

**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)

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

7/18/24 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
8/28/24	Labor Pain	S/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:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	N/A	N/A	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
b. Provide care using developmentally appropriate communication.		S	N/A	N/A	S	N/A	S	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.		S	N/A	N/A	N/A	N/A	S	S	N/A	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)		S	N/A	N/A	N/A	N/A	S	S	N/A	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)*		S	N/A	S	S NI	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
Clinical Location Age of patient		FTMC OB 21	None	Empathy Bellv	B&G Club	None	LC/FRMC OB- 1 day	MIDTERM	St. Mary's	BV - H&V	FT ER - 12	None	None	None	None	None	None	FINAL
		RH	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

Week 2 1e: My patient was in the middle age stage of growth an development and caring for her family. She was going to be getting married and having her second child which in this hospital stay. This is the correct growth and development stage, but remember we want Erikson's stages such as trust v. mistrust, or in your patients case generativity v. stagnation. RH

Week 2: 1a, b, c: You did well this week while caring for your laboring patient. She was very anxious and you as well as the nurse were able to assist her to relax a little more and assist with pain control per her birth plan. RH

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

Week 4 1e: I am 20 years old and therefore in early adulthood. I am not thinking about children and currently working on preparing a foundation for myself before I add others in. **This assessment was not required for the empathy belly but I do appreciate your information. MD**

Week 5 1e: I was at the boys and girls club where I worked with play age and school aged children because I was working with kindergarten through 6th grade with ages of 5-11. **This is a correct age range, however, we need Erikson's stages. Please provide the accurate stage for this group. MD**

Week 5- 1b- Nice job adjusting your communication techniques to provide developmentally appropriate communication to the various age groups at the Boys and Girls Club. 1e- You were able to discuss some of the differences you noticed while working with children of various ages at the Boys and Girls Club. **BS**

Week 7 - I took care of a 1 day old infant in the OB department this week and they were in the infancy stage of life with a conflict of trust or mistrust. They determine trust in caregivers based on if that person meets their needs and gives them attention. **Good! MD**

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

Week 8 – The children we worked today were in grades K-5. Knowing this we can classify them in the play age of Erikson's growth and development stages. Their basic conflict is initiative vs. guilt so it's common for them to take charge and be willing to participate in activities but then feel guilt and a sense of reserve when they do something unsuccessfully. This was seen in the clinical field where the children were asked questions and if they got it wrong, they would become shy, red faced, or try to avoid eye contact. **Great! MD**

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

Week 9 1e – Bellevue middle school holds grades 6-8 and therefore the children were starting their early adolescent phase of development. Their basic conflict is identity vs. identity confusion. During this time in life it is natural to try to “find” themselves in hobbies, friends, and presentation. They either start to express themselves in unique ways or try to fit in with everyone else. I saw examples of both scenarios. I noticed students who were testing out different styles and students who stayed in one group that acted/looked similar to them. **MD**

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

Week 10 1e: The patient I had this week had been 12 years old so he was just starting his adolescent time period of life. I couldn't decide on a specific basic conflict though since he was between industry v. inferiority, which is the basic conflict for school age, and identity v. identity confusion, the basic conflict for adolescence. While waiting he was sitting with his mom and playing on her phone and felt sad and inferior when he lost, but he also mentioned how he's not going to be accepted in his friend group if he doesn't get better. This can indicate that he was struggling with identity because he was trying to fit in with his friends rather than being himself. **This is a great analysis. I know that it is important for this age group to be accepted into their peer groups. How could you encourage him that even if he does not get better his friends could be there for him? 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
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Competencies:																		
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		S	N/A	N/A	N/A	N/A	S	S	NA	NA	NA	N/A	N/A	N/A	N/A	N/A	N/A	S
g. Discuss prenatal influences on the pregnancy. Maternal		S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
h. Identify the stage and progression of a woman in labor. Maternal		N/A	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
i. Discuss family bonding and phases of the puerperium. Maternal		N/A	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
j. Identify various resources available for children and the childbearing family.		S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
l. Respect the centrality of the patient/family as core members of the health team.		S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
		RH	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

Week 2: 1g, h, k: we discussed the previous pregnancy of your patient and how it was different and that was contributing to some of her anxiety. We also discussed how it is different having a child at different stages in life. You were able to discuss the progression of your patient's labor with the RN caring for her. RH

Week 7- 1j: we discussed various resources available to post partum patients at the beginning of the shift. We also discuss how many of these resources are also available in their discharge folder. RH

Objective																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children encompassing cultural sensitivity and diversity. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Engage in discussions of evidenced-based nursing practice.		S	N/A	N/A	S	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S
b. Perform nursing measures safely using Standard precautions.		S	N/A	N/A	S	N/A	S	S	N/A	N/A	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.		S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S
d. Practice/observe safe medication administration.		S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	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.		S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	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.		S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	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)*		S	N/A	S	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
		RH	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

