

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

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

Student:

Final Grade: **Satisfactory**

Semester: Fall

Date of Completion:

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

Faculty eSignature:

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)
8/23/2024	1	Late lab survey	8/23/2024
10/25/2024	1	Escape Room Survey Not Completed	11/1/2024

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

7/18/24 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
9/11/2024	Neonatal Hyperbilirubinemia	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	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
b. Provide care using developmentally appropriate communication.		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	NA	S	NA	S	S	S	S	S	NA	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)		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
Clinical Location Age of patient		NA	NA	FTMC; 29	NA	Lactation B&G club	FTMC ER	MIDTERM	Firelands OB 28; St. Marys	Clyde High School	NA	NA	NA	NA	NA	NA	NA	FINAL
		BS	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

Week 4: According to Erikson, the growth and development stage for infancy is trust vs. mistrust. At FTMC, I had the opportunity to care for both mom and baby. Since I spent more time with the infants, I decided to choose the infancy developmental stage. I had the opportunity to assess them, hold them, and perform 24 HR screening on the one. This was a great experience getting to apply what we learned in the classroom into live action. **Great! MD**

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

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

Week 6: According to Erikson, the growth and development stage for school-aged children is industry vs. inferiority. Last week I had lactation and this week I had boys and girls club. During my lactation clinical I had the opportunity to observe the lactation nurse educate mom about breastfeeding. At boys and girls club, I had the opportunity to interact with the kids and teach them about stranger danger. Both were great experiences as I got to see the infancy developmental stage at lactation and then the school age developmental stage at the boys and girls club. **Awesome! MD**

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 7: According to Erikson, the growth and development stage for middle age is generativity vs. stagnation. At FTMC ER, I had the opportunity to care for a variety of patients of all different age groups. Most of the population that came in were middle aged between age 40 to 65. This is why I decided to choose this development stage. I had the opportunity to pass meds. **MD**

Week 8: According to Erikson, the growth and development stage for the mom I cared for this week is intimacy vs. isolation. This development stage includes young adult years from ages 18 to 40. At Firelands this week, I had the opportunity to care for a multipara mom. I got to see the whole labor process and stayed past clinical hours to watch her deliver naturally. This was my first time seeing a natural birth. Getting to see the labor process and the progression from start to finish was very cool! **I absolutely love it! MD**

Week 8 – 1a – You did a wonderful job providing holistic care to the mother you were assigned in Labor and Delivery this week. KA

Week 8 – 1c – You did a nice job observing the nurse during the assessment process of the laboring patient. KA

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

Week 9: According to Erikson, the growth and development stage for high schoolers is identity vs. confusion. This development stage includes teen years from 12 to 18. This week at Clyde High School, I had the opportunity to help the school nurses with hearing and vision screenings for freshmen, juniors, and band members. I was happy to help them out and save them some time. **MD**

Week 9- 1a-c: you did a great job explaining the directions and helping the students with the hearing and vision screenings. 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		
Competencies:																		
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		NA	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
g. Discuss prenatal influences on the pregnancy. Maternal		NA	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
h. Identify the stage and progression of a woman in labor. Maternal		NA	NA	S	NA	NA	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
i. Discuss family bonding and phases of the puerperium. Maternal		NA	NA	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
j. Identify various resources available for children and the childbearing family.		NA	NA	S	NA	S	NA	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
l. Respect the centrality of the patient/family as core members of the health team.		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
		BS	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

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

Week 8 – 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

Week 8 – 1l – You were able to witness the labor process and how the healthcare provider, nurses, and patient's support people work together to provide the best experience possible for the patient during the laboring process. KA

Week 9- 1j: we had discussion about some resources available to the students if the parents are unable to afford to take their children to the referrals. RH

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

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

Comments:

Week 4: A social determinant of health that could influence patient care includes economic stability. Medical bills are expensive and can be hard to afford. This can affect patient care because treatment can be out of reach for some individuals which affects overall health and well-being as well as longevity. **This is a very good SDOH! MD**

