• Being Skillful:	E	A	D	B	Medication administration: verify allergies, assess pain prior to administration, use of correct needle size, use of correct technique, use of needle safety. Does not verify patient name/DOB
					Call healthcare provider with update on cervical exam and fetal monitor changes. SBAR more organized
					Medication administration: penicillin. Education provided on reason for antibiotic. Verify allergies, hang secondary bag above primary bag, program pump correctly, scrub hub prior to hooking up secondary tubing, connect secondary tubing at appropriate hub, program pump correctly. Does not verify patient name/DOB or scan medications.
					Baby is coming: call healthcare provider with update on baby delivery is imminent
					Baby is coming: McRoberts , suprapubic pressure, rotational maneuvers, episiotomy, roll to hands and knees, call for help, remove posterior arm
					Immediately dry baby off after delivery and take to warmer
					Education provided to mom about vitamin K and erythromycin ointment and gather consent.
					After newborn assessment: swaddle baby and place hat on baby. Offer skin to skin with mom
					Medication administration: vitamin K- administer in correct location, use of correct needle size, use of correct technique, proper dose administered, use of needle safety. Does not check name/DOB or scan medications. Erythromycin: apply with correct technique.
					Call healthcare provider after delivery. Update provider on baby and

	mom.
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Team remediated on correct verification for medication administration for patient (name/DOB). Team discussed all interventions done and education provided to mom during simulation. Team reflected well on their performance.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)* 5. Identify ways in which heat loss occurs in infants. 	<p>You are Satisfactory in this simulation! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>

<p style="color: red; margin: 0;">(1, 2, 4, 5)*</p> <p style="color: red; margin: 0;">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

STUDENT NAME:

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

CLINICAL JUDGMENT	OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p style="color: red; font-size: small;">Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p style="color: red; font-size: small;">Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p style="color: red; font-size: small;">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 style="color: red; font-size: small;">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)* 4. Utilize SBAR communication in interactions with members of the health team. (5)* <p>*Course Objectives</p>	<p>You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! KA/MD/RH/BS</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <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</p>

more systematic in evaluating weaknesses

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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): McIntyre (), Troike (A), Wilson (M)

GROUP #: 11

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/31/24 1330-1500

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Pain assessment using faces scale
• Focused Observation:	E	A	D	B	Respiratory assessment. Lifts gown to visualize chest. Listens to lung sounds. Identify lung sounds as stridor rather than rhonchi
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Asks about appetite
• Information Seeking:	E	A	D	B	Obtain vitals. Notice elevated temperature
					Notice battery
					Reassess temperature, pain, and respiratory assessment after ibuprofen administration
					Notices scissors and needle in crib.
					Medication errors in chart not identified or investigated. Incorrect dose administered.
					Notice increase work of breathing and increase in coughing
					Obtain vitals. Notice decreased oxygen.
					Pain assessment using faces scale
					Respiratory assessment. Removes gown to visualize chest. Listens to lung sounds. Identifies lung sounds as wheezes but set for stridor

					Medication errors in chart not identified or investigated. Incorrect dose administered.
INTERPRETING: (2, 4) *					
• Prioritizing Data:	E	A	D	B	Calculate correct medication math for original order in chart for ibuprofen but does not catch incorrect orders in chart. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient
• Making Sense of Data:	E	A	D	B	Calculate correct medication math for original order in chart for amoxicillin but does not catch incorrect orders in chart. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient
					Correlate increased work of breathing and retractions
					Nurse does not stay at bedside when patient has stridor/respiratory distress
					Correlate retractions with increase work of breathing.
					Calculate correct medication math for original order in chart for ibuprofen and amoxicillin but does not catch error in orders. Does not identify that IVF are running too fast. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient. during debriefing all students calculate correct IVF maintenance rate for this patient.
RESPONDING: (1, 2, 3, 5) *					
• Calm, Confident Manner:	E	A	D	B	Remove 1/3 unsafe items from crib
• Clear Communication:	E	A	D	B	Leaves crib side rail down when leaves room
• Well-Planned Intervention/ Flexibility:	E	A	D	B	Medication administration: ibuprofen and cetirizine. Verify name/DOB, scan patient, scan medications. Right med, right dose, right route
• Being Skillful:	E	A	D	B	Call respiratory therapy for breathing treatment
					Education provided to father about smoking around child due to smoke being a trigger for asthma and coughing/croup.
					Remove scissors and needle from crib.