Week 2 2g: My patient's primary social determinant of health was the community she had around her. She was not extremely close with her parents, and they were not in the same state so they could not come to see her, so she mainly relied on her fiancé's family. She was close to his mother, but I could tell that she wanted her own mom. Not having your ideal community around you can be difficult but she was happy to be able to get family support in other ways. **I can imagine this being difficult, but it is still good that she had some familial support from her fiancée's family. RH**

Week 2: 2d, e: you were able to witness the nurse administering medication to the patient and did some medication math to ensure the dose was correct. RH

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

Week 4 2g: My social determinants of health would include not having an adequate support system to assist me with the empathy belly. I did not have anyone to help with chores or daily tasks and had this been real I would have been more fatigued and stressed out. **Absolutely! It is so important to have a support person! MD**

Week 5 2g: As I touched on in my CDG, I noticed issues with the children's financial stability, their community, and the education. I noticed some of them were cognitively behind, many of them stated how the Boys and Girls Club was their main source of food after school, some of them stated how they don't get to see their parents as much during school due to school, the club, and their parents jobs which means at home they may not have the most ideal or supportive situation. **This is such an important SDOH. MD**

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

Week 7 2g: This week I was working with the mother of the infant I was caring for and discovered that the father of the baby was currently in jail and will most likely not have rights to the infant. This can cause a lot of stress to the mother especially because she has 3 other children to care for. She was now living with one income and moved in with friends who were helping take care of her other children. Due to these circumstances, I had determined that her main social determinants of health had been community and income. The mother was provided with several resources to help her transition to home life easier and hopefully be more successful. **This is a huge SDOH! MD**

Week 7- 2b: you used standard precautions when caring for all patients. RH

Week 7- 2c: You were able to perform the newborn and postpartum assessment with minimal questions. You had a good flow and you needed minimal assistance. This showed great growth from your last OB clinical where you were very nervous and unsure of your abilities. RH

Week 8 2g: This clinical was very different than the other times working with children. The children at St. Mary's were very well behaved and you could tell they had very kind teachers creating a supporting community for them to have a growth mindset to set them up for success. Since this was a catholic elementary school you could see the influence that religion had on their education. The children were very polite and well mannered while also providing us with a high level of respect which could be due to their religious upbringing. **I noticed this as well! MD**

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

Week 9 2g: This clinical was an interesting experience and went much differently than I thought it'd go. The school it's self was recently either remodeled or rebuilt which told me the school focused on providing a safe and comfortable learning environment. Observing the children themselves they had clean and fresh clothing, newer shoes, they had clean hair with either makeup or perfumes. However, when testing the children's eyesight some of them told me it was hard to get to an eye doctor. Not having the proper access to eye care and exams is very harmful to these children because their body's are still adjusting and not fixing a problem now could lead to detrimental effects in the future. **Great observations! MD**

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

Week 10 2g: This week when I worked with my patient I asked him how school was going. He said he didn't like it and especially didn't like science and math. He stated, "they're confusing, and I don't even need them, at least that's what my dad says." At this age children are very impressionable, and it seemed that his father was not supportive of his educational journey so far; this can cause the child to be uninterested and dislike subjects their parent also dislikes. From that I determined that my patient was struggling with family support and education. Since he was very young, knowing the basics of math and science is important so he can grow his education but also use basic math properties in real life for money management, time management, distance calculations, cooking, and building. **This is very sad. How did you encourage him that these subjects are important? MD**

Objective																		
3. Summarize the legal, moral and ethical issues related to care of children and the childbearing family. (2,6,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Act with integrity, consistency, and respect for differing views.		S	N/A	S	S	N/A	S	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.		S	N/A	N/A	S	N/A	S	S	N/A	N/A	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"		S	N/A	S	S	N/A	S	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)*		S	N/A	S	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
		RH	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

In the afternoon my patients water broke and they rushed her to the labor ward. When the nurse was stripping her room she found an empty Twisted Tea can which is alcohol. It was against the hospital policy to bring in alcohol and posed a dilemma for the RN assigned to that nurse. The RN spoke to the patient and their visitors but I was told to stay out of the room for privacy and fear of escalation. This can be a case of the mom challenging nonmaleficence if she was the one to consume the alcohol. Alcohol has the potential to harm the fetus and therefore is advised to be avoided during pregnancy. **Though this would have been a good experience to witness, the nurse is correct that it could escalate quickly and the less people in the room, the better. RH**

