

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

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

Student: Katherine Shirley

Final Grade: Satisfactory

Semester: Fall

Date of Completion: 11/26/2024

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

Faculty eSignature: M. Dunbar DNP, RN

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
10/9/2024	12	Missed FT OB Clinical	10/23/2024

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

7/18/24 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
9/18/2024	Risk for Postpartum Hemorrhage	MD

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29	10/23	
Competencies:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
b. Provide care using developmentally appropriate communication.		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		N/A	N/A	S	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
Clinical Location Age of patient		N/A	N/A	Firelands OB, 32	Lactation, 23	BG Club, K-6	FT ER, 17	MIDTERM	St. Mary Fair	H&V, Clvde HS	Empathy Bellv	N/A	N/A	n/a	n/a	n/a	FT OB, 35	FINAL
		BS	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

Week 4: Generativity vs. Stagnation: My patient is 32 and just had her second child. She is at the stage of her life where she is building a family for herself. MD

Firelands OB 1a-c: You were able to assist with the care of your patient using appropriate communication and assessment techniques. You did well with asking questions to the nurse or myself when needed. You were able to follow the nurse and assess a mother while they were laboring until she gave birth. RH

Week 5: Intimacy vs. Isolation: One of the patients I saw was a 23 year old woman who was alone throughout her stay. Great! MD

Week 6: majority of the kids were industry vs inferiority. They were starting and running their own games in the gym MD

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

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

Week 7- Identity vs Confusion- One of my patients were 17 and struggling with some of the other girls at school due to difference in views which resulted in this patient being physically assaulted So sad. I hope she is able to receive support. MD

Week 8: The kids at St. Mary's were all industry vs. inferiority. We explained the game we had for them and they were able to participate with little to no issues. MD

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

Week 9- Identity vs. Confusion. These students all seem to be trying to figure out who they are by trying different styles of clothing and accessories. MD

Week 9- 1a-c: you did a great job explaining the directions and helping the students with the hearing and vision screenings. RH

Make up- Generativity vs. Stagnation: My patient has 3 older children and is married. She had already built a family and is just adding on. Great analysis! MD

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

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	Makeup	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	10/23	
Competencies: f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S
g. Discuss prenatal influences on the pregnancy. Maternal		N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S
h. Identify the stage and progression of a woman in labor. Maternal		N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S
i. Discuss family bonding and phases of the puerperium. Maternal		N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S
j. Identify various resources available for children and the childbearing family.		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
l. Respect the centrality of the patient/family as core members of the health team.		N/A	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S
		BS	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

Firelands OB 1f-i: You were able to see two vaginal births as well as one cesarean delivery. In each of these instances, we discussed how the patient's body and mind changes through pregnancy, how important prenatal care is, how the progression of labor works (and varies based on number of previous births), and you were able to witness mother/baby bonding almost immediately after birth. RH

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

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

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

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	Makeup	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	10/23	
a. Engage in discussions of evidenced-based nursing practice.		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
b. Perform nursing measures safely using Standard precautions.		N/A	N/A	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
c. Perform nursing care in an organized manner recognizing the need for assistance.		N/A	N/A	S	S	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
d. Practice/observe safe medication administration.		N/A	N/A	S	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		N/A	N/A	S	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S
f. Utilize information obtained from patients/families as a basis for decision-making.		N/A	N/A	S	S	N/A	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
		BS	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

Week 4: My patient is an EMT. Her vocational training allowed for her to understand medical jargon and ease any potential anxiety that someone who doesn't have her training would have. **What other SDOH would this patient have? It is great that she is an EMT but is there a financial aspect to it? MD**

*End-of-Program Student Learning Outcomes

Firelands OB 2a: we all had a good discussion with the nurses and healthcare provider regarding the use of Cytotec on a mother who was being induced with a history of a VBAC. They provided information that it was contraindicated and how it was shown to increase risk of uterine rupture. RH