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

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

Week 6: A social determinant of health that could influence patient care could be healthcare access and quality. This can affect patient care because the preventive care aspect and treatment aspect are not being sought out which could be caused by several reasons including affordability, location, or even a shortage of primary care physicians. Because of this there could be a decreased life expectancy and increased mortality rate. Yes! MD

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

Week 7: A social determinant of health that could influence patient care is access to transportation. Some individuals are not able to drive due to a medical condition, affordability, or have a suspended or revoked driver's license. On the flip side, some individuals don't have family or friends around to take them to places they need to go. This could affect their health as they have no means of getting to their doctor's appointments to receive the care and medical attention they need. This is a huge SDOH! MD

Week 8: A social determinant of health that could influence patient care is education. Individuals that are not well educated do not have the knowledge needed to make informed decisions about their health. These individuals might make a poor decision that could negatively impact their health due to ignorance. MD

Week 8 – 2b – You were able to observe the laboring mother receive an epidural and aspects the nurse manages after placement to ensure pain management throughout the laboring and birth process. KA

Week 8 – 2c – You were able to work with your assigned nurse to read and identify EMF monitor strips of your laboring patient. KA

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

Week 9: A social determinant of health that could influence patient care is social context. Individuals who aren't very interactive may have a difficult time expressing their needs contributing to negative patient outcomes. This is so true! 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.		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		NA	NA	S	NA	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
		BS	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

Week 4: An ethical principle observed in the clinical setting was autonomy. This mom was given the freedom to choose freely whether she wanted to receive the whooping cough vaccination. **Absolutely! 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**

Week 6: An ethical principle observed in the lactation clinical setting was beneficence. This primipara had scabbed nipples which was causing her a lot of pain when baby latched on. The lactation nurse had her try a different position and a nipple shield to see if this helped, but mom was still experiencing pain. After giving this a try, the nurse thought it would be best to take a break to protect her nipples from any more harm and make efforts to secure their well-being by providing her with nipple cream. **Absolutely! MD**

Week 7: An ethical principle observed in the ER setting was autonomy. There was a man that came in with neck pain due to a work-related injury. The nurse asked him if he filed for workers compensation, and he said no. The nurse educated him and highly encouraged him to do so in case there ever is a complication that arises from this injury later down the road he would not have to pay for the medical treatment but rather his place of employment. This man was given the choice on whether he wanted to file for workman's compensation or not and after some education provided by the nurse he made the decision to do so. **Always important to encourage patients to file for workers compensation when necessary. MD**

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

Week 8: An ethical principle observed on the OB unit was beneficence. Mom was given Pitocin to speed up the labor process and help the uterus contract. In doing so, baby did not like that as his heart rate dropped. The nurse stopped Pitocin, so no harm was caused to mom or baby. At first, the nurse was maximizing the possible benefits of potentially speeding up the labor process but then minimized the possible harms by stopping the Pitocin that could have happened to mom or baby after baby's heart rate dropped. **This is absolutely true! 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

Week 9: An ethical principle observed at Clyde High School was beneficence. We were ensuring the well-being of the students by performing hearing and vision screenings to identify problems like hearing impairments or nearsightedness that could go unnoticed. **Good! MD**

Objective																		
3. 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	S	NA	NA	NA	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)		NA	NA	NA	NA	NA	NA	NA	NA	S	NA	NA	NA	NA	NA	NA	NA	S
c. Summarize witnessed examples of patient/family advocacy.		NA	NA	S	NA	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
d. Provide patient centered and developmentally appropriate teaching.		NA	NA	S	NA	NA	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
		BS	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

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

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

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

Week 9- 4b: you correctly documented on all the student papers for their hearing and vision results. RH

Week 9- 4d: you were able to provide education to the students on how to properly perform the screenings with appropriate language for the age group. RH

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

Student Name: Presley Stang		Course Objective:					
Date or Clinical Week: 9/11/2024							
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)		NA	NA	S	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
		BS	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