Week 4 3d: In regards to ethics surrounding the empathy belly, it may be seen as offensive to pretend to be pregnant in public. This could be seen as deceiving others and is highly frowned upon in most cultures. However, this clinical provides you with the feeling of being pregnant to assist in knowing what patients go through so the gain is better than the loss. **I agree! MD**

Week 5 3d: I felt a slight ethical dilemma in the beginning of the clinical when I noticed a lot of parents were dropping off their children and leaving immediately without waiting to know if their child made it inside safely. **That is definitely a huge issue. What if something happened to the child? MD**

Week 7 3d: This week I learned that the FRMC OB department has scheduled times for visitation and does not allow the visitors to swap places or go in and out of the room. There was a mother on the floor who had a lot of people there to support her and they wanted to go in and out of the room but due to the strict visitation times and limits they could not do this. This resulted in a distressed mother who was getting upset and a distressed family waiting outside who took every opportunity to try to get into the OB department, even attempting to get workers such as housekeeping and dietary to let them in. This type of strict visitation can be seen as a dilemma because some visitors may be coming from very far away and they often get turned away. However, this is a great way to monitor who is in the department and keep excess traffic to a minimum, while keeping the rooms comfortable regarding space and a safe work environment. **This is definitely a hard one. Definitely necessary but very difficult none the less. It is extremely important to keep everyone safe. MD**

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

Week 8 3d: This week I believe the largest ethical/legal dilemma today was that it was a religious private school. Overall, this may be a conflicting topic due to the separation of church and state that the United States has established. Catholic schools do not have to follow as many regulations as a public school and therefore the children may be at a disadvantage related to requirements for future schooling or higher education. **This is a really good assessment! 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 3d: According to the 2015 Ohio Screening Guidelines any student at risk of excessive noise exposure should be screened such as band, choir, automotive, and industrial education students should be screened annually. This is not a law currently, but it is a recommendation by the state. This is a dilemma at several schools but Bellevue tests all of their students which shows good ethical values. **This is so true! MD**

Week 10 3d: This week I noticed more ethical and possible legal issues than I have in any other clinical. When I first started my clinical shift, I heard the physicians talking about the national fluid shortage we're experiencing. One of the physicians said, "well if surgery is using the most IV fluids, can't they switch with sterile water instead of normal saline?" I did not say anything about that, but I know that has very fatal results. Sterile water is hypotonic meaning if it were given intravenously, it would cause dilution in the blood and eventually cause hemolysis. The RBCs would swell and burst because the water would try to equalize the concentration difference. Even if the comment was not to be taken seriously, that was poor ethical judgement to make such a comment and can lead to many legal complications such as a malpractice lawsuit if that ever happened. Besides this I noticed nurse aides fulfilling tasks that are not in their scope of practice which can lead to legal problems between them and the nurse of the patient. Improper delegation can result in tasks being fulfilled incorrectly and would not be tolerated in a legal field. Lastly, there was a patient who primarily spoke Spanish so the nurse had to use the translator device and complained about how it was difficult and annoying stating, "if they come to America, why can't they learn English? It makes my job so much harder when they don't know it." I was astonished by the comment and said, "you shouldn't talk like that about a patient, it's very disrespectful." The nurse showed very poor ethical and nursing judgement. By that comment she was dismissing her nursing oath to provide care with compassion and dignity. **This is very troublesome. These are things that should not be done in the healthcare setting. I am sorry that you had to experience this in healthcare. I am also proud of you for stating that to the nurse. I hope you placed this in your survey. I will have to have a conversation with the nurse manager about this situation. It definitely needs addressed. MD**

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

Week 2: 4d: education on options for mom to progress labor were discussed with you and her nurse. This included walking the hallways or sitting on a bosu ball to encourage labor to progress. RH

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

Week 7- 4b, c, d: You were able to chart all your assessments in meditech this week. Your charting was done correctly and you were able to identify any abnormalities in your assessments here. You also were able to educate the post partum mother on various topics while in her room throughout the day. RH

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

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

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

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

Student Name: Savannah Willis		Course Objective:					
Date or Clinical Week: MCN week 2							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Great assessment details!
	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	There is no goal statement on the care map Potential complications and s/sx: super detailed, great job!
	5. State the goal for the top nursing priority.	Complete			Not complete	0	
	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	Good attention to detail regarding personalization of interventions to patient
	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	
	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: 42/45

Faculty/Teaching Assistant Initials: 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		
f. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	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)		S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	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)		S	N/A	N/A	N/A	N/A	S	S	N/A	S	S	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)		S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	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)		S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S
		RH	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

Week 2: 4h: we discussed the benefits of using Cytotec to induce labor and how oftentimes this does not mean the patient will deliver that day, but that the process had started. RH

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

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

Comments:

Week 2 (5a and b): This week during clinical I was not very enthusiastic about being there with newborns. OB has not been a desired specialty for me and I've found it difficult to become enthusiastic when I am very unfamiliar with the environment and have no experience with infants. I have never been near an infant and it was intimidating to be in a position to be caring for one. I had the option between choosing a mom and choosing a baby and I chose the mom due to my doubts in being able to successfully care for a newborn. I also refused to hold the newborn that was in the nursery because I have no experience with them and was worried about things that could

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

have happened if I had held them. For example, not holding them right, not providing proper support, them slipping out of my arms, or them crying because they did not like me. I appreciate your honesty and self reflection of these competencies. I do hope that you become more comfortable in the OB setting as the semester progresses. It can be very intimidating when it is something so unfamiliar. I want to reassure you we are here to guide and support you through this course and we will not purposely put you in a situation that makes you so uncomfortable that you are unable to perform your tasks. If holding a newborn is nerve-racking for you, maybe when the time comes, you should sit in a chair that way you are more stable and are more comfortable than standing. I will say, though you said you were not enthusiastic, you did not appear to have a poor attitude on clinical. You were interacting with the patient appropriately, interacting with the nursing staff and your peers with a good attitude. Enthusiasm does not necessarily mean you are bouncing off the walls with excitement, but it can be that you show up with a good attitude and a willingness to learn. RH

Week 2: 5e: Good job looking through her chart to see what other information you could find related to her past medical history. This was helpful when trying to figure out why she had so much anxiety about this birth compared to her previous birth. RH

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

Boys and Girls Club Objective 5G-Great job with your CDG! You met all of the requirements for a satisfactory CDG! MD

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

Week 7 Objective 5A- Marked excellent in all areas. Rebecca Smith RN, CLC for the lactation clinical experience! Great job! MD

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

FTMC ER Objective 5A- For this experience you were marked satisfactory in all areas by Janet Arnold, RN. Great job! MD

Objective																		
6. Critique own strengths and areas for improvement modifying behaviors accordingly to achieve personal and professional goals. (7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Recognize areas for improvement and goals to meet these needs. (List Below)*		S	N/A	S	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
b. Accept responsibility for decisions and actions.		S	N/A	S	S	N/A	S	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.		NI	N/A	S	S	N/A	S	S	S	S	NI	N/A	N/A	N/A	N/A	N/A	N/A	S
d. Demonstrate evidence of research in being prepared for clinical.		S	N/A	S	S	N/A	S	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.		S	N/A	S	S	N/A	S	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.		S	N/A	S	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
g. Demonstrate ability to organize time effectively.		S	N/A	S	S	N/A	S	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.		S	N/A	S	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
i. Demonstrates growth in clinical judgment.		S	N/A	S	S	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
		RH	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

Week 2 (6a): I need to improve my confidence with infants immensely. To improve my confidence, I found an older baby doll and have practiced infant care, position changes, bathing, and feeding with it to hopefully be more confident in my nursing capabilities at the next OB clinical. I know how to do the interventions, but I was not very confident with completing them on a living infant. (6c): I think from having no experience with infants and pregnant moms to working with and talking to a pregnant mom about how her pregnancy was going and what she was thinking was a good improvement, but I did not improve with my confidence with infant care during clinical. I

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

hope your practice on your own is helpful! If you want to be let into the simulation center, let any of us know and we can open the lab and you can practice on the simulation manikins if you feel that would be helpful. RH

Week 4 6a: I could improve my methods or aiding pregnant women in their activities of daily living. Using the empathy belly helped me realized what I can do to help pregnant women. For example my next clinical in OB I can improve my patient care by helping them with their socks and shoes, putting the objects they use most close to them, offer to do tasks for them, and always assure them they are doing a great job. **Awesome! MD**

Week 5 6a: This week I could have improved on my ability to interact more with groups of children. I was okay when it was a one on one conversation but it was difficult to interact with a group of children while being on the same page without many different conversations happening at once. For the future when addressing a group I could attain the attention of everyone and ask a broad question to start a conversation and attempt to keep interruptions to a minimum. **That is a great way to develop interactions and see what the child knows! Keeping attention can be hard with this age group. MD**

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

Week 7 6a: Although I made a big improvement in initiation and performing care for a newborn, I could improve my ability to perform a newborn assessment. I performed newborn care well and my confidence in working with a newborn increased significantly but when performing the newborn assessment with the nurse I noticed I would forget a couple interventions and need to either go back to redo them or needed a reminder about how to do them for example I had to be reminded about Babinskis test and ROM for an infant. **How will you work on this in the future? I do think this is a good goal! MD**

Week 7- 6c- The student nurse who showed up to this clinical was a totally different student nurse from the beginning of the semester. You had said this was not your favorite specialty, but you did so well and seemed so much more confident in your abilities for this clinical. Great job putting yourself out there and using our feedback to improve your skills and confidence. RH