Firelands OB 2b: you utilized hand hygiene and proper precautions while on clinical this week. You also were able to watch the procedure for infection control in the operating room during the caesarian delivery. RH

Week 5: This patient was a young mother without a support system who might struggle with balancing everything in her life with a newborn. She also might struggle financially due to her being a one income household. **This is so important! What types of resources would you offer her? MD**

Week 6: we were informed that a lot of the kids that attend the boys and girls club come from low income families and that the meal they receive at the school will probably be their last meal of the night. Some resource a week could suggest is the local food bank such as Father's Heart family. Church. **These are great resources! MD**

Week 6- 2g- You did a nice job discussing two social determinants of health that could affect the children at the Boys and Girls Club. BS

Week 7- My 17 year old patient was a foster child who was just placed with a new caregiver this month and was forced to move from her home town to a new town where she didn't have any friends or family **This is so hard. I cannot imagine the difficult mental health she could be experiencing. MD**

Week 8- The children are receiving an education and seem to understand basic information when it comes to health care if explained in lay terms. If it is more advanced, they will not be able to understand what is being said. **This is true. What other SDOH could you potentially see? MD**

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

Week 9- These kids could be failing these vision and hearing tests and unable to afford glasses or hearing aids. Some of the students that we screened were also developmentally delayed and unable to understand what we were doing and so our results could possibly not be accurate. **This is definitely an issue. MD**

Make up- This is a mother of 4 and may put herself last and everyone else's needs way before her. She also may not have a support system aside from her husband. **This is a very important SDOH. How would you educate her on the importance of support systems and making sure she does self-care? MD**

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

FTMC OB Objective 2 D-This week you were able to administer medications. You followed the rights of medication pass and were able to verify the patient's name and date of birth. Great job! MD

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

Comments:

Week 4: An ethical issue I came across is that there was a mother who was going to refuse the Vitamin K shot for their baby. They decided to get it when they found out that the baby couldn't be circumcised. **This is a perfect example of how I'm education can be so influential in the care of patients. MD**

Week 5: An ethical issue was with another patient who was 27 years old who was struggling with breastfeeding due to her having multiple clogged milk duct. The mother doesn't want to stop breastfeeding like her husband advised even though she was in a great amount of pain and can't get her ducts unclogged. **That is so hard. Sometimes with continued breastfeeding milk ducts can be unclogged. How did the lactation nurse advise the patient? MD**

Week 6: An ethical issue that I observed goes along with the SDOH and it was the meal they received. The students had walking tacos and a small cup of fruit. It wasn't a lot of food and I can't help but wonder if the students still go home hungry or does the program not have enough funding for a more balanced meal? **This is a great question. Unfortunately, I am not sure how much funding they do have due to budget cuts. Something to look into though. MD**

Week 7: While sitting at the nurse's station, the charge nurse received multiple phone calls from several of a patient's family members that were not on her approved medical information list and was becoming angry that the nurse would not give them updates. This was a legal issue due to the risk of a HIPAA violation. **Absolutely! MD**

Week 8: I didn't observe anything directly at St. Mary's that would be a problem legally or ethically but a potential problem could be if a child didn't have lunch money, would they not let the child eat lunch? **I know at my kids school they will put it on a tab and then send an email notifying the parent that there was a charge made. I would really hope they would let them eat something. MD**

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

Week 9- I am unsure if this is an ethical issue but we weren't provided with anything to clean the equipment in between each student and I understand that if the students had something contagious, they probably shouldn't be at school but not all students could miss school or might not know they had something contagious and I just feel it was unethical for us to not be proactive and prophylactic. **It could be an ethical issue! MD**

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

Make up- A legal issue that I had witnessed at the hospital is numerous medications and patient arm bands were just laying around. A visitor could easily grab either the medication or a patient's arm band. This is absolutely true! You should never scan a wrist band that is not on the patient! How would you address this with the nurses who are doing this? How would you tell them that they are not following the rights of medication administration? MD