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

Week 8 – 4f, g, h, I – You were able to work with your nurse to assess the laboring mother and research her medical history when developing your plan of care. You discussed with your nurse 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

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.		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
b. Evaluate own participation in clinical activities.		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
c. Communicate professionally and collaboratively with members of the healthcare team.		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		NA	NA	NA	NA	NA	NA	NA	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)		NA	NA	S	NA	NA	S	S	S	NA	NA	NA	NA	NA	NA	NA	NA	S
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
		BS	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

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

Lactation Clinical Objective 5A- Marked excellent in all areas. Hannah Alexander RN, CLC for lactation clinical! Great job! MD

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

Week 7 Objective 5A- Marked excellent in all areas. Mikailey Hull, RN in your Emergency Room clinical experience at Fisher-Titus. Great job! MD

Week 8 Objective 5G-This week you met all of the requirements for a satisfactory CDG. Keep in mind: Osmosis would be your author. So in-text should be (Osmosis, n.d.). Your reference should be: Osmosis, (n.d.). Psychosocial changes – postpartum: Nursing – osmosis video library. https://www.osmosis.org/learn/Psychosocial_changes_-_Postpartum:_Nursing
Let me know if you have questions! MD

Week 8 – 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 see both a vaginal delivery and a cesarean birth while on clinical this week! I am so glad you were able to stay over and see the mother give birth who you helped care for from the moment of induction until the arrival of her little boy! KA

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

Week 9- 5a: you were positive and energetic with all interactions with staff and students. RH

Week 9- 5c: You communicated well with both school nurses and teachers who were present. RH

FINAL Objective 5D-for this objective you were not able to document in an EHR however throughout different experiences you were able to document on paper charting at FTMC OB and for hearing and vision. Be sure to seek out further opportunities in AMSN for documenting on patients. 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)*		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
b. Accept responsibility for decisions and actions.		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
c. Demonstrate evidence of growth and self-confidence.		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
d. Demonstrate evidence of research in being prepared for clinical.		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA U	NA	S	NA	S	S	S	S	S	NA U	NA S	NA	NA	NA	NA	NA	S
f. Describe initiatives in seeking out new learning experiences.		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
g. Demonstrate ability to organize time effectively.		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
h. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions.		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
i. Demonstrates growth in clinical judgment.		NA	NA	S	NA	S	S	S	S	S	NA	NA	NA	NA	NA	NA	NA	S
		BS	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

Week 2- 6e- You received a U in this competency for not having your tool submitted by 0800 on 8/30/2024. Please respond below regarding how you will prevent this in the future. BS

I received a U because I did not submit my clinical tool in by 0800. I will prevent this from happening in the future by looking at the course syllabus for when the clinical tool is due so I can have it turned in by the correct date and time. I will also be sure to have this turned in each week by Friday at 0800. MD

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

Week 4: An area for improvement would be to review the BUBBLE acronym for assessing a postpartum mom. On clinical I chose to assess baby but when it was time for Grace to assess mom, I drew a blank of what each letter stood for. This will be important to know for simulation next week and for my OB clinical at Firelands. I will be sure to review this prior to both of these experiences. **Great goal! 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

Week 6: An area for improvement would be to educate the kids in a more efficient manner. This week at boys and girls club the kids had a hard time paying attention and listening to what we were teaching them (understandably, they are young). I should have sped up my teaching to meet their developmental stage considering their short attention spans. I can practice this from now until the day I have St. Mary's when I teach the kids about CPR and the Heimlich maneuver. **Great goal! MD**

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

Week 7: An area for improvement would be to review my skills I learned in nursing foundations. I haven't had the opportunity to insert a foley, insert an NG tube, or perform wound or trach care. I think it would be a good idea to refresh these skills because I realized that working down in the ER you never know what you are going to have to do at any given moment and that you need to have a firm foundation of your basic skills. This will also help me for next semester and my nursing career. I can work on these skills by watching the videos under the resources tab or by asking one of the faculty to open up the lab so I can practice. I will be sure to watch these videos before this semester ends in preparation for next. **Great idea! Let me know I can open the lab anytime! MD**

