EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Molly Plas

Final Grade: **Satisfactory**

Semester: Fall

Date of Completion: 11/26/2024

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

Faculty eSignature: Rachel Haynes RN, MSN

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

METHODS OF EVALUATION:
Care Maps
Patient/Family Education

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

7/18/24 KA

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
10/29/24	6	Missed Empathy Belly Simulation	11/5/24

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

SATISFACTORY CARE MAPS		
Date	**Priority Nursing Problem/Diagnosis**	**Faculty's Initials**
9/20/24	Risk for Thrombus	RH

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Make up	**Final**
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29	N/A	
Competencies: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		N/A	N/A	S	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
b. Provide care using developmentally appropriate communication.		N/A	N/A	S	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		N/A	N/A	~~N/A~~ S	S	N/A	N/A	**S**	**S**	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	N/A	S	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below and explain reason for choice)***		N/A	N/A	S	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
Clinical Location Age of patient		N/A	N/A	Lactation, age- 33	FT OB, age- 41	Boys and Girls club	N/A	MIDTERM	FT ER (17) and St.	Firelands OB age (30)	Hearing + Vision (3rd and	N/A	N/A	N/A	N/A	N/A	N/A	FINAL
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

Comments:

(E)- The stage of growth and development would be infant; I chose this because the infant was only a few hours old. In Erikson stages of growth and development and infant begins with newborn period till 12 months of age. This is the correct stage, but what we are looking for is the "conflict" of the stage. This would be trust v. mistrust. For this week, I will leave you as "S", but in the future please use the conflict when addressing this competency. RH

Week 4: 1a, c- you did a good job describing your assessment techniques in your CDG this week. You were able to describe the process of how to assess a mom who had recently delivered and how lactation helps within a certain timeframe. You also included some of the handouts that were included in this teaching time. RH

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

(week 5) E- the state of growth and development would be Trust vs. Mistrust, during this stage infants learn to trust their caregiver for basic needs such as feedings, changing diaper, holding them when they cry. Good job. RH
Week 5: 1a, b, c- You did a great job providing holistic and developmentally appropriate care to your patient this week. You were able to assist with assessments and interventions to assist your laboring patient. RH

(week 6) E- the stage of growth and development would be for the 4th and 5th graders would be Industry vs. Inferiority. They are developing a sense of worth. Industry referring to a child's ability to master skills and tasks and inferiority occurs when they are unable to meet expectations this can also result in low self-esteem. RH

Week 6: 1b- Nice job adjusting your communication techniques to provide developmentally appropriate communication to the various age groups at the Boys and Girls Club. 1e- You were able to discuss some of the differences you noticed while working with children of various ages at the Boys and Girls Club. BS

(week 8) E- the stage of growth and development would be for a 17-year-old adolescent is identity vs. role confusion. They are examining and redefining self, family, peer group, and community while experiencing different roles. If they are not successful, they will be unable to have a meaningful definition of self and will therefore develop role confusion. If they are successful, they will develop confidence in their self-identity and optimism about their future. Great explanation. RH
Week 8 – 1a & 1b – You did a wonderful job working with the elementary children while on clinical at St. Mary's Catholic School. You provided developmentally appropriate communication and adjusted your presentation to meet the needs of both the children K through 2nd and 3rd through 5th. Terrific job! RH

(week 9) E- the stage of growth and development would be for a newborn baby is Trust vs. Mistrust. During this stage the baby is uncertain about the world in which they live and looks towards their primary caregiver for stability and consistency of care. For example, the mom consistently responded to the newborns hunger cues, this provides a sense of security and trust in the caregiver and environment. RH
Week 9 – 1a – You did a wonderful job providing holistic care to the mother you were assigned in Labor and Delivery this week. You followed her over to postpartum and completed a newborn assessment on the infant after delivery. KA
Week 9 – 1c – You did a nice job observing the nurse during the assessment process of the laboring patient. You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. KA
Week 9 – 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 10) E- the stage of growth and development would be for 3rd and 5th graders is Industry vs. Inferiority. The kid's development a sense of pride in their accomplishments. Failure in something may result in a feeling of inferiority (being lower status than another person). RH
Week 10: 1a-c: you did an awesome job explaining the directions and helping the students with the hearing and vision screenings. MD

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

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

Comments:

Week 4: 1j- great job describing some of the resources that were provided to the mother for her breastfeeding journey. RH

Week 5: 1f, g, h- we were able to have discussion as a group about the patient who was in labor and the stages of labor as she was progressing. We also discussed the prenatal care your patient had and how it impacted her and her baby during pregnancy and after birth. RH

Week 9 – 1h – You were able to identify the stages of labor your patient was progressing through and watched the care of the patient from the moment of induction to delivery of the newborn. KA