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

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	Makeup	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	10/23	
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	S NI	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		N/A	N/A	S	S	N/A	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
c. Summarize witnessed examples of patient/family advocacy.		N/A	N/A	S	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
d. Provide patient centered and developmentally appropriate teaching.		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	S	S	N/A	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
		BS	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Firelands OB 4b: You were able to assess your postpartum mother and document her assessment and vitals with minimal assistance. RH

Firelands OB 4A-You are receiving an NI this week due to not having an in-text citation for your original care map you submitted on time for grading. MD

Week 5 Objective 5A-You were satisfactory for your care map resubmission. MD

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

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

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

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

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

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

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

Student Name: Katie Shirley		Course Objective:					
Date or Clinical Week: 9/10/2024							
Criteria	3	2	1	0	Points Earned	Comments	
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	All criteria met. MD
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	

Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2 3	You provided interventions, however, you need to be more specific as to what vital signs are most important to postpartum hemorrhage. Also, your frequencies need to be more often if you have a concern for a potential of postpartum hemorrhage. I would suggest also looking at some of the PRN medications for postpartum hemorrhage and including them in the intervention list. I would also verify the dosing of oxytocin. Usually it is given 30units/500mL Lactated Ringer bag. What other items can be educated on? Such as if the patient sees clots? What about pericare? All things to consider when creating a care map. Please be sure your information is thorough and accurate. MD Katie-after further discussion and review of your revised care map you have enhanced your interventions and included all appropriate interventions. Great job! MD
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria	3	2	1	0	Points Earned	Comments
13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

*End-of-Program Student Learning Outcomes

Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. MD
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	

Reference

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

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**
*****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *****

Faculty/Teaching Assistant Comments:
Katie-You did not provide an in-text citation for your care map. This care map is a Needs Improvement. MD
Katie-You provided an in-text citation for your care map, however, when I checked your citation it was not appropriate for the nursing diagnosis. This care map is Needs Improvement. Please revise and resubmit to your Dropbox. MD
Katie-Awesome job with the revisions to your care map! You were able to provide accurate information, reference, and in-text citation! MD

Total Points:
Needs Improvement 9/13/2024 (no in-text citation) MD
Needs Improvement 9/13/2024 (inappropriate in-text citation) MD
Satisfactory 9/18/2024
Faculty/Teaching Assistant Initials: MD

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

Comments:

Firelands OB 4f-g: we had discussion about prenatal laboratory testing that is done for every pregnancy and how some of it is reportable to the health department. We discussed the importance of this testing and how it can impact the pregnancy and delivery for the baby and mother. We also discussed pain management and vaccine recommendations for mothers who are postpartum. RH

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

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	Makeup	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	10/23	
a. Demonstrate interest and enthusiasm in clinical activities.		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
b. Evaluate own participation in clinical activities.		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
c. Communicate professionally and collaboratively with members of the healthcare team.		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		N/A	N/A	S	S	S	N/A	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		N/A	N/A	S	S	S	N/A	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S	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	S	S	S	S	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
g. Consistently and appropriately post comments in clinical discussion groups.		N/A	N/A	S	S	S	S NI	NI	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
		BS	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

Firelands OB 5a, c, e: You were very excited throughout clinical and were positive throughout the day. You had professional discussions with staff and your peers throughout the day regarding patients and labor/delivery in general. This was nice for some in depth conversation with some content experts. You also were able to show that you could find information in the cart related to your patient for your care map this week. RH

Lactation Objective 5A- Marked excellent in all areas. Hannah Alexander RN, CLC

Lactation Objective 5G-You wrote a very good CDG this week! You met all of the requirements for a satisfactory CDG. Be advised-the reference should be:
American Pregnancy Association. (2022, June 9). *Nipple pain remedies*. <https://americanpregnancy.org/healthy-pregnancy/breastfeeding/nipple-pain-remedies/>

If you have questions about this reference, please reach out. MD

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

Week 7 Objective 5A- Marked excellent in all areas. Mikailley Hull, RN for the Emergency Room Clinical at Fisher Titus. Great job! MD