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

Week 8 6a: Although I was able to get better throughout the day, I should improve my ability to talk to children with a simpler vocabulary. The K-2 groups didn't seem to fully understand when my group and I talked about internet safety and how to avoid unsafe situations online but then they understood the stranger danger topics very well. When working with children in the future I should plan out things that I would normally say and translate them to make it much more kid friendly. For example, if I work with children in the ER instead of saying, "hello, I have some Tylenol to help your body aches by elevating your pain tolerance." I could say, "hello, I have some medicine that'll help with your pain, where does it hurt right now?" Just changing the language up a little bit can help the children feel a little more included and better cared for. **This is absolutely a great goal! I try to do this for all ages of patients to an extent. I may say to an older adult "I have Tylenol to help with your pain you are having." Or something to that affect, but it is still not very advanced. This will also come with time and experience. It took me a while to figure out what to make more patient friendly information vs. what could be in bigger terms. You got this! MD**

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

Week 9 6a: This week I found I could improve upon the instructions I give to children. When I did the hearing tests today, I had them put the headphones on first and then once they were on I told them to raise either hand when they heard a tone and finally face the far wall to let me know they were ready. I seemed to have confused them with the hand comment because when they started a lot of them questioned what to do after the first tone. Some of them did not know they had to put their hand back down, so it was a little confusing for them. If I end up doing this again I would change to say, “when you hear a tone raise a hand up and back down.” Saying that would be clearer for the children and most likely produce better results. **How do you plan to work on this goal? MD**

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

Week 10 a and c: This week I noticed my confidence was not as high as it normally is. I assume it was due to the unfamiliar people, no one being very receptive to students, and an unknown environment, but it was overall hard to get into my normal patient care routine. To resolve this issue in the future I could work on initiating conversations with nurses I do not know. I could make eye contact and smile while introducing myself or saying hello to begin friendly conversation and express interest. Doing small things like this can increase confidence because it shows I can manage myself and I’m not intimidated by new encounters. **This is a really good goal. I know it is very difficult to work with those you do not know in a very unfamiliar environment. I even struggle with that and I have been a nurse for quite a while. I will say that the more you are at the bedside and learn time management and organization the more it will help you in those situations. It is so important to develop and grow in the basics of nursing so that way you can have the ability to work with patients in any area of the hospital. Being a float nurse can be very difficult because of being in all different areas of the hospital. This is the best example of variable routines. Again, developing and working on the basics of organization and time management are so important. MD**

Week 11 Objective 6E-Savannah-this week you turned in your tool on 11/1 at 2047. Due to the late submission, you are receiving an unsatisfactory rating for this competency. Weekly clinical tool submissions are due on Fridays at 0800. Please respond with how you’ll prevent this in the future. MD

Week 11 6e U reflection: Due to my late submission of my clinical tool I received a U for the objective 6E. To improve that U this week I had set a timer to complete my tool after simulation. In the oncoming weeks I have set a weekly reminder for Thursdays so that I can get it in before the Friday at 0800 deadline. I appreciate this goal. You are now satisfactory for this competency. MD

FINAL: Savannah-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: 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	MD
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:

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

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

* Course Objectives

Comments:

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME:

OBSERVATION DATE/TIME:

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Lawson, Shirley, Willis

GROUP #: 8

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/19/2024 0830-1000

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>Patient identified. Mona CO abdominal pain and is questioned about it. VS obtained. FSBS. Mona CO being dizzy and lightheaded. BP assessed. Fundus assessed. Bleeding noticed. Notices low BP.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interpreted the need for urine sample and apply the fetal monitor. Fetal monitor strip interpreted- correctly identified accelerations. UA results interpreted. Interprets bleeding and boggy fundus. Interprets to be low. BP reassessed following medication administration.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Asking good questions about contractions, when they began, how often, etc. VS obtained. Urine sample obtained and sent to lab. Fetal monitor applied. Patient assisted to left side. UA results received. Call to provider (remember to acquire background prior to phoning). Orders received for fluids, acetaminophen, Procardia. Orders received for fluid, acetaminophen, Procardia. Orders read back. Additional information acquired from patient regarding pregnancy history and prenatal care, PCP, pain rating. Acetaminophen prepared and administered, IV fluid initiated. Call back to provider with additional assessment information. Questions Procardia, alternative indication explained. Order for US to verify gestation received and read back. Procardia prepared, patient identified, medication administered. Pain reassessed with improvement. Education provided about gestational diabetes and foods to avoid. Fundus immediately massaged while team initiates VS. O2 applied. Call to provider to report PPH. Order received for methylergonovine, order read back. Medication prepared. Call to provider with question about medication. Patient identified and medication administered. Patient reports improvement of symptoms. VS reassessed with improvement noticed.</p>