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

Week 9 – 1i – You were able to identify the stage of bonding your patient was in appropriately and discuss why you chose that stage. KA
Week 9 – 1l – You were able to witness the labor process and how the healthcare provider, nurses, and the patient's support people work together to provide the best experience possible for the patient during the laboring process. KA

Week 10: 1j: the nurse and you had discussion about some resources available to the students if the parents are unable to afford to take their children to the referrals. MD

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

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

Comments:

(g)- Some SDOH factors that could be associated with lactation is not having enough money to buy formula which could affect the baby. Another SDOH is not having a car to get to follow up appointments for mom and baby, this could lead to mom and baby not getting the care that they need. I am glad you included that the mom had a breast

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

pump at home, this can oftentimes be free for mothers who have health insurance, and the lactation consultants are great about helping mothers get this resource if it has not been obtained already. RH
Week 4: 2b- I changed this to "S" because you used proper hand hygiene and precautions while going in and out of patient rooms during your clinical time. RH

(g)- some SDOH factors that could be associated with my patient is using drugs throughout pregnancy which puts the baby at high risk for withdrawing when born. She struggles with depression and anxiety which could affect her ability to care for her children and herself. She also had late prenatal care which could lead to a lack of education related to pregnancy and labor/delivery which could put her and the baby at risk. She has a good support system, the kid's dad, her sisters, and people from church. This is a major SDOH because we do not know how much that will impact baby until they are born, and we have to ensure baby can safely withdrawal from those substance(s). RH
Week 5: 2a, c- you were able to participate in conversation about evidence-based nursing practice in relation to one of your peer's patients and how it was related to their prolonged labor. RH
Week 5: 2d, e- You were able to successfully and safely administer medications to your patient this week. You administered IM, PO, and sublingual medications to your patient while using all checks and rights of medication administration. You also were able to assist another nurse by priming IV tubing for their patient. RH

(g)- some SDOH factors that could be associated with kids in boys and girls club that I saw could be inadequate access to nutritious foods, this could lead to kids struggling with health disparities because they are not eating the right number of nutritious foods that our body needs to stay healthy. Another SDOH could include inadequate access to healthcare this could be because their parents can't afford it. This could lead to illnesses that could be easily treated that could turn into something worse. The food issue is helped by boys and girls club because they get a meal while there, this oftentimes is dinner for those children because of lack of food or lack of nutritious food at home. RH
Week 6: 2g- You did a nice job discussing two social determinants of health that could affect the children at the Boys and Girls Club. BS

(g)- some SDOH factors that could be associated with my patient could be assess to insurance coverage, he was in a bad accident which caused him to get a lot of tests done and some procedures. Without adequate insurance, the cost of his hospital stay will be a lot. Another SDOH could be employment status, getting in an accident could cause him to not be able to work for a while which could cause financial issues. Anyone can come to the Emergency Department for treatment, regardless of their ability to pay. The ED is unable to turn away people who need to be seen, but yes, a visit without insurance will be very costly. RH

Week 8: 2d- Did you not observe any safe medication administration during your timeframe in the Emergency Department? If you did not administer the medications, but did observe the nurse doing so, that would still be an "S" for this competency. RH

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

(g)- some SDOH factors that could be associated with post-partum moms are access to good healthcare, transportation, insurance coverage, and availability of providers can affect a mom post-partum and baby by not getting the proper care. Another SDOH is social support, not having good support at home can increase the risk of postpartum depression for the mom. Great job identifying so many SDOH for your patient. RH
Week 9 – 2b – You were able to observe a circumcision, and the nursing interventions provided during and after the procedure to the newborn. You also observed a hearing screening for the newborn and the pre and post procedure interventions by the nurse. KA
Week 9 – 2c – You were able to work with your assigned nurse to read and identify EMF monitor strips of your laboring patient. KA
Week 9 – 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 were able to administer an IM medication to the newborn with practiced dexterity! Terrific job! KA

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

Week 9 – 2f – You worked with the family to gather information on the baby to appropriately document any feedings and output the newborn had while you were caring for them. KA

(g)- some SDOH factors are family structure including single-parent households, extended family support, foster can affect emotional and social development. Also Access to quality education can enhance the children's learning experiences. If a child is for example home schooled then they may not get as good learning experiences as kids who go to a public/private school. Good thought process! This can also include learning experiences from one school district to another. RH

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

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

Comments:

(D)- examples include inadequate informed consent can lead to legal liabilities for healthcare providers. Another example is healthcare providers are to maintain patient confidentiality, when discussing patient cases in a non-secure setting or with non-appropriate individuals can result in legal consequences for providers. This was happening a lot during this clinical. We were there for our OB clinical day, and it was interesting to see how the nurses talked about all the patients in the open nurse's station rather than going some place secure. Good observation. RH

(D)- examples include confidentiality, patient information being shared without consent. And patient noncompliance my patient was refusing treatment/testing it is important as nurses to engage in discussions to understand why mom does not want these treatments/medications/tests done on baby and we need to educate her on the importance of them while respecting her autonomy. Properly educating patients on factual information regarding labs and testing is very important so our patients can make an informed decision free from bias or opinions. RH