Week 7 Objective 5G-This week in your CDG you did not include a reference. You did have an in-text citation. Because a reference was missing you are receiving a Needs Improvement rating. Please remember to refer to the CDG Grading Rubric when completing your CDGs. MD

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

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

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

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

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	Makeup	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	10/23	
a. Recognize areas for improvement and goals to meet these needs. (List Below)*		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
b. Accept responsibility for decisions and actions.		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
c. Demonstrate evidence of growth and self-confidence.		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
d. Demonstrate evidence of research in being prepared for clinical.		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
f. Describe initiatives in seeking out new learning experiences.		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
g. Demonstrate ability to organize time effectively.		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
i. Demonstrates growth in clinical judgment.		N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S	S
		BS	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

Week 4: I could improve on my fundus assessments because I couldn't find the fundus at my last assessment. At the next clinical I will spend more time assessing the fundus to increase my comprehension of this assessment. **Great goal! MD**

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

Firelands OB 6f: you were very willing to be put in a situation that made you uncomfortable or a situation you were unfamiliar with so you could learn, this was much appreciated by me and the nurses commented on how nice it was to have students who were willing to learn. RH

Week 5: I need to be more comfortable around handling babies. At lactation clinical, the lactation nurse and the mother was talking and the baby was laying on the mother's lap and moving and I was so scared that the baby was going to slip out of the mother's lap. I will continue to work on my comfort around babies and by next ob clinicals, I will be able to care for a baby without being nervous. It takes time to be comfortable! I was the same way when I began in OB! You got this! MD

Week 6: I need to work on figuring out how to maintain control with the kids. While sitting and talking with the kids, a lot of the girls wanted to touch and braid my hair and I kept asking them to stop and to not but I wasn't being firm so they continued to do it. They also continued to interrupt me during my presentation and I was too nervous to tell them to stop. I will work on a balance of being fun yet firm with kids before my next interaction with children such as the Hearing and Vision clinical. This is a great goal. There is a fine balance with kiddos! MD

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

Week 7- after this clinical, I realize that I need to work on asking for more opportunities to learn. For the first half of my clinical, I was basically just following the preceptor around while she did her job. Finally, when we received a patient who needed IV fluids and medications, I jumped in and asked if I could do it. From that point on she allowed me to give the medications and do more of the hands on work but I wish I would've asked sooner. For my next clinical, I will be sure to ask sooner so I will have more opportunities to learn. Be proactive! I love this goal! You can do it! MD

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

Week 8- After my experience at St. Mary's, I realize that I need to work on being a bit more patient. With each presentation, the children became more and more excited and we were losing their focus and were talking over us frequently. By the end of the day, I was starting to get overwhelmed and impatient. I will work on my patience and will be able to maintain myself by the next time I have to work with children, such as my hearing and vision clinical. How will you work on this? It is a very good goal especially since children can be difficult! You got this! MD

Week 9- Something I need to work on is how to communicate with adolescents better. Sometimes I forget I'm a bit older than them and they might not understand what I mean when I try to explain a process to them. I will work on this by thinking about how to simplify my explanations before trying to explain things. I hope to achieve this prior to working with teenagers again.

Make Up- Something that was pointed out to me is that I need to work on my confidence and I agree. I do know my stuff but I have a tendency to fear that I'm wrong. This was my last clinical so I will continue to work on my confidence and have a stronger approach by my next patient interaction. I know this is can be tough. You do know your information and are very knowledgeable! I know you will soar once you build your confidence! You got this!!! MD

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

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

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

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

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

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

* Course Objectives

Comments:

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

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

* Course Objectives

Comments:

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: **8**

SCENARIO: **Pregnancy and PPH**

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

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

<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)* 2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)* 3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)* 5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* <p>*Course Objectives</p>	<p>You are Satisfactory for this scenario! BS</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: 8

