EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Kailee Felder

Final Grade: Satisfactory

Semester: Fall

Date of Completion: 11/26/24

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

Faculty eSignature: K. Ammanniti MSN, RN, CHSE

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

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

7/18/24 KA

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

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

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Make up	**Final**
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		N/A	N/A	N/A	S	S	N/A	S	~~N/A~~ S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	S
b. Provide care using developmentally appropriate communication.		N/A	N/A	N/A	S	S	S	S	~~N/A~~ S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		N/A	N/A	N/A	S	S	**N/A**	**S**	**N/A**	S	N/A	N/A	S	N/A	N/A	N/A	N/A	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	N/A	S	S	N/A	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below and explain reason for choice)***		N/A	N/A	N/A	S	S	S	S	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	S
Clinical Location Age of patient		N/A	n/a	n/a	Fisher 31	Fisher ED	Clyde HV EMS Bellv	NA	BG Club St. Marys	FRMC OB	n/a	n/a	LC	n/a	n/a	n/a	n/a	NA
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

Week 5 – 1e - Intimacy vs. Isolation: My patient was at a moment in her life where she was about to meet her baby, so I chose this because it has to do with her developing her loving relationship with her husband as well as their baby they created together. Nice job! KA

Week 5: 1a, b, c- You did a great job providing holistic and developmentally appropriate care to your patient this week. You were able to assist with assessments and interventions to assist your laboring patient. RH

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

Week 6 – 1e – Intimacy vs. isolation: I would use this one again this week because majority of my care in the ED was with an older woman who going through a tough time. She had recently been diagnosed with cancer and on top of that they thought that she had pneumonia. She was of course upset because this was affecting her ability to be at home with her family as well as her new grand baby who she was so excited to see and she just felt so far away from her family at this time. Good job! KA

Week 6 – 1a – You did a nice job describing the woman with pneumonia you had the opportunity to care for this week while on clinical. KA

Week 7 – 1e – Identity vs. Role Confusion: I chose this because I was around children who were in middle school and this is around the time they begin to develop into their true selves. This is the time where they are finding who they are, who they want to be, and who the want to associate with so I felt that this was appropriate for the age group that I was with today. Good job! KA

Week 7 – 1a, b, & c – You did a great job utilizing the techniques you learned through your training to complete hearing and vision screenings on the middle school children this week. You asked appropriate questions and communicated with the students utilizing your knowledge in growth and development. BS
Week 7 – 1b – You did a nice job discussing how you utilized the concepts of growth and development to communicate with the children at the school when completing hearing and vision screenings. KA
Week 7 – 1e – Great job identifying the growth and developmental stage for the students. You were able to describe behaviors and observations that supported the students being in that stage. KA

Week 8 – 1e – Initiative vs. Guilt: I say this stage of growth because I felt like a good portion of my kids I dealt with were just starting school so they were about 4 years old. They were discovering what it was like to be welcomed into society and also learning right from wrong so that is why I chose this stage. Good job! KA

Week 8 – 1a & 1b – You did a wonderful job working with the elementary children while on clinical at St. Mary's Catholic School. You provided developmentally appropriate communication and adjusted your presentation to meet the needs of both the children K through 2nd and 3rd through 5th. Terrific job! KA/MD/RH/BS
Week 8- 1b- Nice job adjusting your communication techniques to provide developmentally appropriate communication to the various age groups at the Boys and Girls Club. 1e- You were able to discuss some of the differences you noticed while working with children of various ages at the Boys and Girls Club. BS
Week 8 – 1e – You did a nice job describing the differences you observed in the younger school-aged children compared to the older school-aged children. Nice job! KA

Week 9 – 1e – Trust vs. Mistrust: I was taking care of a newborn and this is the part of life where they are learning who they can rely on. I chose this because the newborn could not rely on anyone but the people who were caring for him because he cannot advocate for himself so it is up to us to make sure he is well and safe. Nice job! KA

Week 9 – 1a – You did a wonderful job providing holistic care to the baby you were assigned to this week. Ensured all the newborns needs were met and provided newborn screenings as ordered. KA
Week 9 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. KA
Week 9 – 1d – You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process whenever returning the newborn to the parents from the nursery. KA

Week 12- 1e – Intimacy vs. Isolation: I chose this for my patient because she was a third time mom again after 9 years, so she was essentially restarting when it comes to children. She and her husband were learning all sorts of new things about their baby and themselves since it had been so long since their last baby. Great job! KA

Week 12 – 1a – You did a great job describing the breastfeeding mother you worked with while on clinical with the lactation consultant. The mother you worked with

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

was a multipara however it had been 9 years since the birth of her other child so she was very interested in education and improving the breastfeeding process for her and the baby. KA