(D)- examples that could be included is discrimination, there were only a few white kids and a lot of dark complected people. Because it is ran by black teachers if these teachers were bias and only cared for black kids (not saying that this is true) but then the few white kids would not get the substandard care compared to the black kids. Good observation. RH

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

(D)- examples that could be included is Informed consent. This could have happened if my patient was not fully informed about the risks and benefits of a chest tube. Inadequate informed consent can lead healthcare providers to get in trouble. Providers and nurses sometimes should make sure the consent forms are clear and that patients have opportunity to ask questions. RH

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

(D)- an example that could be included is Mandatory reporting. This could happen if my patient had suspected abuse and health care professional not reporting it. Not reporting an issue like this could lead to safety concerns for the mom and baby. Providers and nurses need to be aware of patient confidentiality with legal obligations because these can create ethical dilemmas. So asking appropriate questions with the patient only is very important. Mandatory reporting has a long list of things that are reportable to various agencies. RH

(D)- an example is medical emergencies. School nurses don't have the ability to treat someone as if they were in the hospital. So, they must make quick decisions weather to call 911 or wait it out and treat the kid with medication. When this happens, they also need to contact the parent and have them consent with the interventions. If the situation is an emergency, such as an allergic reaction, they will call 911 then call the parents to inform them what is happening, but if it is something like they fell off the monkey bars at recess, they may call parents first before deciding to call 911 because the parents can take the child to the ED. RH

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

Week 4: 4d- You did a good job explaining how the lactation consultant was assisting the mother with education related to breastfeeding, including how to stimulate baby so they would be awake for the feeding as well as how much baby should be eating for the first few days. RH

Week 5: 4b, d- You were able to perform a full head to toe assessment on your patient and document your findings appropriately. You also were able to educate your patient on pain management and thrombus prevention. RH

Week 6: 4d- You were able to provide developmentally appropriate education to the children at the Boys and Girls Club. Nice job! BS

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

Week 8 – 4d – You worked with your classmates to develop a presentation on your assigned topic for the elementary students. Your teaching was fun, developmentally appropriate, and interactive. You utilized reputable resources to ensure the information was accurate that you presented. All the students were positively impacted by your education. Marvelous job! RH
Week 9 -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 10: 4b: you correctly documented on all the student papers for their hearing and vision results. MD
Week 10: 4d: you were able to provide education to the students on how to properly perform the screenings with appropriate language for the age group. MD

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

Student Name: Molly Plas	Course Objective:
Date or Clinical Week:	

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

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

	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 RH
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Reference

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

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

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

Faculty/Teaching Assistant Comments:

Total Points: 45/45

Faculty/Teaching Assistant Initials: RH

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

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

Comments:

Week 5: You were able to correlate the diagnostic testing done to your patient's baby based on the history that was provided to you from the patient and the patient chart. RH

Week 9 – 4f, g, h, I – You did a nice job assessing your patient and researching their medical history. 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

***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	N/A	
a. Demonstrate interest and enthusiasm in clinical activities.		N/A	N/A	S	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
b. Evaluate own participation in clinical activities.		N/A	N/A	S	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
c. Communicate professionally and collaboratively with members of the healthcare team.		N/A	N/A	S	S	~~N/A~~ S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		N/A	N/A	N/A	S	N/A	N/A	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		N/A	N/A	N/A	S	N/A	N/A	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		N/A	N/A	N/A	S	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
g. Consistently and appropriately post comments in clinical discussion groups.		N/A	N/A	S	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
		RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH

Comments:

Week 4: 5a- lactation comment- Molly Plas: marked excellent in all areas. Great questions and bedside manner. Hannah Alexander RN, CLC

Week 5: 5a- you showed great enthusiasm and interest in clinical this week. You were helpful to the nurses and your peers. RH

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

Week 6: 5c- I changed this to “S” because, though they were not healthcare team members, you did have to collaborate with the instructors of the boys and girls club while present. RH
Week 6: 5a- You were active and engaged while providing education to the K-6 grade children at the Boys and Girls Club. BS

Week 8: 5a- ER comment: marked excellent in all areas. Kaya Tenzillo, RN

Week 9 – 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 a vaginal delivery and epidural while on clinical this week! KA
Week 9 – 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 9 – 5f – You provided hand off report to the appropriate nurse when leaving clinical at the end of shift. KA

Week 10: 5a: you were positive and energetic with all interactions with staff and students. They really appreciated your assistance with these screenings! MD
Week 10: 5c: You communicated well with both school nurses and teachers who were present. MD

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

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

Comments:

(a)- An area I could improve in is pediatric dosage calc, I can meet this goal by doing practice problems and getting all the dosage calc questions correct on my quizzes. This is a good goal to have as it is a skill that will be used every shift as a nurse. RH