SCENARIO: Shoulder Dystocia and Newborn Care

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

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2,5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Introduce self; identify patient (name/DOB)</p> <p>Pain assessment: location, rating, what makes better/worse</p> <p>Obtain vitals</p> <p>Assess fetal monitor in correct place, assess abdomen and baby location</p> <p>Ask questions about gestational diabetes and how well controlled blood sugars were throughout pregnancy</p> <p>Inquire about support system since husband is deployed</p> <p>notice change in fetal monitor after nubain administration</p> <p>APGAR 1 minute: color, cry, tone, heartrate (148), respirations (49). Total: 9</p> <p>Assess fundus after delivery: firm and midline. Assess for laceration (3rd degree tear), assess bleeding, breast assessment, assess for edema, assess emotional state of mom, bowel sounds, bladder</p>
<p>INTERPRETING: (2,4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Interpret fetal monitor as accelerations and explain to mom what that means. Associates that with fetal wellbeing</p> <p>Interpret vitals as WDL</p> <p>Interpret change in fetal monitor as early decelerations</p>

<p>RESPONDING: (1,2,3,5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Offer breathing exercises for pain relief</p> <p>Medication administration: PCN. Education on GBS status and why antibiotic is required during labor. Verify name/DOB, verify allergies, scan patient, scan medication, double check dose, hand secondary bag above primary bag, program pump correctly, clean hub prior to hooking up secondary tubing.</p> <p>Medication administration: Nubain. Ask about pain level. Provide education on how medication can impact baby/closely monitor baby now and after birth. Does not perform cervical exam prior to administration. Check blood pressure prior to administration, check name/DOB, check allergies, verify dose, verify route, use of correct needle size, proper technique used, use of needle safety.</p> <p>Call healthcare provider. SBAR not very detailed.</p> <p>Identify baby is stuck: McRoberts, suprapubic pressure, roll to hands and knees, rotational maneuvers, evaluate for episiotomy, remove posterior arm, call for help</p> <p>Immediately after delivery dry baby with blanket, offer skin to skin, place baby under warmer</p> <p>Education on skin to skin and breastfeeding baby</p> <p>No hat placed on baby</p> <p>Medication administration: education provided on vitamin K and erythromycin ointment. Verify name/wristband of baby, correct dose of vitamin K, correct needle use, correct technique, use of needle safety. Correct administration of ointment on eyes</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Team remediated on correct needle size for IM injection on infant. Team discussed all interventions done and education provided to mom during simulation. Team reflected well on their performance.</p>

<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)* 5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)* 6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)* 	<p>You are Satisfactory in this simulation! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME:

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

CLINICAL JUDGMENT COMPONENTS NOTICING: (1, 2, 5)* <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	OBSERVATION NOTES Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.
INTERPRETING: (2, 4)* <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.
RESPONDING: (1, 2, 3, 5)* <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	Responded to safety issues by correcting each of them to provide a safe environment for the patient’s care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient’s respiratory distress by providing the patient with the ordered breathing treatment. Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.
REFLECTING: (6)* <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric Developing to accomplished is required for satisfactory completion of this simulation.	You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! KA/MD/RH/BS Noticing: Regularly observes and monitors a variety of data, including

<p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Utilize the concepts of growth and development to identify concerns with patient safety and provide appropriate interventions to address safety concerns. (1, 3, 5)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1, 2, 5)* 3. Collaborate with members of the healthcare team to provide safe, holistic, and comprehensive patient care. (1, 2, 4, 5, 6)* 4. Utilize SBAR communication in interactions with members of the health team. (5)* <p>*Course Objectives</p>	<p>both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>
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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Simulation

STUDENT NAME:

OBSERVATION DATE/TIME:

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: 9

SCENARIO: Pediatric Respiratory

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

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

<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Correct medication math for amoxicillin and ibuprofen with new orders. Does not identify IVF is incorrect at this time.</p> <p>Nurse stays at bedside until breathing treatment arrives</p> <p>Correlate retractions with increased work of breathing</p> <p>Calculate correct medication math for dexamethasone.</p> <p>Does not identify IVF is incorrect at this time. During debriefing, IVF maintenance rate identified and calculated.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Removes unsafe items from crib</p> <p>Leaves crib rail down when leave room. Identify it was left down and returns a couple minutes later to put it up.</p> <p>Call healthcare provider. SBAR used. Verify medication orders. Corrects ibuprofen, amoxicillin. Gets new order for ibuprofen and reads back order for verification. Gets new order for amoxicillin and only reads back partial order.</p> <p>Medication administration: amoxicillin and ibuprofen. Verify name/DOB, scan patient and medications. Educate patient and father on medications. Right dose, right route, right medication.</p> <p>Continues to leave side rail down on crib.</p> <p>education provided about smoking and exposure to triggers. Educate on how to manage symptoms at home.</p> <p>Applies oxygen due to low oxygen levels. Start at 2L via nasal cannula</p> <p>Call respiratory for breathing treatment</p> <p>Call healthcare provider. Asks for clarification of acetaminophen. Gets new order for acetaminophen and reads back order for verification. Provides update on patient after breathing treatment. Receive order for dexamethasone. Does medication math on phone with healthcare provider. Readback order for verification.</p> <p>Medication administration. Acetaminophen and dexamethasone. Verify name/DOB, scan patient, scan medications, educate what</p>

	<p>medications are for. Right med, right dose, right route.</p> <p>Does shut crib side rail prior to leaving room</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario and recognition of teamwork/communication. Identified strength of double-checking medication orders. Identified lack of double-checking IVF order. Each student calculated corrected IVF maintenance rate for patient. Discussed medication errors and how to prevent/identify them in their practice. Identified resources available. Team provided good education to father during scenario, discussed adding in smoking education to father.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize the concepts of growth and development to provide therapeutic 	<p>You are Satisfactory for this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>

communication with the toddler and their family. (3, 5)*	
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Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: 8

SCENARIO: Pediatric GI

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

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p style="color: red;">Identify patient, introduce self GI assessment. Lift gown to visualize abdomen, notice bruise, listen to bowel sounds, ask about vomiting patterns Pain assessment using faces scale. Ask for description of pain, location Ask Jack about bruising on abdomen while mom is in room. Mom answers for Jack and explains he fell off his bike. Jack states his arm hurts, no visualization of arm by this nurse. Medication nurse notices bruise on right upper arm Mom leaves room with one student nurse and other student nurses begin to inquire with Jack what actually happened to get bruising. Nurse educating mom questioned her glasses, gathers second nurse and begin to question about home life/support system, asks if she needs support services and ensures she feels safe at home</p> <p style="color: blue;">Pain assessment using faces scale. Abdominal pain Obtain vitals Patient vomits, emesis is bile and Pedialyte Ask about bowel habits, GI assessment.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B 	<p style="color: red;">Skin turgor elastic, interpret hydration status Temperature 102.5- interpret as elevated Mucous membranes: pink and tacky, interpret hydration status</p>