Week 12 – 1c – You reported you were able to see the newborn breastfeed. You visualized the baby sucking and swallowing and recognized the newborn sucked more that swallowed suggesting the mother was having issues with her milk supply as she reported. KA

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

Objective

1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*

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

Comments:

Week 5: 1f, g, h- You did a great job having conversation with your nurse and your peers about the progression of your patient's labor. You also were able to investigate some of the patient's prenatal care and how that impacted her labor. RH

Week 6 – 1k – You discussed how the patient did not necessarily have any specific cultural beliefs that impacted her care but that her right for autonomy impacted the treatment process. KA

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

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

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

Week 9 – 1i – You were able to identify the stage of bonding your patient was in appropriately and discuss why you chose that stage. KA

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

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

Comments:

Week 5 – 2g - One of my social determinants of health for my patient was that she had a good support system. She had her mom and husband in the room with her so they could support her during her labor. It is important to have a support person there to be there for you as well as for her to know that she was not alone during this experience. This was also her first baby so having that support can be very beneficial. Great thoughts. SDOHs can have a positive impact as well on a patient's health as you observed. KA

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

Week 5: 2a, c- You were able to participate in conversation about evidence based nursing practice in relation to the prolonged labor of your patient and various interventions that were being done for her. RH
Week 5: 2d- You were able to observe the nurse administer some medications to the patient as well as the healthcare provider insert the epidural and dose the epidural. RH
Week 5: 2e- You were able to draw up a medication from a vial and do medication math to ensure it was the correct dose. You did not administer it but we did discuss proper technique of how to administer it to the patient. RH
Week 6 – 2g – One of the social determinants of health I noticed was some of the patient I had were very worried about cost. I had a patient who came in and was extremely edematous and was going to need dialysis, and his main concern was about if he could afford it. This should not be something anyone has to worry about when it comes to their health so that made me feel very upset for him. We provide care to anyone whether they are able to pay for care or not, but the funny thing is we do not always consider the long term impact of the cost of medical care for the patient after they return home. KA
Week 7 – 2g – One of the social determinants of health that I noticed with this group of children was not a lot of them were bringing their glasses or contacts to school with them. This was therefore affecting their ability to learn and also properly take the vision portion of the testing. What this can do is impact their ability to read from a further or closer distance so they may not be receiving the education that they are supposed to properly. Nice job! KA

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

Week 8 – 2g – One of the social determinants of health that I noticed amongst a few of children was being able to afford things for themselves. I had a couple of children tell me that there were things that they could not afford to have such as clothing and it really made me feel upset that they were that young and knowing they did not have a lot of money. This can play a role in the children being able to afford this such as proper fitting clothing and even supplied for school they need. Financial instability is a great example of a SDOH that impacts the whole family and how they can manage their health and other aspects of their well-being. KA

Week 8 – 2g – You worked with the children at St. Mary's Catholic School and observed different cultural and social aspects that could impact their overall health and well-being. You provided education to meet the needs of this population to positively impact their health. KA/MD/RH/BS
Week 8- 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 9 – 2g – One of the social determinants of health that I noticed was one of the infants failed the hearing test, so the parents had to take her for a follow up appointment. A reason that this could be a determinant is because after they are discharged, we just have to assume that the family will take the baby to the follow up in order to get the care that is needed. I agree the re is nothing to ensure follow-up which is a difficult part of maternal child nursing because the child is dependent on the caregivers for the management of their healthcare. KA

Week 9 – 2b – You were able to observe a circumcision and the nursing interventions provided during and after the procedure to the newborn. You also observed a hearing screening for the newborn and the pre and post procedure interventions by the nurse. KA
Week 9 – 2c – You did a wonderful job assisting your classmate with providing a baby bath to their assigned newborn. You monitored the newborn's temperature before and after bath as well as helped prevent hypothermia by utilizing appropriate warming techniques. You provided the congenital heart screening to your newborn ensuring the pulse oximeter was placed on the corrects limbs and monitored for 1 minute on each site. You then documented the findings appropriately in the patient's EMR. KA
Week 9 – 2f – You worked with the family to gather information on the baby to appropriately document any feedings and output the newborn had while you were caring for them. KA

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

Week 12 – 2g – One of the social determinants of health that I noticed with this family was time management. Not that they were terrible at managing time, it was just that there was so much going on with them that it was difficult such as their older kids in school and extracurriculars while the newborn is eating every hour or so and mom is not sleeping. This can really result in a lot of issues amongst the family such as sleep deprivation or even the other kids feeling neglected due to the new baby. We just discussed with the mother about how we can alter her feeding schedule so that way she is having more time between feeding thus allowing her to sleep a little more. What a great insight on a potential concern that can affect the overall health management of the family unit. KA

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

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

Comments:

Week 5 – 3d - A legal or ethical issue that I encountered was not for my patient, but for a baby of a mother who had abused substances during her pregnancy. This baby was to undergo blood testing, but the mom was refusing this. Then, the baby's bilirubin levels came back abnormal so the nurse was sort of stuck on what she was supposed to do because the mom was refusing the baby getting poked. The mom ended up saying yes to this, but it could have gone different had she said no. Great observation! KA

Week 6 – 3d – A legal or ethical issue that I encountered during my time in the ER was actually quite positive. I noticed that the ER had TV monitors on display above the nurses station and my first thought was "Oh someone could easily get a picture or read those if they were actually on" but the thing was that they WERE on. They had privacy screens so that way no one could see them unless they were behind the desk. The same thing went for the WOW's that the nurses had. I thought this was a very good idea in order to protect the patients that come down there! Great example. Both of these situations would be potential legal concerns that were adjusted to prevent the legal issue from being a concern anymore. KA

Week 7 – 3d – A legal and ethical issue that was encountered was toward the end of the clinical time when we had a question about a student. The question that was asked had to do with the child's physical appearance which was not intended to offend anyone. However, due to the rules at this school, the nurse was unable to reveal anything about this child's current health status. This was a good learning moment for us because it also shows us that privacy is not only valued in the hospital setting, but in schools as well. Wonderful example. KA

Week 8 – 3d – A legal or ethical issue that I encountered was when at the boys and girls club, I felt that some of the staff was not very observant of the kids at times. When we having the kids participate in a game we had, they would get very rowdy and rambunctious and we had to get them to settle down before the teacher would even say anything. A reason that this is an issue is because one of the children could get hurt while under their supervision. I agree their can be legal implications if children are not properly supervised while under the care of others. KA

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

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 – A legal or ethical issue that I encountered when I was there was during the circumcision. For me, I always assumed that for all surgery's the doctor would wear a mask to protect the patient and themselves so when the doctor did not wear a mask I was a little concerned. I was worried that if he were to sneeze, cough, or really breathe on that open area that the baby would be at risk for infection. Interesting thought. I have never experienced a healthcare provider wear a mask during a circumcision with the exception of during CVID when everyone was wearing masks. I agree that is could be a potential concern. KA

Week 12 – 3d – A legal or ethical issue I encountered while I was at clinical was when the family was discussing about how they are so involved with the baby that sometimes they "almost forget to pick up their other children" which I know that they were just joking to make conversation, but had the wrong person heard that it could have resulted in an issue for the family. The family was just meaning that with the new baby, they found themselves forgetting things such as the kids having to be picked up from school, but they fixed this by simply setting alarms for themselves. I agree perception can affect how other proceed in actions related to a situation. KA

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

Objective

4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*

Weeks of Clinical	1	2	3	4	5	6	7	**Midterm**	8	9	10	11	12	13	14	15	Make up	**Final**
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Develop and implement a priority care map and/or plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		N/A	N/A	N/A	S	~~N/A~~ S	N/A	S	N/A	~~N/A~~ S	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	~~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.		N/A	N/A	N/A	S	S	N/A	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
d. Provide patient centered and developmentally appropriate teaching.		N/A	N/A	N/A	S	S	~~N/A~~ S	S	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	S
e. Analyze the involved pathophysiology of the patient's disease process. **(noticing, interpreting, responding)**		N/A	N/A	N/A	S	S	N/A	S	N/A	S	N/A	N/A	S	N/A	N/A	N/A	N/A	S
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Week 5 – 4a – You satisfactorily completed your care map. Please see the comments on the rubric for further details. KA
Week 5: 4b- she did not actually chart as patient was in labor the entire day, but she did observe and discuss what needed to be charted with RN. RH
Week 5: 4d- You were able to assist with education on potential for cesarean section if labor was not progressing as anticipated. RH

Week 6 – 4a – You discussed the priority nursing interventions for your patient with pneumonia and how she responded as each intervention was completed. KA

Week 7 – 4b – You worked with the nurse to gather information on the hearing and vision screenings utilizing the provided papers for documentation. You then helped alphabetize and document the information further on the required ODH documentation forms. This was a great help to the school nurse. BS
Week 7 – 4b – You did a nice job describing how the nurses kept track of screening data in a binder and then utilized this recorded information to report the district's findings with the Ohio Department of Health. KA

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

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

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

Week 9 – 4a – We discussed the plan of care and course of treatment for your patient while on clinical. You were also able to discuss the importance of the newborn screening and the importance of follow-up for any abnormal findings since we had multiple newborns need repeat screenings of hearing and/or congenital heart screening. KA

Week 12 – 4d – You described many different pieces of information that were given to the breastfeeding mother to support her journey. One piece of education was regarding the how to promote milk let down through utilizing a warm wash cloth prior to breastfeeding. KA