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

(A)- An area I could improve on is education. I can meet these goals by not being afraid to educate mom for example on not vaping in the hospital and how it can affect baby when breastfeeding. The more in-patient care I get the more comfortable I can get to educate patients. I can also look up in the book or online resources good educating points to talk to patients about. This can be difficult because we never know how a patient would respond and we do not want them to become defensive or combative with the staff. If you are uncomfortable, it is always okay to ask for assistance or for another person to come in with you. RH

(A)- An area I could improve on is presenting. I can meet these goals by getting more confident in myself and repetition. I feel like the more you present in front of people the more comfortable you get. I will get better at this skill by presenting in front of the class for cultural population presentation and the st. marys activity fair presentations. Good goal! RH

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

(A)- An area I could improve on is being a good support system and communicating with the patient's mom and dad. I felt like I did not have the appropriate words to say, and I was afraid I was going to say the wrong thing to make them even more upset. So, I just stood off to the side and watched. I can improve in communication by communicating with more patient's family's and going over communication skills to use in different situations. Sometimes in high stress situations, patients or family members may not want to talk or may only want answers that we, as nurses, cannot provide. Being there and making sure they have what they need at that time can be enough (think water, coffee, blanket, etc). RH

(A)- an area I could improve on is determining the proper PPE for a patient who has a suspected exposure. I have always struggled with this. To improve I can study the different precautions and safety equipment we must wear for each exposure. And I can review ATI, the book, and notes also to help. By taking care of more patients with exposures I can get more confident in determining the proper PPE to wear. You can also refer to the infection control card on your badge, but that is only applicable to Firelands policy and may differ slightly based on what facility you are at. RH

(A)- an area I could improve on is my ability to communicate with other healthcare professionals about patient care. I need to get better at using SBAR and providing a good report to the charge nurse of doctor. I can improve in this by using SBAR in simulations and having clinicals on the floor more often and communicating with different health care professionals. Great goal RH

Week 10: You did an excellent job staying over clinical to assist the nurse in finishing one of the classes! This was such a great ACE attitude and the nurse was extremely grateful for your continued commitment and assistance! MD

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

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

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

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

* Course Objectives

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

* Course Objectives

Comments:

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Simulation**												
	Pregnancy and PP Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 1 (*1, 2, 3, 5, 6)	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 5 (*1, 2, 3, 5, 6)	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 1 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4 (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)	Empathy Simulation (*1, 2, 3, 5, 6)
	Date: 9/19	**Date: 9/23**	**Date: 10/3**	**Date: 10/7**	**Date: 10/17 & 10//18**	**Date: 10/31**	**Date: 11/4**	**Date: 11/5 & 11/6**	**Date: 11/15**	**Date: 11/19**	**Date: 11/22**	**Date: 11/22**	**Date: 10/28**
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	U
Faculty Initials	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	S RH 11/5/24

* Course Objectives
Comments:

I am addressing the "U" I received because I forgot to do the belly simulation last week. I will complete this next week and write down in my calendar the correct date, so I do not miss another assignment. RH

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Morgan, Plas, Steele
GROUP #: 7
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/19/2024 0700-0830

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Patient identified and questioned about pregnancy. VS. Notice accelerations on fetal monitor. FSBS 200. Notices contractions and accelerations on fetal monitor. Pain reassessed following acetaminophen administration. Report received. Patient CO being dizzy and lightheaded. BP assessed. VS. Notices abnormal bleeding.
• Focused Observation:	E	**A**	D	B	
• Recognizing Deviations from Expected Patterns:	E	**A**	D	B	
• Information Seeking:	E	**A**	D	B	
INTERPRETING: (2, 4)*					Prioritized need for VS, fetal monitor, urine sample. Fetal monitor waveform correctly identified. FSBS interpreted as abnormal. Interpreted UA results with report to provider. Bleeding interpreted as PPH. Reassessment of BP interpreted as being low, which improves with fundal massage and medication administration.
• Prioritizing Data:	E	**A**	D	B	
• Making Sense of Data:	E	**A**	D	B	
RESPONDING: (1, 2, 3, 5) *					Good communication with patient. Urine sample collected and sent to lab. Patient assisted to left side. Call to provider to provide UA results. When prompted, asks about pregnancy history (remember SBAR communication). Orders received for fluids, Procardia, acetaminophen, FSBS, and US to verify dates. Orders read back. New orders explained to patient. Patient questions the need for Procardia. Patient identified, allergies confirmed, medication prepared and administered. IV fluid initiated. Patient education provided regarding gestational diabetes, support groups. Peri-area assessed for bleeding. BP assessed in response to patient feeling dizzy and lightheaded. Bleeding noticed, fundus immediately massaged. Call to provider. Order received foe methylergonovine. O2 applied. Reason for fundal massage explained to patient. BP reassessed. Methylergonovine prepared and administered. Orientation determined. Ensures patient is prepared at home and follow-up appointment confirmed. Education prepared regarding gestational diabetes and the need to
• 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	

	continue monitoring.
REFLECTING: (6) * • Evaluation/Self-Analysis: **E** A D B • Commitment to Improvement: **E** A D B	Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the importance of SBAR communication when calling the provider, and with practice this will improve. Discussed the reason for using Procardia for a patient experiencing pre-term contractions. Team did a great job of providing education.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* *Course Objectives	**You are Satisfactory for this scenario! BS** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Morgan (M), Plas (C), Steele (A)
GROUP #: 7
SCENARIO: Shoulder Dystocia and Newborn Care
OBSERVATION DATE/TIME(S): 10/3/24 0700-0830