<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.</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)* 5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* <p>*Course Objectives</p>	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Lawson (C), Shirley (M), Willis (A)

GROUP #: 8

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/24 0830-1000

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2,5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Introduce self; identify patient (name/DOB)</p> <p>Pain assessment: location, rating, what makes better/worse</p> <p>Obtain vitals</p> <p>Assess fetal monitor in correct place, assess abdomen and baby location</p> <p>Ask questions about gestational diabetes and how well controlled blood sugars were throughout pregnancy</p> <p>Inquire about support system since husband is deployed</p> <p>notice change in fetal monitor after nubain administration</p> <p>APGAR 1 minute: color, cry, tone, heartrate (148), respirations (49). Total: 9</p> <p>Assess fundus after delivery: firm and midline. Assess for laceration (3rd degree tear), assess bleeding, breast assessment, assess for edema, assess emotional state of mom, bowel sounds, bladder</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 as accelerations and explain to mom what that means. Associates that with fetal wellbeing</p> <p>Interpret vitals as WDL</p> <p>Interpret change in fetal monitor as early decelerations</p>

<p>RESPONDING: (1,2,3,5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Offer breathing exercises for pain relief</p> <p>Medication administration: PCN. Education on GBS status and why antibiotic is required during labor. Verify name/DOB, verify allergies, scan patient, scan medication, double check dose, hand secondary bag above primary bag, program pump correctly, clean hub prior to hooking up secondary tubing.</p> <p>Medication administration: Nubain. Ask about pain level. Provide education on how medication can impact baby/closely monitor baby now and after birth. Does not perform cervical exam prior to administration. Check blood pressure prior to administration, check name/DOB, check allergies, verify dose, verify route, use of correct needle size, proper technique used, use of needle safety.</p> <p>Call healthcare provider. SBAR not very detailed.</p> <p>Identify baby is stuck: McRoberts, suprapubic pressure, roll to hands and knees, rotational maneuvers, evaluate for episiotomy, remove posterior arm, call for help</p> <p>Immediately after delivery dry baby with blanket, offer skin to skin, place baby under warmer</p> <p>Education on skin to skin and breastfeeding baby</p> <p>No hat placed on baby</p> <p>Medication administration: education provided on vitamin K and erythromycin ointment. Verify name/wristband of baby, correct dose of vitamin K, correct needle use, correct technique, use of needle safety. Correct administration of ointment on eyes</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 interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPER and types of heat loss for infant. Team remediated on correct needle size for IM injection on infant. Team discussed all interventions done and education provided to mom during simulation. Team reflected well on their performance.</p>

<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)* 5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)* 6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)* 	<p>You are Satisfactory in this simulation! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. 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. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p>Responding: 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 NAME:

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

CLINICAL JUDGMENT COMPONENTS NOTICING: (1, 2, 5)* <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	OBSERVATION NOTES 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.
INTERPRETING: (2, 4)* <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	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.
RESPONDING: (1, 2, 3, 5)* <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	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.
REFLECTING: (6)* <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.
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.	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

<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>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): Lawson (A), Shirley (M), Willis (C)

GROUP #: 9

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/31/24 0830-1000

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 					<p>Introduce self</p> <p>Obtain vitals. Notice elevated temperature.</p> <p>Notice needle, scissors, and battery in crib.</p> <p>Respiratory assessment. Does not lift gown to visualize chest.</p> <p>Verify name/DOB</p> <p>Pain assessment with faces scale</p> <p>Identify orders are incorrect in chart for ibuprofen and amoxicillin. Stops medication administration to call healthcare provider for clarification.</p> <p>Ask father about known chronic lung disorders in the family and exposures in the home.</p> <p>Reassess vitals</p> <p>Obtain vitals. Notice low oxygen level</p> <p>Notice increase cough</p> <p>Pain assessment with faces scale</p> <p>Respiratory assessment. Does not take gown down to visualize chest. Listens to lung sounds over gown.</p> <p>Does take gown down after respiratory assessment complete and notices retractions</p> <p>Reassess lung sounds after breathing treatment complete</p> <p>Identify order for acetaminophen is incorrect in chart. Calls healthcare provider for clarification</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>Correct medication math for amoxicillin and ibuprofen with new orders. Does not identify IVF is incorrect at this time.</p> <p>Nurse stays at bedside until breathing treatment arrives</p>