<ul style="list-style-type: none"> • Making Sense of Data: E A D B 	<p>Temperature: 102.1- interpret as improvement but identifies is still elevated Mucous membranes: pink and tacky, interpret as sign of dehydration Blood pressure 83/56- identify as low, sign of dehydration</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Provide emesis basin, tissues, and Pedialyte Call healthcare provider to questions acetaminophen order. New order received for acetaminophen, read back for verification. Call lab for results of stool sample. Patient is positive for rotavirus. Implement contact precautions. Educate mom on rotavirus (what it is, how it is spread, how to prevent spread, contact precautions) Medication administration: acetaminophen and cetirizine. Verify name/DOB, scan patient, scan medications. Correct medication math. Flush IV to ensure patency Call case management due to suspect abuse Education provided to mom on rotavirus, smoking cessation, and caffeine intake Call case management and update on new information from Jack and from Mom.</p> <p>Call healthcare provider for update on patient status and to request IV fluids. Receive order for IVF bolus, maintenance fluids, and Zofran. Read back orders for verification Call lab for results of ova and parasites. Patient is negative Medication administration: Zofran and IVF bolus. Educate on what medications are for. Verify name/DOB, scan patient, scan medications. Correct medication math. Program IV pump correctly. Change IV pump to maintenance fluids once bolus complete.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussed scenario. Discussed importance of checking recommended doses of medications to ensure safe dose is ordered. Discussed contact precautions and education provided on how to prevent spreading illness at home. Educated on BRATTY diet. Recognized need to contact someone to investigate bruising and signs of abuse. Identified mother was also at risk for abuse and could have been more inquisitive with her as well. Recognition of IVF needed due to dehydration signs and symptoms identified in assessment.</p>

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

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

CLINICAL JUDGMENT						OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Noticed deviations from normal with physical assessment and inquiry. Information seeking regarding patient condition as well as with parent/support person at bedside when appropriate.</p> <p>When developing your scenario, you noticed the important assessment aspects to include for a patient/support person with your assigned diagnosis.</p> <p>Through the scavenger hunt you were able to notice various details of each of the ten scenarios simulated.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>You were able to interpret data pieces and prioritize accordingly.</p> <p>For each scenario, care was given in gathering details needed in order to phone the healthcare provider and provide SBAR.</p> <p>When developing your scenario, you interpreted the expected path of the disease process and necessary nursing interventions to include in the patient’s care.</p> <p>You utilized clinical judgment to interpret appropriate responses to NCLEX style questions related to each scenario.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Responded with communication that was collaborative between roles. Clear communication was utilized between colleagues.</p> <p>Clear communication was utilized with patient and family and layman’s terms were utilized when appropriate.</p> <p>Responded with interventions that were planned accordingly and verbalized when necessary.</p> <p>Skill in identifying focused assessments as well as timely reassessments were utilized.</p> <p>Family members and others of the healthcare team were kept up to date on patient condition and given education for current condition as well as for preventative measures.</p> <p>In response to your assigned disease process you developed a</p>

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

5)*

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Tylie Dauch, Anthony Drivas, Zachary Grosswiler, Katherine Shirley** OBSERVATION DATE/TIME: **11/22/24** SCENARIO: **Comprehensive Simulation**

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					
• Focused Observation:	E	A	D	B	You noticed suspicious bruising on patient and patient's physical appearance and psychosocial status as deviation from normal.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	You noticed environmental concerns throughout the home that would be safety hazards.
• Information Seeking:	E	A	D	B	You noticed abnormal family functioning as you progressed through the simulation. You noticed the signs of respiratory distress and dehydration in the children. In the mother encounter you noticed suspicious bruising on the mother's face and neck. You also noticed the poor environment with chips, pop, rats, spider, and cockroaches scattered throughout the room. You also obtained vital signs during your visit. Additionally, you noticed that the mother had a unprescribed medications, is a current cigarette smoker, and had a dysfunctional family dynamic when having conversations on home life. Noticed multiple bugs in kitchen. Noticed exposed cleaning supplies that kids could get into. Noticed expired infant formula. Noticed lack of nutritious foods in the refrigerator. Noticed open beer bottles. Witnessed father preparing bottle. You provided a thorough assessment to the children of the household recognizing concerns of an asthma attack in the 8-year-old and dehydration and failure to thrive in the newborn.
INTERPRETING: (2, 4)*					
• Prioritizing Data:	E	A	D	B	You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit.
• Making Sense of Data:	E	A	D	B	You were able to interpret safety and health issues with each member of the family. You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit.