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (Link to Course Objectives) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Introduce self, identify patient Pain assessment: rating, Ask about contraction strength, duration, frequency Obtain vitals Obtain cervical exam prior to admin of nubain Reassessment of pain and contractions after nubain administration. Ask and inquire about birth plan with mother prior to birth and once pain is controlled Ask about cultural preferences Repeat cervical exam after reevaluation of fetal monitor Assess fundus after delivery to ensure is firm and at midline Deliver placenta and assess cord APGAR 1 minute: heartrate (155), respirations (46), cry, color, tone. Total score: 9 Obtain baby temperature
INTERPRETING: (Link to Course Objectives) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interpret vitals as WDL Interpret cervical exam as okay to give nubain Interpret fetal monitor as accelerations (fetal monitor is actually showing decelerations after nubain administration). After reassessment, students identify early decelerations caused by head compression. Identify patient has changed labor stage based on cervical exam

RESPONDING: (Link to Course Objectives) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Discussion of pain management options Medication administration: nubain. Does not verify name/DOB, does not scan medications or patient, does double check dose and route, use of correct needle size, use of proper technique, use of needle safety. Education provided to mom that if medication is given too late into labor it could impact baby. Also educates on time when medication should start to work Call healthcare provider. SBAR organized. Discussion of risk for shoulder dystocia with provider and suggest amniotomy. Medication administration. PCN. Education provided as to why administering antibiotics. Does not verify patient name/DOB prior to administering, hang secondary bag above primary bag, check IV site after starting antibiotics. Clean hub prior to hooking up secondary tubing. Student nurse then state she would have checked name/DOB and scanned patient and meds prior to administration Education on shoulder dystocia prior to birth to prepare mother. Discussion of risk factors and what will happen if that occurs. Baby is coming: Call for help, Mcrobert's position, suprapubic pressure, evaluate for episiotomy, rotational maneuvers, remove posterior arm, roll to hands and knees. Immediately after delivery dry off baby, place hat on baby, do skin to skin with mother. Place in warmer Suction mouth and nose for baby prior to assessing lung sounds Medication administration: vitamin K and erythromycin. Education provided to mom on why medications are needed. Administer IM injection to baby with correct needle size, correct technique, use of needle safety. Did administer incorrect dose. Administer eye ointment with proper technique. Put clothes on babe after assessment
REFLECTING: (Link to Course Objectives) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team identified good teamwork and communication. Team discussion of scenario and interventions performed. Discussion of interventions including HELPERR and types of heat loss in infants. Remediation done on medication math and administration of IM injection to infant. Medication administration steps reviewed and discussion of importance of patient identification and scanning of medications in simulation. Team discussed education provided to mother and why important.

SUMMARY COMMENTS: * = Course Objectives	You are Satisfactory in this simulation! RH
Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric. **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** **1. Select physical assessment priorities based on individual patient needs. (1, 2)*** **2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)*** **3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*** **4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)*** **5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)*** **6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)***	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. 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. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Molly Plas OBSERVATION DATE/TIME: 10/17-18/2024 SCENARIO: Escape Room

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (2, 4)*					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.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1, 2, 3, 5)*					Responded to safety issues by correcting each of them to provide a safe environment for the patient's care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient's respiratory distress by providing the patient with the ordered breathing treatment. Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.
• Calm, Confident Manner:	E	A	D	B	
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/ Flexibility:	E	A	D	B	
• Being Skillful:	E	A	D	B	
REFLECTING: (6)*					Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.
• Evaluation/Self-Analysis:	E	A	D	B	
• Commitment to Improvement:	E	A	D	B	

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Morgan (A), Plas (M), Steele (C)
GROUP #: 7
SCENARIO: Pediatric Respiratory
OBSERVATION DATE/TIME(S): 10/31/24 0700-0830