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

Week 8: An area for improvement could have been me seeking out stuff to do while my patient's labor progressed. I went into her room with the nurse each time and then sat at the nurses' desk with her for most of the day while she documented. Looking back, I could have met with Kelly to do a newborn assessment in the meantime to enhance my learning instead of sitting and waiting at the nurses' desk for her to deliver but I did not know her labor would take the full clinical day. Her dilation and effacement slowly changed throughout the day. I can work on this by seeking out new learning opportunities at the next clinical. **This is a great goal! You can do this with the nurses you are working with too! MD**

Week 9: An area for improvement would be being consistent with my documenting. For individuals who had corrective lenses I circled yes and for individuals who didn't I circled no. For the individuals who said they had glasses or contacts but don't wear them I sometimes circled yes indicating they have them and other times I circled no indicating they don't have them with them. Each time I made note for the individuals who had corrective lenses that don't wear them but sometimes I circled yes and other times I circled no. Being consistent is important. I can work on this at my next clinical and all the ones to follow. **This is a great goal! MD**

Week 10 Objective 6E-This week you turned in your tool on 10/25 at 1145. Clinical tools and surveys are due on Fridays at 0800. Please respond with how you will prevent this from occurring in the future. MD

Week 10: I received a U because I did not turn my clinical tool in by the correct date and time. I will be sure to have this turned in no later than Friday at 0800 for next week and all the weeks following. **MD**

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

FINAL: Presley- 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

***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:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	U	U	U	U	U	U	U	U	U	U	U	U	U	U
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
Remediation:	NA	8/23	8/23	8/23	8/23	8/23	8/23	8/23	8/23	8/23	8/23	8/23	8/23	8/23	8/23
Date/Evaluation/Initials	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S

* Course Objectives

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (*1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Meditech (*1,2,3, 5, 6)	Amazing Race (*1, 2, 3, 4, 5, 6)
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	U	U	U	U	U	U	U	U	U	S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	MD
Remediation:	8/23	8/23	8/23	8/23	8/23	8/23	8/23	8/23	8/23	NA
Date/Evaluation/Initials	S	S	S	S	S	S	S	S	S	

* Course Objectives

Comments:

Lab-you did not turn in your lab survey by the due date and time. Once completed you became satisfactory in these competencies. MD

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: 9/26
Evaluation	S	S	S	S	U	S	S	U	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 11/1/24 MD	NA	NA	S 11/22/24 MD	NA	NA	NA	NA	NA

* Course Objectives

Comments:

Patient Safety Escape Room-This week you did not turn in your survey on time. Once you complete the survey you will be satisfactory for remediation. MD
Pediatric GI Simulation-Please see the Lasater Clinical Judgment Rubric for details on this scenario. MD

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Stang, Houghtlen, Schnellinger

GROUP #: 9

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/19/2024 1000-1130

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Hand hygiene, patient identified. VS, heart and lung sounds assessed. Pregnancy history obtained. BP reassessed prior to administering Procardia.</p> <p>Patient identified, begins to CO of being dizzy and lightheaded. Charge nurse and medication nurse not very involved, should be in the room helping.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interpreted need for fetal monitor. Fetal strip interpreted- good variability, accelerations, contraction time, and frequency. UA results interpreted. BP interpreted as WNL. Indication for Procardia interpreted.</p> <p>Notices boggy uterus and excessive bleeding. Notices BP and HR improving following methylergonovine. Uterus noted to be firm.</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>Fetal monitor applied. Patient assisted to left side. Urine sample collected. Call to HCP, (remember to gather necessary information prior to calling). Additional assessment data gathered. Call to HCP with additional assessment information and UA results. Orders received for fluid, Acetaminophen, Procardia, orders read back. Pain assessed- rated 4-5/10. Prenatal care encouraged. Call back to HCP by assessment nurse. Orders for US to verify dated, patient education. US complete, date verified confirming 33 weeks. Call to HCP to question Procardia due to lack of history of hypertension. Indication determined. IV fluid initiated. Prenatal and dietary education provided.</p>