	<p>Medication administration: amoxicillin. Verify name/DOB, scan patient, scan medications. Right med, right dose, right route.</p> <p>Call respiratory therapy for breathing treatment, encourage RT to be urgent</p> <p>Apply oxygen via nasal cannula due to low oxygen level. Start at 0.5L</p> <p>Medication administration: ibuprofen and amoxicillin. Verify name/DOB. Scan patient, scan medication. Educate on what medications are for. Identify that ibuprofen now given for pain not for fever. Right dose, right med, right route.</p> <p>Healthcare provider calls students for update on patient. Give new order for dexamethasone while on phone. Does medication math while on phone with provider. Readback order for verification.</p> <p>Medication administration: dexamethasone. Check name/DOB, verify allergies, educate what medication is for, scan patient and medications, right med, right route, right dose.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team 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 education to father and child on smoking around child and how to prevent exposure to triggers for child.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p>	<p>You are Satisfactory for this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: 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>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)* 	<p>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: Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): McIntyre (A), Troike (M), Wilson (C)

GROUP #: 11

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/6/2024 1330-1500

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Introduce self, identify patient Pain assessment using faces scale GI assessment. Ask about bowel pattern, ask about emesis pattern, lift gown to visualize abdomen, notice bruise and ask about it (mom answers it was a bike accident), listen to bowel sounds After visualize bruise on abdomen does full skin assessment to look for other bruising. Notices right upper arm bruise. Obtain vitals Mom steps out of room. Nurse asks Jack about home life and bruises Nurse starts to ask mom about abuse at home, asks about sunglasses, asks about “friend” in the home, asks if they feel safe, mom denies abuse to self but does admit to issue with stairs and “friend” rather than the bike accident Pain reassessment with faces scale after acetaminophen</p> <p>Obtain vitals, does not obtain blood pressure GI assessment. Bowel sounds, palpate abdomen, ask about frequency of bowel movements Pain assessment using faces scale Reassess vitals after IVF bolus Reassess pain after acetaminophen administration</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Mucous membranes pink and slightly tacky, interpret as potential dehydration Skin turgor elastic, interpret as adequate hydration Temperature 102.5- interpret as elevated Temperature 100.5- interpret as improvement</p> <p>Mucous membranes pink and tacky- interpret as dehydration Skin turgor tenting- interpret as dehydration Temperature 102.1- interpret as elevated Temperature reassess 100.5- interpret as improvement</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B 						<p>Call healthcare provider with update on patient status and to question acetaminophen suppository. Receives new order for acetaminophen. Read back order for verification. Receive order to encourage PO fluids and then transition to BRATTY diet Call lab for stool culture results. Patient is positive for rotavirus. Initiate contact precautions</p>

<ul style="list-style-type: none"> • Being Skillful: E A D B 	<p>Call case management in regards to bruising on body that is not consistent with the story provided. Education provided to mother about rotavirus results Medication administration: acetaminophen and cetirizine. Verify name/DOB, scan patient, scan medications. Incorrect medication math for acetaminophen. Call case management with update on information found from Jack and mother about abuse</p> <p>Offer emesis basin Call healthcare provider and update on patient status. Requesting IV fluids and NPO status due to emesis. Receive orders for IVF bolus, maintenance fluids, and Zofran. Read back orders for verification. Medication administration: IVF bolus and Zofran. Verify name/DOB. Scan patient, scan medications. Correct medication math for Zofran. Flush IV to ensure patency. Program pump correctly. Educate mother on BRATTY diet, avoid sugary drinks Medication administration: acetaminophen and IV fluid maintenance. Scan patient, scan medication. Incorrect medication math for acetaminophen. Program pump correctly for maintenance 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>Team discussed scenario. Discussed importance of checking recommended doses of medications to ensure safe dose is ordered. Discussed contact precautions and education provided on how to prevent spreading illness at home. Educated on BRATTY diet. Recognized need to contact someone to investigate bruising and signs of abuse. Identified mother was also at risk for abuse and could have been more inquisitive with her as well. Recognition of IVF needed due to dehydration signs and symptoms identified in assessment. Group members all discussed medication math related to acetaminophen and calculate correct dose as a group.</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</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 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>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>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. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

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

CLINICAL JUDGMENT						OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>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>
<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 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>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Responded with communication that was collaborative between roles. Clear communication was utilized between colleagues.</p> <p>Clear communication was utilized with 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</p>