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Notice battery, scissors, and needle.
• Focused Observation:	E	A	D	B	Assess chest/respiratory status. Place stethoscope under gown, visualize chest without gown.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Pain assessment with faces scale.
• Information Seeking:	E	A	D	B	Obtain vitals. Notice elevated temperature
					Introduce self to father and ask relation to child
					Identify lung sounds as rhonchi. Notice retractions.
					Medication errors in chart not identified or investigated. Incorrect dose administered to child (ibuprofen, amoxicillin) During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient.
					Suction nose with bulb syringe.
					Repeat vital signs. Notice temperature came down. Reassess lung sounds.
					Notice cough and increased work of breathing
					Pain assessment with faces scale.
					Obtain vitals. Notice elevated temperature. Notice oxygenation status low, applies oxygen
					Ask father about mucus production of child and if child has gotten worse throughout day
					Respiratory assessment. Take gown down to visualize chest. Identify lung sounds as stridor.
					Reassess vitals, respiratory, and pain after breathing treatment and steroid.
INTERPRETING: (2, 4) *					Inspect skin for damage from unsafe items in crib.
• Prioritizing Data:	E	A	D	B	Calculate correct medication math for original orders in chart (amoxicillin and ibuprofen) but does not catch error in orders. During debriefing, medication safe dose identified by students in skyscape.

• Making Sense of Data: E A D B	Students then calculated safe dose range for this patient. Identify correct IVF rate. Correlate lung sounds could be caused by fluid overload. Does not call healthcare provider for a new order before changing the fluid rate. Nurse does not stay at bedside while patient in distress. Correlate retractions with increased work of breathing. Calculate correct dose of dexamethasone. Calculate correct medication math for acetaminophen for original order in chart but does not catch error in orders. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient.
RESPONDING: (1, 2, 3, 5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Remove unsafe items from crib. Education to father about plan of care. Medication administration: ibuprofen. Verify name/DOB, allergies, scan patient, scan medications, right route, right dose per order Put crib rail up when not in room sometimes, but other times leave down. Educate father on proper toys and unsafe items in crib. Call healthcare provider. SBAR somewhat organized. Concern for lung sounds. Medication administration: cetirizine and amoxicillin. Check name/DOB, scan patient, scan medications, right route, right math per order in chart Call healthcare provider. SBAR minimal. Update on lung sounds. Receive order for new IVF rate. Does not read back order. Call healthcare provider. Update on safety issues found in room this morning. Educate on use of cool mist humidifier or taking child outside to cool air to relax lungs. Verify order for oxygen and place oxygen on patient due to low oxygenation. Start at 2L Left patient room with side rail down Call healthcare provider. SBAR more organized. Update on new assessment findings. Receive order for dexamethasone. Does medication math with healthcare provider on phone. Readback order for verification. Receive order for oxygen. Call respiratory therapy for breathing treatment

	Medication administration: dexamethasone. Verify name/DOB, scan patient, scan medications, verify allergies, right route, right dose. Medication administration: acetaminophen. Verify name/DOB, scan patient, scan medications, verify allergies, right route, right dose.
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of scenario and recognition of teamwork/communication. Identified lack of double-checking orders for medications. During debriefing all safe dose ranges of medications were checked and calculated by all students. Discussed medication errors and how to identify/prevent doing so in their practice as nurses. Students provided some education to father, identified could have educated more.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize the concepts of growth and development to provide therapeutic	**You are Satisfactory for this scenario! RH** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

communication with the toddler and their family. (3, 5)*	

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Morgan (C), Plas (A), Steele (M)
GROUP #: 7
SCENARIO: Pediatric GI
OBSERVATION DATE/TIME(S): 11/6/2024 0700-0830

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Pain assessment: description, location Obtain vitals Verify patient Ask about appetite, previous GI history, signs and symptom onset GI assessment. Lift gown to visualize stomach, listen to bowel sounds, palpate Ask mom about bruise on stomach. Ask about further bruising and Jack states his arm hurts too Asks Jack if feels safe at home in front of mom. Asks if dad is in the picture at home and mom states no. Mom leaves room, students enter room and further question about bruising Pain reassessment but does not ask rating Obtain vitals-no blood pressure GI assessment-listen, no palpation because patient vomits Ask mom about sunglasses and if she has head trauma, but mom declines and says she has headache Pain assessment using faces scale Pain reassessment using faces scale after acetaminophen administration No reassessment of vitals after IVF bolus
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	

INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Temperature 102.5- interpret as elevated Skin turgor: elastic Temperature recheck: 100.9- interpret as improvement Skin turgor: tenting notes- interpret as dehydration Mucous membranes: pink and tacky- interpret as dehydration Temperature 102.1- interpret as elevated Temperature recheck 101.5- interpret as still elevated
RESPONDING: (1, 2, 3, 5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Offer Pedialyte and emesis basin Call healthcare provider to question acetaminophen order. Request to change route to oral due to diarrhea. Receive new order for acetaminophen, read back order for verification. Call case management for suspected abuse Call healthcare provider in regards to bruising and suspected abuse. Get orders for imaging for right upper arm and abdominal CT. read back orders for verification. Medication administration: acetaminophen. Does not verify name/DOB, educate what medication is for. Correct medication math self identifies later during simulation that she should have performed her checks and scanned the patient/medication. Call lab for stool culture results. Patient is positive for rotavirus. Place patient in contact precautions Medication administration: cetirizine. Verify name/DOB. Scan patient, scan medication. Call healthcare provider before lying eyes on patient. missing all assessment data. After vomiting, patient head of bed elevated Call healthcare provider with reassessment update, request IV fluids. Get new orders for IVF bolus, maintenance fluids, and Zofran. Read back orders for verification. Update mother on plan of care Medication administration: IVF bolus. Flush IV to ensure patency. Verify name/DOB, scan patient, scan medications. Program pump with assistance. Medication administration: Zofran. Verify name/DOB, scan patient, scan medication. Correct medication math. Change IV pump to reflect maintenance fluid after completion of bolus Medication admiration: acetaminophen. Verify name/DOB, scan patient, scan medication. Correct medication math Education provided to mother about rotavirus. Encourage fluids, promote BRATTY diet, frequent handwashing
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B	Team discussed the scenario. Discussed the 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

• Commitment to Improvement: E A D B	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.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 6. Select physical assessment priorities based on individual patient needs. (1, 2)* 7. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 8. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 9. Utilize the concepts of growth and development to identify concerns in assessment findings associated with potential child abuse and make appropriate referrals as necessary. (1, 3, 5)* 10. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* *Course Objectives	**Nice work! You are satisfactory for this scenario. RH** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: 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. 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. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Molly Plas OBSERVATION DATE/TIME: 11/5/24

REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy. Great job. I enjoyed seeing your pregnancy photo!
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Simulation Objectives:** 1. Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)* 2. Describe how patient-centered care is dependent on past medical history, cultural history, social history, and pregnancy/birth history. (1, 2, 4)* 3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)* **Developing to accomplished is required for satisfactory completion of this simulation.**	**Comments** **You are satisfactory for this simulation.**

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Noticed deviations from normal with physical assessment and inquiry. Information seeking regarding patient condition as well as with parent/support person at bedside when appropriate. When developing your scenario, you noticed the important assessment aspects to include for a patient/support person with your assigned diagnosis. Through the scavenger hunt you were able to notice various details of each of the ten scenarios simulated.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	You were able to interpret data pieces and prioritize accordingly. For each scenario, care was given in gathering details needed in order to phone the healthcare provider and provide SBAR. When developing your scenario, you interpreted the expected path of the disease process and necessary nursing interventions to include in the patient's care. You utilized clinical judgment to interpret appropriate responses to NCLEX style questions related to each scenario.
RESPONDING: (1, 2, 3, 5)* • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Responded with communication that was collaborative between roles. Clear communication was utilized between colleagues. Clear communication was utilized with patient and family and layman's terms were utilized when appropriate. Responded with interventions that were planned accordingly and verbalized when necessary. Skill in identifying focused assessments as well as timely reassessments were utilized. Family members and others of the healthcare team were kept up to date on patient condition and given education for current condition as well as for preventative measures. In response to your assigned disease process you developed a comprehensive simulation that encompasses aspects of assessment, interprofessional communication, and nursing interventions appropriate for the patient scenario you developed. You developed appropriate NCLEX questions for your scenario based on your disease process.
REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Reflected with a self-analysis of assessment and analyzation of data to identify missing pieces of the scenario. Actively participated in providing constructive feedback to all groups observed throughout the simulation. You developed debriefing questions specific to your scenario to assist your peers in reflecting on the importance of your simulation.

SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing or higher in all areas is required for satisfactory completion of this simulation.** Objectives 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Provide quality, patient-centered care in an organized, safe manner to patients and families. (1, 2, 4, 5)* 3. Prioritize patient care of the patient after end-of-shift report. (2, 5)* 4. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 5. Utilize the concepts of growth and development to provide therapeutic communication with the patient and family. (1, 3, 5, 6)* **6.** Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)*	The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS/RH

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Seannita Byrd, Ava Lawson, Molly Plas, and Presley Stang OBSERVATION DATE/TIME: 11/22/24
SCENARIO: Comprehensive Simulation