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

Student Name: Kailee Felder	**Course Objective:** 4a
Date or Clinical Week: 5	

	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	You did a nice job including all pertinent assessment findings, lab/diagnostics, and risk factors for your patient. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	You did nice job including all your patient's nursing priorities and highlighting the patient's highest nursing priority. You included an appropriate goal statement for your chosen nursing priority. You highlighted associated data in the noticing section. I would highlight BMI >30 in your risk factors as well. You included relevant complications and signs and symptoms a nurse should monitor for with each complication. KA
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	You did a great job including all relevant nursing interventions for your patients nursing priority. Your interventions were timed, individualized, realistic, and included rationale. You could improve on your prioritization of your interventions. All assessments would be first followed by other interventions and medications with education last. KA
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

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

	Criteria	3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	You included your reevaluation of your assessment data along with modifying your care map by restarting the Pitocin and the potential for a cesarean birth. KA
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Reference

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

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

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

Faculty/Teaching Assistant Comments: Terrific job! You have satisfactorily completed your care map. Please see comments above for areas to think about in the future. KA

Total Points: 44/45

Faculty/Teaching Assistant Initials: KA

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

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

Comments:

Week 5: 4f- you were able to identify that each cervical check has the risk to introduce infection and understand why they were done at specific times to prevent infection. RH

Week 6 – 4f – You discussed how the healthcare provider ordered an x-ray, CBC, CRP, and ABG's to aid in the diagnosis of pneumonia for the patient. KA
Week 6 – 4g – You reposted the patient was receiving pain medication, antibiotics, steroids, and a bronchodilator to help treat the signs and symptoms she had related to her pneumonia. KA
Week 6 – 4h – You discussed how the healthcare provider ordered medications as well as oxygen to manage the patient's respiratory condition and positively impact the patient's disease process. KA

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

Week 9 -4b - You did a nice job documenting the newborn assessment in the EMR for the first time. You asked appropriate questions to ensure you were able to document the assessments accurately. KA
Week 9 – 4f, g, h, I – You did a nice job assessing your patient and researching their/their mother's medical history. You actively discussed on clinical how the patient's/mother's diagnostic tests, medications, medical treatments, and diet related to their current health status and potential complications that may require further intervention. KA

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

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

Comments:

Week 5: 5a- You showed great interest and enthusiasm in OB clinical this week. You were willing to assist the nurses with all tasks for the opportunity to learn. RH

Week 6 – 5a – The ER nurse reported you were excellent in all areas. Jennifer Zebe, RN made the comment you were "Very helpful, will be an excellent nurse!" KA
You discussed how the vital signs machines in the ER had the capabilities to display the patient's EKG rhythm so it could be monitored simultaneously with the patient's vital signs. KA

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

Week 6 – 5g – Kailee, you did a terrific job responding to the CDG questions on your ER experience thoughtfully and sharing your clinical judgment related to the patient's disease process. You included a reference and in-text citation to support your thought process in your post. When in-text citing a direct quote make sure to include the page number or the paragraph number if there are no page numbers. You also need to include the year. Your in-text citation in your post this week should look like this (American Lung Association, 2024, pg X). Keep up the nice work! KA

Week 7 – 5g – You did a nice job responding to all the CDG questions on your clinical experience with hearing and vision screenings this week. You shared your viewpoint and were thoughtful with your responses. You supported your responses with and in-text citation and a reference. In the future try to utilizes resources that are not older than 5 years. Keep up the wonderful work! KA

Week 8 – 5a – You did a great job working the children at St. Mary's Catholic School and not only did an excellent job presenting the education you developed but showed interest in the children and hearing what they had to say about your topic. The school and its students were very appreciative of everything you did. You should be proud of all your hard work! KA/MD/RH/BS
Week 8- 5a- You were active and engaged while providing education to the K-6 grade children at the Boys and Girls Club. BS
Week 8 – 5g – You did a nice job completing the CDG questions for your Boys and Girls Club experience. You were thoughtful with your responses and supported your ideas with an appropriate reference and in-text citation. Remember when in-text citing a direct quotation include the page number or the paragraph number if there are no page numbers. Keep up the wonderful work! KA

Week 9 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You were able to a vaginal delivery while on clinical this week! You also engaged with the staff and asked multiple questions about the maternal newborn population. KA
Week 9 – 5e – You did a nice job navigating the EMR and gathering information on your patient to ensure you could provide appropriate care throughout your clinical day. KA
Week 9 – 5f – You provided hand off report to the appropriate nurse when leaving clinical at the end of shift. KA
Week 9 – 5g – Kailee, you did a great job responding to all the CDG questions on your OB experience this week. Thank you for sharing your thoughts and viewpoints on the experience. You supported your opinion with an in-text citation and a reference. Make sure to include the year in your in-text citation in the future. Your current in-text citation should look as follows (Boston Children's Hospital, 2024). Keep up the excellent work! KA