	<p>Correlate retractions with increased work of breathing</p> <p>Calculate correct medication math for dexamethasone.</p> <p>Does not identify IVF is incorrect at this time. During debriefing, IVF maintenance rate identified and calculated.</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>Removes unsafe items from crib</p> <p>Leaves crib rail down when leave room. Identify it was left down and returns a couple minutes later to put it up.</p> <p>Call healthcare provider. SBAR used. Verify medication orders. Corrects ibuprofen, amoxicillin. Gets new order for ibuprofen and reads back order for verification. Gets new order for amoxicillin and only reads back partial order.</p> <p>Medication administration: amoxicillin and ibuprofen. Verify name/DOB, scan patient and medications. Educate patient and father on medications. Right dose, right route, right medication.</p> <p>Continues to leave side rail down on crib.</p> <p>education provided about smoking and exposure to triggers. Educate on how to manage symptoms at home.</p> <p>Applies oxygen due to low oxygen levels. Start at 2L via nasal cannula</p> <p>Call respiratory for breathing treatment</p> <p>Call healthcare provider. Asks for clarification of acetaminophen. Gets new order for acetaminophen and reads back order for verification. Provides update on patient after breathing treatment. Receive order for dexamethasone. Does medication math on phone with healthcare provider. Readback order for verification.</p> <p>Medication administration. Acetaminophen and dexamethasone. Verify name/DOB, scan patient, scan medications, educate what medications are for. Right med, right dose, right route.</p> <p>Does shut crib side rail prior to leaving room</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 strength of double-checking medication orders. Identified lack of double-checking IVF order. Each student calculated corrected IVF maintenance rate for patient. Discussed medication errors and how to prevent/identify them in their practice. Identified resources available. Team provided good education to father during scenario, discussed adding in smoking education to father.</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. 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. 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. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>

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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Lawson (M), Shirley (C), Willis (A)

GROUP #: 8

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/6/2024 0830-1000

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *						<p>Identify patient, introduce self</p> <p>GI assessment. Lift gown to visualize abdomen, notice bruise, listen to bowel sounds, ask about vomiting patterns</p> <p>Pain assessment using faces scale. Ask for description of pain, location</p> <p>Ask Jack about bruising on abdomen while mom is in room. Mom answers for Jack and explains he fell off his bike. Jack states his arm hurts, no visualization of arm by this nurse.</p> <p>Medication nurse notices bruise on right upper arm</p> <p>Mom leaves room with one student nurse and other student nurses begin to inquire with Jack what actually happened to get bruising. Nurse educating mom questioned her glasses, gathers second nurse and begin to question about home life/support system, asks if she needs support services and ensures she feels safe at home</p> <p>Pain assessment using faces scale. Abdominal pain</p> <p>Obtain vitals</p> <p>Patient vomits, emesis is bile and Pedialyte</p> <p>Ask about bowel habits, GI assessment.</p>
<ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						
INTERPRETING: (2, 4)*						
<ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Skin turgor elastic, interpret hydration status</p> <p>Temperature 102.5- interpret as elevated</p> <p>Mucous membranes: pink and tacky, interpret hydration status</p> <p>Temperature: 102.1- interpret as improvement but identifies is still elevated</p> <p>Mucous membranes: pink and tacky, interpret as sign of dehydration</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>Blood pressure 83/56- identify as low, sign of dehydration</p> <p>Provide emesis basin, tissues, and Pedialyte</p> <p>Call healthcare provider to questions acetaminophen order. New order received for acetaminophen, read back for verification.</p> <p>Call lab for results of stool sample. Patient is positive for rotavirus.</p> <p>Implement contact precautions. Educate mom on rotavirus (what it is, how it is spread, how to prevent spread, contact precautions)</p> <p>Medication administration: acetaminophen and cetirizine. Verify name/DOB, scan patient, scan medications. Correct medication math. Flush IV to ensure patency</p> <p>Call case management due to suspect abuse</p> <p>Education provided to mom on rotavirus, smoking cessation, and caffeine intake</p> <p>Call case management and update on new information from Jack and from Mom.</p> <p>Call healthcare provider for update on patient status and to request IV fluids. Receive order for IVF bolus, maintenance fluids, and Zofran. Read back orders for verification</p> <p>Call lab for results of ova and parasites. Patient is negative</p> <p>Medication administration: Zofran and IVF bolus. Educate on what medications are for. Verify name/DOB, scan patient, scan medications. Correct medication math. Program IV pump correctly. Change IV pump to maintenance fluids once bolus 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 discussed scenario. Discussed importance of checking recommended doses of medications to ensure safe dose is ordered.</p> <p>Discussed contact precautions and education provided on how to prevent spreading illness at home. Educated on BRATTY diet.</p> <p>Recognized need to contact someone to investigate bruising and signs of abuse. Identified mother was also at risk for abuse and could have been more inquisitive with her as well. Recognition of IVF needed due to dehydration signs and symptoms identified in assessment.</p>