	<p>Assessment nurse notices PPH and begins to massage fundus and calls HCP. Team members – should come in to help and assist- this is an emergency. Other nurse offers to help and comes in to take over phone call. Order received, medication prepared and administered. BP and HR reassessed with noted improvement. Pads weighed- 600g. Education provided by all three team members</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. Discussed the importance of teamwork and SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.</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. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In 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>

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

STUDENT NAME:

OBSERVATION DATE/TIME:

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

team. (1, 3, 5, 6)*

Developing to accomplished is required for satisfactory completion of this simulation.

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Stang (C), Houghtlen (M), Schnellinger (A)

GROUP #: 9

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/24 1000-1130

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
<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 (name/DOB)</p> <p>Pain assessment: location, rating</p> <p>Obtain cervical exam prior to nubain administration</p> <p>Assess fundus after delivery: firm and midline. Obtain vitals after delivery</p> <p>APGAR 1 minute: heartrate (150), respirations (50), cry, color, tone. Total: 10</p> <p>Assess reflexes in newborn to ensure all are positive. Complete newborn assessment</p> <p>Repeat post-partum assessment after time has passed. Reassess pain after delivery. Does full post-partum assessment on mom (bowels, breasts, bladder, uterus, legs/edema, emotional state)</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>Interpret fetal monitor and correctly identify frequency of contractions, interpret fetal monitor as accelerations</p> <p>Identify vitals are WDL</p>

					Identify imminent delivery
RESPONDING: (1,2,3,5) *					Call healthcare provider. SBAR organized.
• Calm, Confident Manner:	E	A	D	B	Offer pain management options. Education on pain medication ordered and how it would impact baby.
• Clear Communication:	E	A	D	B	Education provided on penicillin and why needs to be administered.
• Well-Planned Intervention/ Flexibility:	E	A	D	B	Medication administration: nubain and PCN. Check name/DOB, verify allergies, scan patient, scan medications, hang secondary bag above primary bag, clean hub prior to hooking up secondary tubing. Hook up secondary tubing below the pump.
• Being Skillful:	E	A	D	B	Nubain admin: correct dose, verify name/DOB, use of subcutaneous needle rather than IM needle, correct IM technique used, use of needle safety.
					Baby is coming, does not call healthcare provider prior to attempting delivery
					Baby is coming: call for help, McRoberts, suprapubic pressure, rotational maneuvers, roll to hands and knees, evaluate for episiotomy, remove posterior arm
					Immediately after delivery dry off baby, put baby in warmer,
					Verify mom is okay with medication administration to baby (vitamin K and erythromycin)
					Medication administration: erythromycin ointment- applied appropriately, scan patient and medication. Vitamin K: correct dose, correct technique, correct location, use of needle safety. Use of adult IM needle for infant injection.
					Education on bleeding expectations for new mother. Education provided on post-partum depression/baby blues
					Does not place hat on baby
					Call healthcare provider with update on mother after delivery.
					Gather consent for circumcision on baby. Education provided on circumcision care on baby after procedure will be done.

<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 needle size for IM injection on infant. Team remediated on correct needle size for adult IM injection. Discussion on importance of hat on baby. 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 A= Accomplished D= Developing 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. (1, 2, 4, 5)* 6. Implement appropriate nursing interventions upon completion of nursing assessment that support 	<p>You are Satisfactory in this simulation! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</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: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>

thermoregulation in the newborn. (1, 2, 5)*

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME:

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

CLINICAL JUDGMENT						OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*						<p>Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.</p>
• Focused Observation:	E	A	D	B		
• Recognizing Deviations from Expected Patterns:	E	A	D	B		
• Information Seeking:	E	A	D	B		
INTERPRETING: (2, 4)*						<p>Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.</p>
• Prioritizing Data:	E	A	D	B		
• Making Sense of Data:	E	A	D	B		
RESPONDING: (1, 2, 3, 5)*						<p>Responded to safety issues by correcting each of them to provide a safe environment for the patient's care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient's respiratory distress by providing the patient with the ordered breathing treatment.</p> <p>Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.</p>
• 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>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 more systematic in evaluating weaknesses</p>