Week 12 – 5a – The preceptor during your lactation consultant clinical marked you excellent in all areas and commented that you were "Involved, asked good questions." Hannah Alexander CLC, RN. KA
Week 12 – 5g – You did a wonderful job responding to the CDG questions related to your lactation consultant clinical. You did a terrific job describing all the education that was provided during your experience. You supported your post with an in-text citation and reference. Keep up the nice work! KA

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

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

Comments:

Week 5 – 6a - I think that I could improve upon being comfortable dealing with babies. Not that I'm afraid of them, it is more of the fact that it is someone else's child, and they are just so tiny, and I hate the thought of hurting or making them uncomfortable. On a better note, I thought that I did well with keeping up with what was happening with my patient in a sense that I tried to understand why certain things were happening and what we were doing about it. Don't forget to include a goal on how you are going to improve your weakness in the future. I will make sure to have you hold and care for a baby at Firelands when you are there. KA

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

Week 6 – 6a – I think that I could improve upon my medication knowledge. I found myself not knowing enough about a mediation I should have known, or just simply not knowing one at all. However, I used some of my time to look up some of the medications to get a better understanding so that is how I can improve on this in the future. You do not need to remember everything, but always know your resources to obtain the necessary information to provide safe nursing practice. Good job! KA

Week 7 – 6a – I think that an area I could improve upon involves my public speaking. Although I was only talking to little kids today, I still found myself uncomfortable at times, but I did eventually relax a little bit once we all got going. Ways that I can improve on this is by using calming techniques such as breathing to help myself relax when speaking. Great idea. I hope it helps! KA

Midterm – You have had a variety of opportunities during the first half of the semester to care for different patients in the maternal child population. All of your competencies have been satisfactorily completed at midterm with the exception of 5d being NA. You should have the opportunity to chart in the electronic medical record during your OB experience at FRMC during the second half of the semester. Terrific job up to this point! Keep up the excellent work as you enter the second half of the semester! KA

Week 8 – 6a – I think that I could improve upon my communication skills with younger kids. I find myself talking to them like they're adults but I know that they are too little to understand. I also find myself talking to older kids like they are younger which is also not necessary. How I can improve upon this is taking a minute to pause and think of what to say so it is age appropriate. Great goal! The more you work with the different age groups and practice your communication skills with them the better you will get at it. KA

Week 8- 6d,e- You were prepared for your activities at the Boys and Girls Club and acted professionally at all times. BS

Week 9 – 6a – I think that I need to improve upon my confidence. I felt very nervous during this clinical like I was going to do everything wrong. This is important because if I am not comfortable, how can I expect anyone to be comfortable with me caring for them. How I can improve this is by reminding myself that I know how to do this and that if I feel unsure that I can always ask someone else for help. Great job! Positive self-talk is a good way to help improve your self-confidence. You got this! KA

Week 12- 6a – An area that I could improve upon is probably my knowledge on things such as types of breastfeeding in general (such as pump types). I do not have children and I also do not have much experience with babies in general, so I feel it is a difficult topic to ask me about let alone educate someone else on it. In learning more about these things, not only would I be able to help new mothers with this I would also be preparing myself for the future where I hope to have kids of my own! What a great idea! Knowledge truly is power and what makes us better educators for our patients. KA

Final – Kailee, you have satisfactorily completed the clinical portion of the Maternal Child Nursing Course. You have done a great job applying the concepts you learned in class during your clinical experiences. You always have a smile to share with your patients and everyone you come in contact with. You are personable and have great communication skills, especially when building rapport with your patient and providing patient status updates to other healthcare providers. You are a great advocate and

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

ensure your patients have all the knowledge and resources they need to care for themselves once they leave our care. Keep up the wonderful work as you enter the last semester of the program! KA

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

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

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

* Course Objectives

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

* Course Objectives

Comments:

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

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

* Course Objectives

Comments:

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Castro, Felder (A)
GROUP #: 6
SCENARIO: Pregnancy and PPH
OBSERVATION DATE/TIME(S): 9/12/2024 1500-1630