<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 6. Select physical assessment priorities based on individual patient needs. (1, 2)* 7. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 8. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 9. Utilize the concepts of growth and development to identify concerns in assessment findings associated with potential child abuse and make appropriate referrals as necessary. (1, 3, 5)* 10. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* <p>*Course Objectives</p>	<p>Nice work! You are satisfactory for this scenario. RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient’s condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: 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</p>

	<p>comprehensive simulation that encompasses aspects of assessment, interprofessional communication, and nursing interventions appropriate for the patient scenario you developed.</p> <p>You developed appropriate NCLEX questions for your scenario based on your disease process.</p>
<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, 	<p>The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS/RH</p>

5)*

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Cameron Beltran, Grace Catanese, Karli Schnellinger, Savannah Willis** OBSERVATION DATE/TIME: **11/22/24** SCENARIO: **Comprehensive Simulation**

CLINICAL JUDGMENT						OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*						
• Focused Observation:	E	A	D	B		You noticed suspicious bruising on patient and patient's physical appearance and psychosocial status as deviation from normal.
• Recognizing Deviations from Expected Patterns:	E	A	D	B		You noticed environmental concerns throughout the home that would be safety hazards.
• 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 and performed a BUBBLE LE assessment 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 thorough assessment to the children of the household recognizing concerns of an asthma attack in the 8-year-old and dehydration and failure to thrive in the newborn.
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

	<p>concerns in the children in this home environment.</p> <p>In the mother encounter you interpreted the suspicious bruising on the mother's face for physical abuse from her partner. You identified there were educational opportunities for abused women and children. You were also able to interpret the safety concerns throughout the room with the environment, unprescribed medications, cigarette smoking, and her high blood pressure from not taking her medications. Additionally, you interpreted her BUBBLE LE assessment to tailor appropriate information for education. 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 educated on the abuse and that it is not her fault. You discussed options for insurance such as Medicaid/Medicare and the importance of having these for medical care. You provided information on not taking unprescribed medications and to lock up all medications so the children do not have access to them. You discussed the importance of taking her prescribed medications (labetalol and Zoloft) everyday and provided resources for delivery services for receiving her medications as well as grocery services. When you performed your BUBBLE LE assessment, you discovered that the mother was breastfeeding occasionally and provided resources for her to obtain a breast pump along with breast care information. Awesome job in the mother encounter!</p> <p>Educated father that cleaning supplies should not be stored in places where the</p>

	<p>children could get access to them. Educated father to pay attention to expiration dates and how to properly and safely prepare a bottle. Educated that there are resources available to assist with healthy food choices.</p> <p>You recognized the need for involvement by CPS, law enforcement, and hospitalization for medical treatment of both children.</p> <p>You recognized that you only had consent to treat the mother in this situation and sought maternal consent to call for medical assistance and treat the children of the household.</p> <p>You recognized the need and ability to educate the 8-year-old son in the family and educated him on proper baby care and safety concerns in the environment.</p> <p>You recognized the crib may not be the safest option for the newborn in the household and placed the infant in a low-lying clean dresser drawer.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis:  A D B • Commitment to Improvement:  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 abuse, poor nutrition, unlabeled medications, and the filth. The group did a full post-partum assessment on the mother and educated her on post-partum depression as well as a safety plan/resources for abused women. They also educated on breastfeeding since she was reporting poor breastfeeding success, as well as educated on importance of not taking unprescribed medication. During discussion of the partner visit the group noticed the differing stories and were mindful of how to talk to the partner. They also noticed the excessive alcohol present as well as the inappropriate photos on the refrigerator. The group did remove the photos and say those should not be posted as they are concerning. They educated on proper storage of cleaning supplies, bottle preparation, importance of checking expiration dates, and proper nutrition. They offered resources such as WIC and food stamps. When attempting to educate on reduction of alcohol intake, the partner stated he did not have a problem and would not listen to education provided. Discussion of the children’s visit was centered arounds safety. The lack of safety in the room included pillow/lack of safe sleep habits, juice in the baby bottle, and filth. The group noticed that Jack was in respiratory distress and Jill was failure to thrive so they were able to send the children and mom to the ER for further treatment. Team lead discussion with little prompting and were able to have good discussion about their assessment findings and interventions.</p> <p>Upon completion of the simulation, you created an education plan focused on Monica for safety, nutrition, and post-partum depression/baby blues.</p>

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:

I feel as though this course has helped broaden my comfortability as a nursing student. Starting the semester I was not confident in working with children or pregnant women but after gaining the knowledge and clinical experience I feel I could comfortably take care of a pediatric patient. I am very pleased with how this semester has turned out and I am looking forward to opportunities to work with pediatric patients in the future.

Student eSignature & Date: Savannah Willis, 11/28/24