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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Stang (C), Houghtlen (M), Schnellinger (A)

GROUP #: 9

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/31/24 1000-1130

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *						
• Focused Observation:	E	A	D	B		Introduce self
• 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
						Notice battery, needle, and scissors in crib
						Respiratory assessment. Notices abnormal lung sounds
						Ask father about history of respiratory illness. Ask about family history of chronic lung disorders. Asks about frequency of stridor.
						Medication errors in chart not identified or investigated. Incorrect dose administered.
						Identified IVF rate was incorrect.
						Reassess respiratory status. Pulls down gown to assess chest. No retractions. Listen to lung sounds.
						Reassess vitals and pain
						Notice increased cough and increased work of breathing. Ask father how long it has been going on
						Pain assessment with faces scale.
						Obtain vitals. Notice low oxygen level

	<p>Respiratory assessment. Take gown down to visualize chest. Notices retractions. Assess skin color. Identify lung sounds as wheezes rather than stridor.</p> <p>Reassess respiratory status after breathing treatment complete. Identifies normal lung sounds and retractions are less than previous.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Calculate correct medication math for original orders in chart (amoxicillin and ibuprofen) but does not catch error in orders. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient</p> <p>Calculate correct dose of dexamethasone</p> <p>Correlate retractions with increase work of breathing.</p> <p>Calculate correct medication math for original order in chart for acetaminophen 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</p> <p>Nurse stays at bedside until respiratory arrives for breathing treatment.</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>Remove unsafe items from crib</p> <p>Raise crib side rails when not in room</p> <p>Medication administration: amoxicillin, cetirizine, ibuprofen. verify name/DOB, scan patient, scan medication, right dose, right route, educated on what each medication is for.</p> <p>Education to father about respiratory effort, ask about frequency of stridor and what makes better/worse. Educate on cool mist humidifier or taking child outside at night for cool air. Educate on respiratory distress signs and symptoms (tripod positioning, restlessness).</p> <p>Call healthcare provider. SBAR organized. Update on patient status. Receives dexamethasone order. Does correct medication math on phone with healthcare provider. Healthcare provider brings up IVF seems fast and students calculate hourly rate should be 52mL/hr. Readback orders for verification.</p>

	<p>Correct fluid rate on IV pump.</p> <p>Medication administration: dexamethasone. Check name/DOB, educate what medication is for, scan patient and medications, right med, right route, right dose.</p> <p>Apply oxygen via nasal cannula. Start at 1L</p> <p>Medication administration: acetaminophen. verify name/DOB, verify allergies, scan patient, scan medication, right dose, right route, right med.</p> <p>Call healthcare provider for update on respiratory status. Receive order for additional dose of dexamethasone. Read order back for verification.</p> <p>Call respiratory therapy for breathing treatment</p> <p>Medication administration: dexamethasone. Check name/DOB, educate what medication is for, scan patient and medications, right med, right route, right dose.</p> <p>Set up cool mist humidifier for room. Elevate head of bed.</p> <p>Remove oxygen to trial room air with patient after breathing treatment complete</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario and recognition of teamwork/communication. Identified lack of double-checking orders for medications. During debriefing all safe dose medications were checked and medication safe doses were calculated by all students. Discussed medication errors and how to identify/prevent doing so in their practice as nurses. Team provided great education to father and child on illness as well as medications administered and what to watch for at home.</p>

<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)* 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>You are Satisfactory for this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information.</p> <p>Interpreting: 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: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. 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): Stang (M), Houghtlen (C), Schnellinger (A)