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

CLINICAL JUDGMENT					OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 					<p>You noticed suspicious bruising on patient and patient’s physical appearance and psychosocial status as deviation from normal.</p> <p>You noticed environmental concerns throughout the home that would be safety hazards.</p> <p>You noticed abnormal family functioning as you progressed through the simulation.</p> <p>You noticed the signs of respiratory distress and dehydration in the children.</p> <p>In the mother encounter you noticed suspicious bruising on the mother’s face and neck. You also noticed the poor environment with chips, pop, rats, spider, and cockroaches scattered throughout the room. You also obtained vital signs during your visit. Additionally, you noticed that the mother had a unprescribed medications, is a current cigarette smoker, and had a dysfunctional family dynamic when having conversations on home life.</p> <p>Noticed multiple bugs in kitchen. Noticed exposed cleaning supplies that kids could get into. Noticed expired infant formula. Noticed lack of nutritious foods in the refrigerator. Noticed open beer bottles. Witnessed father preparing bottle.</p> <p>You provided a focused assessment to the children of the household recognizing concerns requiring immediate medical assistance.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 					<p>You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit.</p> <p>You were able to interpret safety and health issues with each member of the family.</p> <p>You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit.</p> <p>You interpreted acute respiratory status changes and lethargy as major assessment concerns in the children in this home environment.</p> <p>In the mother encounter you interpreted the suspicious bruising on the mother’s face for physical abuse from her partner. You identified there were educational</p>

	<p>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 resources for the abuse such as the Safe House and discussed with the mother that the abuse was not her fault. You discussed the need for insurance for medical coverage and information on WIC for resources for car seat and crib safety. You discussed with the mother to not take unprescribed medications and encouraged her to use birth control to prevent further pregnancies. Additionally, you encouraged bonding with the newborn as much as possible. Great job in the mother encounter!</p> <p>Educated father that cleaning supplies should not be stored in places where the children could get access to them. Educated father to pay attention to expiration dates and how to properly and safely prepare a bottle. Educated that there are resources available to assist with healthy food choices.</p> <p>You recognized the need for involvement by CPS, law enforcement, and hospitalization for medical treatment of both children.</p> <p>You recognized that you only had consent to treat the mother in this situation and sought maternal consent to call for medical assistance and treat the children of the</p>

	<p>household.</p> <p>You recognized the need and ability to educate the 8-year-old son in the family and educated him on proper baby care, not drinking alcohol, and the need to drink more water.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Group discussion of how reviewing the chart during prebrief assisted with developing a plan for the “home visit.” Discussion of what they noticed in mother’s room including the filth, unlabeled medications, unhealthy food, abuse, lack of support system, and poor self-care. Education was provided on safety resources/safety plan, WIC, medication assistance, and therapy. The group noted that the mother was assuming blame for the lack of bonding/PPD that she was experiencing. During discussion of the partner visit, the group noticed the messiness of the kitchen and the differing stories they were getting. This was a flag for them to investigate further but also be careful with their working/questioning so it was not accusatory. The group also noticed the excessive alcohol, poor food/lack of food, and the concerning photos on the refrigerator. Education was provided regarding food stamps/WIC, safe sleep education, and breastfeeding v. formula feeding. Discussion of the children’s visit included lack of safety in the room. The group noticed the lack of safe sleep, lack of medications for Jack, inappropriate shows, and bruising on Jack that was suspect of abuse. The group concluded that Jack was in respiratory distress and Jill was failure to thrive so they were able to send the children with mother to the ER for further treatment. Team lead discussion with little prompting and were able to have good discussion about their assessment findings and interventions.</p> <p>Upon completion of the simulation, you created an education plan focused on Jack for how to get help when needed/when feeling unsafe, age appropriate food/drink choices, and hand washing.</p>
<p>SUMMARY COMMENTS:</p> <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 	<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>

<p>completion of nursing assessment. (1, 2, 5)*</p> <ol style="list-style-type: none">3. Utilize the concepts of growth and development to provide therapeutic communication with the family unit. (3, 5)*4. Identify safety measures for the family unit in the home setting. (1,3,5)*5. Demonstrate thorough environmental assessment in the home setting. (1,3,5)* <p>*Course Objectives</p>	
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EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date: **Dylan Wilson 11/27/2024**