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	You noticed suspicious bruising on patient and patient's physical appearance and psychosocial status as deviation from normal. You noticed environmental concerns throughout the home that would be safety hazards. You noticed abnormal family functioning as you progressed through the simulation. You noticed the signs of respiratory distress and dehydration in the children. In the mother encounter you noticed suspicious bruising on the mother's face and neck. You also noticed the poor environment with chips, pop, rats, spider, and cockroaches scattered throughout the room. You also obtained vital signs during your visit. Additionally, you noticed that the mother had a unprescribed medications, is a current cigarette smoker, and had a dysfunctional family dynamic when having conversations on home life. Noticed multiple bugs in kitchen. Noticed exposed cleaning supplies that kids could get into. Noticed expired infant formula. Noticed lack of nutritious foods in the refrigerator. Noticed open beer bottles. Witnessed father preparing bottle. You provided a focused assessment to the children of the household recognizing concerns requiring immediate medical assistance.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit. You were able to interpret safety and health issues with each member of the family. You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit. You interpreted acute respiratory status changes and lethargy as major assessment concerns in the children in this home environment. In the mother encounter you interpreted the suspicious bruising on the mother's face for physical abuse from her partner. You identified there were educational opportunities for abused women and children. You were also able to interpret the safety concerns throughout the room with the environment, unprescribed medications, cigarette smoking, and her high blood pressure from not taking her medications. You encouraged the mother to discuss more of her dysfunctional family dynamic. Interpreted conditions in the kitchen as being dirty, messy, and unsafe for children. Interpreted exposed cleaning supplies as dangerous for children. Interpreted the lack of nutritious foods as not ideal for the family. Interpreted multiple empty beer bottles as potential alcohol abuse. Interpreted father's bottle preparation method to be inadequate (formula expired, not using the correct quantity).
RESPONDING: (1, 2, 3, 5)* • Calm, Confident Manner: E A D B	You responded to patient's admission of abuse calmly without judgement. Communicated alternatives clearly and empathetically.

• Clear Communication:	E	A	D	B	You responded with intervention regarding safety of children; flexible and creative with ideas and interviewing each member of the family.
• Well-Planned Intervention/ Flexibility:	E	A	D	B	You responded by prioritizing the safety and health concerns of each family member and seeking further treatment for them.
• Being Skillful:	E	A	D	B	You sought further information regarding potential abuse from all members of the family. You were respectful and calm in communicating with potential abuser. Coping skills were discussed. You responded to safety, psychosocial issues calmly. You were confident in your approach to each family member. In the mother encounter you provided education about resources for the physical abuse and educated on the importance of being able to have a way to communicate outside of the home in case of an emergency. You provided the mother with WIC information as well as information for an exterminator for the poor home environment. Additionally, you gave the mother information on smoking cessation and to not take unprescribed medications. Great job in the mother encounter! Educated father that cleaning supplies should not be stored in places where the children could get access to them. Educated father to pay attention to expiration dates and how to properly and safely prepare a bottle. Educated that there are resources available to assist with healthy food choices. You recognized the need for involvement by CPS, law enforcement, and hospitalization for medical treatment of both children. You recognized that you only had consent to treat the mother in this situation and sought maternal consent to call for medical assistance and treat the children of the household. You recognized the need and ability to educate the 8-year-old son in the family and educated him on proper baby care and not drinking alcohol.
REFLECTING: (6)*					Group discussion of how reviewing the chart during prebrief assisted with developing a plan for the "home visit." Discussion of what they noticed in mother's room including post-partum depression, flat affect, abuse, anxiety, unlabeled prescription medications, and abnormal vitals. Education was provided on diet, smoking cessation, WIC, meals on wheels, peds on wheels, counseling, importance of follow up appointments, and importance of medication compliance. Group also noted that the mother assumed blame for lack of bonding/PPD and education was provided that this was not her fault. During discussion of the partner visit, the group mentioned that they were careful with their questions/statements as they did not want to make the partner angry or triggered in any way as to not to put the mother at risk for abuse upon completion of the home visit. They also noticed that the partner was lying when answering certain questions related to the relationship and how he treated the mother. The group attempted to educate on how to make a proper bottle for baby, cleanliness, and expired food. The group wanted to address the photos on the refrigerator but was unsure how to do so without making the partner angry. Discussion of the children's visit was mainly about safety and improper care of the children. The group noticed lack of medication for Jack's asthma and that he was currently experiencing some respiratory distress. They also noticed lack of safety concern for Jill and her failure to thrive. Safety items they were most concerned with were lack of safe sleep (blanket over face, pillow in crib, toys in crib), a space heater, and juice for the baby rather than formula. Team lead discussion with little prompting and were able to have good discussion about their assessment findings and interventions.
• Evaluation/Self-Analysis:	E	A	D	B	
• Commitment to Improvement:	E	A	D	B	

	Upon completion of the simulation, you created an education plan focused on Brian for bottle preparation, anger management, and keeping the hazards out of reach of children.
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing or higher in all areas is required for satisfactory completion of this simulation.** Objectives 1. Provide quality, patient-centered care in an organized, safe manner. (1, 2, 4, 5)* 2. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 3. Utilize the concepts of growth and development to provide therapeutic communication with the family unit. (3, 5)* 4. Identify safety measures for the family unit in the home setting. (1,3,5)* 5. Demonstrate thorough environmental assessment in the home setting. (1,3,5)* *Course Objectives	Excellent job in communicating without judgement and providing appropriate education, information regarding resources, and intervention for family. You are satisfactory for this scenario. KA/MD/BS/RH

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

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

Student eSignature & Date: Molly Plas 11/27/24