GROUP #: 9

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/6/2024 1000-1130

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 					<p>Identify patient, introduce self Pain assessment using faces scale Obtain vitals GI assessment. Lift gown to visualize abdomen, listen to bowel sounds, ask about vomiting pattern, ask about energy level, does not address bruising Reassess vitals GI reassessment Returns to address bruising on abdomen. Per prompting from Jack does skin assessment and notices right upper arm bruise Begin to inquire about bruising while mom at bedside rather than separating them.</p> <p>Patient vomits Pain assessment with faces scale Obtain vitals GI assessment. Ask about bowel habits, ask about vomiting, ask about specific pain Reassess vitals after IVF bolus</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 slightly tacky, interpret as possible dehydration Temperature 102.5- interpret as elevated Temperature reevaluation 101.1- 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 Reassess skin turgor, some tenting noted but interpret as improvement. Mucous membranes pink and starting to look moist- interpret as improvement Temperature 101.1- interpret as elevated but improvement</p>

RESPONDING: (1, 2, 3, 5) *					<p>Call healthcare provider to question acetaminophen and cetirizine orders (safe dose ranges). Receive new order for acetaminophen 450 mg PO every 6 hours as needed. Student does not read back orders.</p> <p>Medication administration: acetaminophen and cetirizine. Verify patient name/DOB, scan patient, scan medication. Incorrect medication math for acetaminophen (2mL = 130 mg)</p> <p>Medication administration: IVF. No order for IVF in chart or MAR. Start fluids at maintenance rate. Correctly calculate maintenance rate.</p> <p>**Starting IV fluids at this point in the scenario was prescribing a medication without a license. This falls outside the scope of nursing practice.</p> <p>Call lab for stool culture results. Patient is positive for rotavirus; initiate contact precautions</p> <p>Update and educate mother on rotavirus (precautions, how to prevent spread, plan of care)</p> <p>Offer some Pedialyte in small sips</p> <p>Provide education to mom about smoking cessation during pregnancy</p> <p>Call case management due to concerns for abuse/bruising</p> <p>Inform mother of case management consult</p>
• Calm, Confident Manner:	E	A	D	B	
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/ Flexibility:	E	A	D	B	
• Being Skillful:	E	A	D	B	
					<p>Offer emesis basin</p> <p>Call healthcare provider. Receive order for IVF bolus (600 mL NS), IVF maintenance rate (D5 NS at 71 mL/hour), and Zofran (0.15 mg/kg IV every 6 hours prn nausea/vomiting. 30kg x 0.15 mg = 4.5 mg). Student does read back orders for verification.</p> <p>Medication administration: IVF bolus. Does not verify patient name/DOB, does not scan patient or medication. Does program pump appropriately.</p> <p>Medication administration: Zofran and acetaminophen. Check name/DOB. Scan patient, scan medications. Incorrect medication math for Zofran. (4.5 mL = 9 mg)</p> <p>Medication administration: IVF maintenance rate. Change pump appropriately, does not check</p> <p>Remediation: Students each completed a variance report for all medication errors performed during the simulation. Each student also had to fill out reflection questions related to if there was a cause of the medication errors, how to prevent this incident from happening in the future, what potential effects the patient could have presented with</p>

	<p>due to the medication errors, and they had to provide an SBAR report to the healthcare provider in regards to the medication errors. After remediation you are now satisfactory in this scenario due to your new evaluation being “developing”.</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. Discussed importance of checking recommended doses of medications to ensure safe dose is ordered. Discussion of contact precautions and education provided to prevent spread of illness. 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. Identified incorrect medication administration of acetaminophen and Zofran. Each student calculated correct medication math for dosing for orders provided to show correct dosage calculation for each medication.</p> <p>Identified that students started IV fluids in first part of scenario with no order. Discussion of how this could be a sentinel event and how this is not within nurse scope of practice. Review of MAR to have each student identify the order was for an IV flush.</p> <p>Full faculty discussion with students upon completion of debriefing in regards to implementing IV fluid orders without prescription/order. Students received remediation assignment for completing an incident report related to their medication errors along with answering questions related to just culture.</p> <p>Remediation: Students each completed a variance report for all medication errors performed during the simulation. Each student also had to fill out reflection questions related to if there was a cause of the medication errors, how to prevent this incident from happening in the future, what potential effects the patient could have presented with due to the medication errors, and they had to provide an SBAR report to the healthcare provider in regards to the medication errors. After remediation you are now satisfactory in this scenario.</p>