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Mona CO abdominal pain rated 5/10. VS. Contractions 5-6 min. apart. Assess VS. Asks questions about pregnancy/gestation. Report received. Mona CO not feeling well (hot, sweaty, dizzy). Nurse enter, remember to identify patient. Takes pulse, pulse ox, and RR but no BP. BP checked after fundus noted to be firming up.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (2, 4)*					Interpreted the need for fetal monitor and attempt to interpret waveforms. UA results received and interpreted. Interpreted need to check FSBS. FSBS 200- interpreted as abnormal. Identifies history of gestational diabetes. Identifies need for education about blood sugar management. Ask about lochia. Heavy lochia interpreted. Fundus interpreted as boggy. HR interpreted as high. Check BP and pulse ox after medication administration. Interpret fundus as being firm after medication administration.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1, 2, 3, 5) *					Urine collected and sent to lab. Fetal monitor applied. Patient moved to left side. Called report to healthcare provider (remember to gather all information prior to calling in order to give full report with all data). Orders from healthcare provider for IV fluids, Procardia, acetaminophen, and ultrasound for gestational age. Orders read back. Initiate IV fluids. Mona asks about Procardia and medication not administered. Acetaminophen administered with all correct rights. When HCP calls back, re-evaluate Procardia administration. Administers Procardia and explains use to Mona and why it is indicated. US report given to Mona. Education provided to Mona about THC in pregnancy (educate on various anxiety relief methods). Remember to educate on gestational diabetes and other healthy habits with pregnancy. Call provider and report heavy bleeding. Fundus assessed and found to be boggy. Order received for methylergonovine. Need to massage fundus explained to patient and significant other. Methylergonovine medication explained to patient and administered with correct technique. Remember to double check the
• 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	

	dose administered and the needle size (used blunt tip).
REFLECTING: (6) * • Evaluation/Self-Analysis: E **A** D B • Commitment to Improvement: E **A** D B	Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the importance of SBAR communication when calling the provider. 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.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* *Course Objectives	**You are Satisfactory for this scenario! BS** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse Responding: Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Is hesitant or ineffective in using nursing skills Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Castro (M), Felder (A)
GROUP #: 6
SCENARIO: Shoulder Dystocia and Newborn Care
OBSERVATION DATE/TIME(S): 9/26/24 1500-1630

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (Link to Course Objectives) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Introduce self. Pain assessment: rating, Obtain vitals Did not obtain cervical exam information prior to administration of nubain APGAR 1 minute: heart rate (146), respirations (40), cry, tone, color. Total:
INTERPRETING: (Link to Course Objectives) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interpret vitals as WDL Interpret fetal monitor after nubain administration as decelerations, associates with head compression. Identify imminent delivery
RESPONDING: (Link to Course Objectives) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Offer pain medication based on pain assessment Call healthcare provider to clarify antibiotic dose Education provided on antibiotics and pain medication to mom. Medication administration: verify name/DOB, check allergies, scan patient and medications. Nubain- correct dose, incorrect needle size (used subcutaneous needle size when should be IM size), correct technique, engage needle safety. PCN- hang primary bag below secondary bag, clean hub prior to hooking secondary line to primary line, hook secondary tubing above IV pump, *timeout for assistance with IV pump*, unclamp secondary tubing. Call healthcare provider for update on fetal monitor Call healthcare provider when realize delivery is about to happen Call for help, McRoberts, suprapubic pressure, roll to hands and knees, rotational maneuvers, remove

	posterior shoulder, evaluate for episiotomy Immediately after birth dry off baby and wrap in blanket, place baby on warmer, put on hat/clothes Medication administration: vitamin k- draw up medication with needle rather than blunt tip and does not change needle prior to administration, use of correct needle size, use of needle safety but double checks safety with fingers (do not touch needle or safety with fingers due to risk for needle poke) applies ointment to baby eyes. Did not verify baby name/DOB prior to administer medications.
REFLECTING: (Link to Course Objectives) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Team remediated on correct needle size for IM injection on mother. Team remediation in debriefing on correct needle size. Discussion on how to program IV pump. Members looked up nubain and had discussion about what assessments needed to be done prior to administration (cervical exam) and when not to administer to mom (too far into labor)
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** **1. Select physical assessment priorities based on individual patient needs. (1, 2)*** **2. 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,**	**You are Satisfactory in this simulation! RH** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

5, 6)* **5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)*** **6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)***	

Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME: Kailee Felder OBSERVATION DATE/TIME: 10/1/24

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

members of the health team. (1, 3, 5, 6)* **Developing to accomplished is required for satisfactory completion of this simulation.**	

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Kailee Felder OBSERVATION DATE/TIME: 10/17-18/2024 SCENARIO: Escape Room

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

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Baker (M), Castro (A), Felder (C)
GROUP #: 6
SCENARIO: Pediatric Respiratory
OBSERVATION DATE/TIME(S): 10/24/24 1500-1630

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1, 2, 5) *					Introduce self
• Focused Observation:	E	A	D	B	Obtain vitals. Notice temperature elevated.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Respiratory assessment. Listen to lung sounds. Identify lung sounds as rhonchi and stridor. Only rhonchi. Did not lift gown to visualize chest
• Information Seeking:	E	A	D	B	Identify IV fluids running incorrectly and notify healthcare provider that rate should be changed.
					Pain assessment with faces scale.
					Medication errors in chart not identified or investigated. Incorrect dose administered to child. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient.
					Return to visualize chest. Notice mild retractions.
					Pain and temperature reassessment after medication administration.
					Notice battery, scissors. Remove from crib. Did not locate syringe in crib
					Pain assessment using face scale
					Obtain vitals