	<p>You interpreted acute respiratory status changes and lethargy as major assessment concerns in the children in this home environment.</p> <p>In the mother encounter you interpreted the suspicious bruising on the mother's face for physical abuse from her partner. You identified there were educational opportunities for abused women and children. You were also able to interpret the safety concerns throughout the room with the environment, unprescribed medications, cigarette smoking, and her high blood pressure from not taking her medications. You encouraged the mother to discuss more of her dysfunctional family dynamic.</p> <p>Interpreted conditions in the kitchen as being dirty, messy, and unsafe for children. Interpreted exposed cleaning supplies as dangerous for children. Interpreted the lack of nutritious foods as not ideal for the family. Interpreted multiple empty beer bottles as potential alcohol abuse. Interpreted father's bottle preparation method to be inadequate (formula expired, not using the correct quantity).</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>You responded to patient's admission of abuse calmly without judgement. Communicated alternatives clearly and empathetically.</p> <p>You responded with intervention regarding safety of children; flexible and creative with ideas and interviewing each member of the family.</p> <p>You responded by prioritizing the safety and health concerns of each family member and seeking further treatment for them.</p> <p>You sought further information regarding potential abuse from all members of the family.</p> <p>You were respectful and calm in communicating with potential abuser. Coping skills were discussed.</p> <p>You responded to safety, psychosocial issues calmly. You were confident in your approach to each family member.</p> <p>In the mother encounter you provided education on resources for the abuse and assisted her in forming a safety plan. You encouraged her that the abuse was not her fault and provided additional resources for WIC and Job and Family Services for more support. You educated her on resources for an exterminator and a cleaning service to assist with the poor home environment. You provided information on not taking unprescribed medications and preceded to take the medication with you to prevent any further usage. You educated on the importance of taking prescribed medications (labetalol and Zoloft) as well. Great job with the mother encounter!</p> <p>Educated father that cleaning supplies should not be stored in places where the children could get access to them. Educated father to pay attention to expiration</p>

	<p>dates and how to properly and safely prepare a bottle. Educated that there are resources available to assist with healthy food choices.</p> <p>You recognized the need for involvement by CPS, law enforcement, and hospitalization for medical treatment of both children.</p> <p>You recognized that you only had consent to treat the mother in this situation and sought maternal consent to call for medical assistance and treat the children of the household.</p> <p>You reflected on the care you provided and sought feedback on what more care you could have provided to the children and family in the simulation</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Group discussion of how reviewing the chart during prebrief assisted with developing a plan for the “home visit.” Discussion of what they noticed in the mother room including the abuse, filth, lack of medications, non-prescription medications, and poor food choices. The group focused on safety of the mother and educated on resources regarding the abuse and how to create a safety plan. It was noted that the mother was defending the partner and saying he was doing a good job and was helpful to her. During discussion the group wanted more time to then perform a postpartum assessment on the mother as well as ask about the birth and how the mother was healing. Education was also provided on medication compliance, proper use of prescription medications, and healthy food choices.</p> <p>During discussion of the partner visit, the group noticed the defensiveness of the partner, pictures on the refrigerator, expired food, and excessive alcohol present. It was noted that the partner was also dismissive of any and all education that was attempted to provide at this time. Education that was offered included healthy food options, WIC, and proper use of formula. Discussion of the children’s visit included safety concerns and neglect of care. The group was able to identify the failure to thrive and respiratory distress in Jill and Jack, respectively. The group also noted that the neighbor was aware of the situation because they were bringing food to the kids, but did nothing to call CPS which was frustrating to the group. Team lead discussion with little prompting and were able to have good discussion about their assessment findings and interventions.</p> <p>Upon completion of the simulation, you created an education plan focused on Monica for smoking cessation, domestic violence resources, and medication adherence.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning</p> <p>Based off of Lasater’s Clinical Judgment Rubric</p> <p>Developing or higher in all areas is required for satisfactory</p>	<p>Excellent job in communicating without judgement and providing appropriate education, information regarding resources, and intervention for family.</p> <p>You are satisfactory for this scenario. KA/MD/BS/RH</p>

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

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

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

Student eSignature & Date: Katherine Shirley November 29th 2024