<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 6. Select physical assessment priorities based on individual patient needs. (1, 2)* 7. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 8. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 9. Utilize the concepts of growth and development to identify concerns in assessment findings associated with potential child abuse and make appropriate referrals as necessary. (1, 3, 5)* 10. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* <p>*Course Objectives</p>	<p>You are unsatisfactory for this scenario. RH</p> <p>After remediation you are satisfactory in this scenario. RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information.</p> <p>Interpreting: 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. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring but not competence. Focuses on developing a single intervention, addressing a likely solution, but it may be vague, confusing and/or incomplete; some monitoring may occur. Is unable to select and/or perform 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</p>

	<p>assessment, interprofessional communication, and nursing interventions appropriate for the patient scenario you developed.</p> <p>You developed appropriate NCLEX questions for your scenario based on your disease process.</p>
<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: **Seannita Byrd, Ava Lawson, Molly Plas, and Presley Stang**
Simulation

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

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					
• Focused Observation:	E	A	D	B	You noticed suspicious bruising on patient and patient's physical appearance and psychosocial status as deviation from normal.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	You noticed environmental concerns throughout the home that would be safety hazards.
• Information Seeking:	E	A	D	B	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	You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit.
• Making Sense of Data:	E	A	D	B	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

	<p>face for physical abuse from her partner. You identified there were educational opportunities for abused women and children. You were also able to interpret the safety concerns throughout the room with the environment, unprescribed medications, cigarette smoking, and her high blood pressure from not taking her medications. You encouraged the mother to discuss more of her dysfunctional family dynamic.</p> <p>Interpreted conditions in the kitchen as being dirty, messy, and unsafe for children. Interpreted exposed cleaning supplies as dangerous for children. Interpreted the lack of nutritious foods as not ideal for the family. Interpreted multiple empty beer bottles as potential alcohol abuse. Interpreted father's bottle preparation method to be inadequate (formula expired, not using the correct quantity).</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>You responded to patient's admission of abuse calmly without judgement. Communicated alternatives clearly and empathetically.</p> <p>You responded with intervention regarding safety of children; flexible and creative with ideas and interviewing each member of the family.</p> <p>You responded by prioritizing the safety and health concerns of each family member and seeking further treatment for them.</p> <p>You sought further information regarding potential abuse from all members of the family.</p> <p>You were respectful and calm in communicating with potential abuser. Coping skills were discussed.</p> <p>You responded to safety, psychosocial issues calmly. You were confident in your approach to each family member.</p> <p>In the mother encounter you provided education about resources for the physical abuse and educated on the importance of being able to have a way to communicate outside of the home in case of an emergency. You provided the mother with WIC information as well as information for an exterminator for the poor home environment. Additionally, you gave the mother information on smoking cessation and to not take unprescribed medications. Great job in the mother encounter!</p> <p>Educated father that cleaning supplies should not be stored in places where the children could get access to them. Educated father to pay attention to expiration dates and how to properly and safely prepare a bottle. Educated that there are resources available to assist with healthy food choices.</p> <p>You recognized the need for involvement by CPS, law enforcement, and hospitalization for medical treatment of both children.</p> <p>You recognized that you only had consent to treat the mother in this situation and sought maternal consent to call for medical assistance and treat the children of the</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 and not drinking alcohol.</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 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.</p> <p>Upon completion of the simulation, you created an education plan focused on Brian for bottle preparation, anger management, and keeping the hazards out of reach of children.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p>Developing or higher in all areas is required for satisfactory completion of this simulation.</p> <p>Objectives</p>	<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>

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

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: Presley Stang 11/28/2024