	Respiratory assessment. Lift gown to visualize chest. Listen to lung sounds. Identify lung sounds as wheezes. Actual lung sounds are stridor. Notice increased work of breathing and retractions. Notices low pulse ox level. Medication error in chart not identified or investigated. Incorrect dose administered to child. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient.
INTERPRETING: (2, 4) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Calculate correct medication math for original orders in chart (amoxicillin and ibuprofen) but does not catch error in orders. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient. Correlate retractions with increased work of breathing and respiratory distress. Nurse remains at bedside until respiratory therapy comes to room for breathing treatment. Calculate correct dose of dexamethasone Calculate correct medication math for original order in chart for acetaminophen but does not catch error in orders. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient.
RESPONDING: (1, 2, 3, 5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Leave side rail down when leave room. Does not notice safety items in crib. Call healthcare provider. SBAR provided after prompting that provider does not know patient. Identify IV fluids running very quickly and ask to change to 52mL/hr rather than order in chart. Medication administration: amoxicillin and ibuprofen. Educate patient as to why medications are given. Check name/DOB, does not scan medication or patient, right dose, right route. Identifies need to scan wristband and medications after medication has been administered. Call healthcare provider for update on temperature and pain since medication administration. Notify of intercostal retractions. Medication administration: cetirizine. Verify name/DOB. Scan patient, scan medications, education on what medication is and why needed. Verify allergies, right dose, right route. Call respiratory therapy for breathing treatment Call healthcare provider. Notify of increased work of breathing and poor oxygen status. Get order for oxygen therapy. Get order for dexamethasone. Does medication math on phone with provider. Does not read order back for verification. Medication administration: dexamethasone and acetaminophen. Check name/DOB, scan patient and

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

family. (3, 5)*	

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Castro (A), Felder (M)
GROUP #: 6
SCENARIO: Pediatric GI
OBSERVATION DATE/TIME(S): 11/5/2024 1500-1630

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1, 2, 5) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Introduce self; identify patient Obtain vitals Pain assessment with faces scale. GI assessment. Notices bruise on stomach but does not inquire more about it. Reassess pain after acetaminophen administration Notice bruising on right upper arm after prompting from Jack. Nurse asks mother to step into hallway to question/educate about asthma triggers. Other nurse begins to question Jack about his various bruising. Asks about what happened to mom as well Patient complain of abdominal pain and nausea. Obtain vitals Patient vomits. Identify emesis is Pedialyte mixed with bile. Pain assessment using faces scale Reassess vital signs
INTERPRETING: (2, 4) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Temperature 102.5-interpret as elevated Reassess temperature 100.5- interpret as improvement after acetaminophen Temperature: 102.1- interpret as elevated. Blood pressure: 82/50-interpret as decreased and potentially due to dehydration Heart rate in 130s: interpret as sign of dehydration Reassess temperature: 100.5-notes improvement but still elevated

RESPONDING: (1, 2, 3, 5) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Call lab for stool culture results. Informed that patient is positive for rotavirus. Implement contact precautions. Call healthcare provider for clarification on acetaminophen order and route. Receive new order for acetaminophen. Call pharmacy to verify acetaminophen order is within safe dose range for patient. Medication administration: acetaminophen. Check name/DOB, scan patient, scan medication. Incorrect medication math. Call healthcare provider and request IVF due to blood pressure and sodium level. Provider states to push fluids as long as patient is not vomiting. Provide Pedialyte and emesis basin to encourage fluids. Medication administration: cetirizine. Verify name/DOB. Scan patient, scan medication. Educate mother on rotavirus diagnosis and how to prevent spread of illness. Explain reasoning for precautions to mother as well. Call case management due to suspected abuse of patient related to bruising on right upper arm and on abdomen. Follow up case management call after inquiring with patient about what caused bruises. Call healthcare provider with update on patient status. Get new orders for IVF bolus, maintenance fluids, and Zofran. Readback IVF orders but did not read back Zofran order. Medication administration: IVF bolus. Program pump to hourly rate rather than to bolus. Verify name/DOB. Flush IV prior to starting IVF to ensure patency. Medication administration: Zofran. Verify name/DOB, scan patient, scan medication. Correct medication math. Push medication slowly. Call healthcare provider and updated on fever. Receive order for ibuprofen. Readback order for verification. Call pharmacy for verification of safe dosage for ibuprofen order. Medication administration: ibuprofen. Verify name/DOB, scan patient, scan medication. Correct medication math.
REFLECTING: (6) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team discussed the scenario. Also discussed importance of checking recommended doses of medications to ensure safe dose is ordered. Discussed contact precautions and education on how to prevent spreading illness at home. SBAR communication used while calling members of the healthcare team. Recognized need to contact someone to investigate bruising and signs of abuse. Identify need to also investigate abuse on mother as well. Recognition of IV bolus needing to be programed into pump first prior to maintenance fluids due to dehydration status.

SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 6. Select physical assessment priorities based on individual patient needs. (1, 2)* 7. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 8. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 9. Utilize the concepts of growth and development to identify concerns in assessment findings associated with potential child abuse and make appropriate referrals as necessary. (1, 3, 5)* 10. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* *Course Objectives	**Nice work! You are satisfactory for this scenario. RH** Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

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

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Melisa Fahey, Kailee Felder, and Lynette Swinehart OBSERVATION DATE/TIME: 11/22/24 SCENARIO: Comprehensive Simulation

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

• Information Seeking:	E	A	D	B	You noticed the signs of respiratory distress and dehydration in the children. In the mother encounter you noticed suspicious bruising on the mother's face and neck. You also noticed the poor environment with chips, pop, rats, spider, and cockroaches scattered throughout the room. You also obtained vital signs during your visit. Additionally, you noticed that the mother had a unprescribed medications, is a current cigarette smoker, and had a dysfunctional family dynamic when having conversations on home life Noticed multiple bugs in kitchen. Noticed exposed cleaning supplies that kids could get into. Noticed expired infant formula. Noticed lack of nutritious foods in the refrigerator. Noticed open beer bottles. Witnessed father preparing bottle. You provided a 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)*					You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit. You were able to interpret safety and health issues with each member of the family. You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit. You interpreted acute respiratory status changes and lethargy as major assessment concerns in the children in this home environment. In the mother encounter you interpreted the suspicious bruising on the mother's face for physical abuse from her partner. You identified there were educational opportunities for abused women and children. You were also able to interpret the safety concerns throughout the room with the environment, unprescribed medications, cigarette smoking, and her high blood pressure from not taking her medications. You encouraged the mother to discuss more of her dysfunctional family dynamic. Interpreted conditions in the kitchen as being dirty, messy, and unsafe for children. Interpreted exposed cleaning supplies as dangerous for children. Interpreted the lack of nutritious foods as not ideal for the family. Interpreted multiple empty beer bottles as potential alcohol abuse. Interpreted father's bottle preparation method to be inadequate (formula expired, not using the correct quantity).
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1, 2, 3, 5)*					You responded to patient's admission of abuse calmly without judgement. Communicated alternatives clearly and empathetically. You responded with intervention regarding safety of children; flexible and creative with ideas and interviewing each member of the family. You responded by prioritizing the safety and health concerns of each family member and seeking further treatment for them. You sought further information regarding potential abuse from all members of the family.
• 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	

	You were respectful and calm in communicating with potential abuser. Coping skills were discussed. You responded to safety, psychosocial issues calmly. You were confident in your approach to each family member. In the mother encounter you provided information on the physical abuse and encouraged her that the abuse was not her fault. You provided resources such as WIC and Job and Family Services for additional support. You encouraged her to seek behavioral health counseling as well. You provided information on bonding with her newborn as well. You discussed not taking unprescribed medications while breastfeeding since the medication can go through the breastmilk leading to the newborn receiving some of the medication. You also discussed taking her prescribed medications (labetalol and Zoloft) appropriately. Great job in the mother encounter! Educated father that cleaning supplies should not be stored in places where the children could get access to them. Educated father to pay attention to expiration dates and how to properly and safely prepare a bottle. Educated that there are resources available to assist with healthy food choices. You recognized the need for involvement by CPS, law enforcement, and hospitalization for medical treatment of both children. You recognized that you only had consent to treat the mother in this situation and sought maternal consent to call for medical assistance and treat the children of the household. You recognized the need and ability to educate the 8-year-old son in the family and educated him on proper baby care, but reassured him throughout the education process he did nothing wrong, but there was a better way to do the care.
REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Group discussion of how reviewing the chart during prebrief assisted with developing a plan for the "home visit." Discussion of what they noticed in the mother room including the filth, lack of prescription medications, random pills on the table, poor self-esteem, and lack of support system. Group was able to educate mother on medication importance and compliance as well as follow up appointments. During the partner visit, the group noticed the misaligning stories of what was going on in the household. The group noticed the defensiveness of the partner during their interaction and stated it modified how they were talking and asking questions during this portion of the visit. They also noticed the pictures on the refrigerator as well as the amount of alcohol in the kitchen compared to the amount of food. The group was able to educate partner on WIC and how to make a bottle for the baby. During discussion of the children's visit, the group noticed the poor health of both Jack and Jill. They noticed the respiratory distress as well as failure to thrive and were able to send both children plus 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. Upon completion of the simulation, you created an education plan focused on Monica for medication compliance, nutrition, and living conditions.

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:

n/a

Student eSignature & Date: Kailee Felder 11/29/2024_____