

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Zachary Grosswiler

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

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
8/22/24	1	Missed Lab	9/5/24 KA
10/4/24	3	30 minutes late to clinical	10/4/24 - 2.5 hours KA 10/22/24 – 0.5 hours KA
10/11/24	1	Incomplete LC Clinical CDG	10/25/24 KA
10/11/24	1	Incomplete LC Clinical Survey	10/25/24 KA
11/4/24	1	vSim Pediatric Case 5 late	11/5/24 KA

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
9/27/24	Risk for complications of hyperbilirubinemia	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:		NA	S	NA	S	S	NA	S	S	NA	S	NA	NA	NA	NA	NA	NA	S
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	S	NA	S	S	NA	S	S	NA	S	NA	NA	NA	NA	NA	NA	S
b. Provide care using developmentally appropriate communication.		NA	S	NA	S	S	NA	S	S	NA	S	NA	NA	NA	NA	NA	NA	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		NA	S	NA	S	S	NA	S	S	NA	S	NA	NA	NA	NA	NA	NA	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	NA	S	S	NA	S	NA	NA	S	NA	NA	NA	NA	NA	NA	S
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		NA	S	NA	S	S	NA	S	S	NA	S	NA	NA	NA	NA	NA	NA	S
Clinical Location Age of patient		NA	Bellevue Elementary, 2nd Grade	NA	Fisher-Titus ER, 9	Fisher-Titus OB, 1 days	NA	NA	B&G/St.Mary, K-6	NA	FRMC OB, 1 days	NA	NA	NA	NA	NA	NA	NA
	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Comments:

*End-of-Program Student Learning Outcomes

The Week 3 Erikson's stage for my patient is Industry vs. Inferiority, children in the third grade are roughly 9 years old and tend to challenge themselves or ask themselves questions about what they want to do when it comes to things like school. They must learn more about becoming skilled in this time. **You were able to correctly identify the stage of growth and development as school age for the children you helped screen this week. You identified how they were meeting the milestones for the age and were displaying characteristics of industry. KA**

Week 3 – 1a-c: You did a great job explaining directions and assisting the children with an appropriate level of understanding for their age. You were very patient with the children and took your time so they did not feel rushed. RH

Week 3 – 1b – You did a nice job discussing how you utilized the growth and developmental stage of the students to guide your communication and explanation of the screenings to them. KA

The Week 5 Erikson's stage for my patient is Industry vs. Inferiority. Children at 9 years of age tend to challenge themselves or ask themselves questions about what they want to do, and with appropriate growth will attempt to thrive in school and activities. They will learn more about becoming skilled in this time and fitting in with their peers. **Good job! KA**

Week 5 – 1a – You did a nice job describing the 9 year old patient you worked with in the ER this week who was being treated with a persistent cough. KA

The Week 6 Erikson's stage for my patient is Trust vs. Mistrust. As my patient is an infant, the importance of this stage is learning to trust the caregiver as well as feeling out the surrounding environment. **Nice job! KA**

Week 6 – 1 B, C, D-This week you did an awesome job with providing developmentally appropriate care, appropriate assessment techniques, and developing safety measures to support your patient. MD

Week 6 – 1-This objective was met utilizing conversation and working with the postpartum mom and newborn. Great job! MD

The Week 8 Erikson's stage for my patient is Industry vs. Inferiority. Children at 6-12 years of age would fit into this category, and are looking for ways to challenge themselves or find things they are good at, which I noticed with the competitive games I presented at the B&G club. **Nice 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 – You discussed how you first observed the students to see how they acted and behaved before you communicated with them to make it easier to talk to them at their level. Nice job! KA

Week 8 – 1e – You did a nice job describing differences you saw between the different age groups while you were on clinical at Boys and Girls Club. KA

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

The Week 10 Erikson's stage for my patient is Trust vs. Mistrust. My patient for this experience was an infant, the importance of this stage is learning to trust the caregiver as well as learning of the surrounding environment and adjusting to life. **Nice job! KA**

Week 10 – 1a – You did a wonderful job providing holistic care to the mom and baby you were assigned to this week. You were very thoughtful and kind with all your interactions with both the mother and the baby. KA

Week 10 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. KA

Week 10 – 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

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

Comments:

Week 5 – 1k – You worked with a patient who spoke Spanish and you discussed how this barrier impacted the care you and the other nurses provided to them. KA

Week 10 – 1i – You were able to identify the stage of bonding your patient was in as the taking hold phase and discussed why you chose this stage. You also provided examples of family bonding that included the extended family. KA

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

Comments:

Week 3 SDOH: One example of SDOH factors that influenced care in a client was seen in three students who were Spanish speaking. A translator was needed to explain the instruction to the students and relay information. Of these three students, only two could read English letters to be used for the vision part of the vision and hearing screening, and so her vision screening could not be completed with English letters on the LogMAR and had to be rescheduled. **Great example. This also brings up legal concerns. KA**

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

Week 5 SDOH: One example of SDOH/cultural elements that influenced my care is the shyness of my patient in public scenarios, noted by the patient's mother. My patient did not seem very trusting of me, nor was he interested in conversating with me. It may have been influenced by his condition, but regardless it did impact my ability to communicate with the patient. **Great example and how it affected your rapport with the patient. KA**

Week 6 SDOH: One example of SDOH/cultural elements that influences care in the OB would be preference of or against circumcision, as well as preference of or against breastfeeding. Both factors must be assessed and discussed. **Great thoughts. These are both concepts that need to be approached in a nonjudgmental and nonbiased way when being discussed with patients. KA**

Week 6 – 2 B, C, F-This week you did an awesome job performing standard precautions by performing hand hygiene and wearing gloves when appropriate. You also performed nursing care in an organized manner and you were able to gather information for the mother to obtain information on newborn. MD

Week 6 – 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. Awesome job with administering the vaccine! You were able to perform the steps of IM injection well! Great job! MD

Week 8 SDOH: One example of SDOH/cultural elements that influences care for younger children would be their cultural and spiritual beliefs and environment. For example, the children in this week's clinical go to a Catholic school and while interacting with them, the school and religion's etiquette will be observed. **Great observation! KA**

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 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 10 SDOH: One example of SDOH/cultural elements that influence care for infants is the mother's or family's personal practices at home. Though technically falling under the health practices of the mother/family, things that they can do that affect the infant can be unassuming or aren't necessarily common sense. This could include things like smoking or being of a culture that does not heavily rely on prenatal care. **Great thoughts Zach! This can affect the overall health management of the newborn and the family unit itself. KA**

Week 10 – 2b – You were able to observe a circumcision and the nursing interventions provided during and after the procedure to the newborn. KA

Week 10 – 2c – You did a wonderful job providing a baby bath to your 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 10 – 2d – You did a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. You were able to administer both PO and IM medications this week. Your IM injection was performed with practiced dexterity and disposed of the needle ensuring safety for both you and the patient. KA

Week 10 – 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

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

Comments:

Week 3 Legal or Ethical issues: One critique of legal or ethical issues at the clinical site would be unfair or inappropriate punishments given to children with special needs. For example, leaving a student who has special needs in the third grade to be left out in the hallway until the teacher is able to speak to them is not appropriate. Children with special needs will, in general, require guidance of a different scope than children without. I think this would be a justice theory dilemma, where a level of equity (non-special needs student needs less attention than special needs student) must be determined before an action is taken (punishment). **Interesting thoughts. What type of ethical dilemma do you see this as? KA**

Week 5 Legal or Ethical issues: One critique of legal or ethical issues at the clinical site would be the concept of triage. Triage is designed to make the ER safer, but the core idea of triage is somewhat perpendicular to this in theory. Since all patients are sometimes not able to be cared for adequately all at once, equity is introduced to care, a realistic solution to realistic scenarios. Nonetheless this introduces the complexities of choosing which patient's will be cared for, and while unlikely this can cause very tricky ethical dilemmas. **Great insight! I don't even think I thought of triage this way, but you are correct on this being an ethical dilemma. KA**

Week 6 Legal or Ethical issues: One critique of legal or ethical issues at the clinical site would be the legal side of the infant. For example, the infant will inherit a last name from either parent and needs information from both parents– but in one case, a mother is separated from the father and does not want the father's information included on the birth certificate/information, while the father wants it there. As one or the other parents or caregivers will not be completely satisfied with any given outcome, it is an ethical dilemma. **Great example and explanation. This can be a major concern in OB when the parents are not married, separated, or in the process of divorcing at the time of delivery. It can definitely cause issues when creating the birth certificate. KA**

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

Week 6 – 3-This objective was met by you acting with integrity, providing privacy for the patient with HIPAA, and you performed at high standards with the code of conduct of the school. MD

Week 8 Legal or Ethical issues: One critique of legal or ethical issues at the clinical site would be various aspects of school itself. In a given school for school-age children, there might be any number of restrictive rules and age-inappropriate factors (relating to how much time students of different ages spend in a period or in school altogether which is usually 7 hours 5 days per week, school starts very early which affects adolescents more). In reality, not every age should spend the same amount of time in school. This schedule is aligned with a typical work week for parents and prepares children for work at an advanced rate, which eases logistics for the average American family. Children can do school like this, but should they? Also see the likely correlated potential and probable mistreatment of ADHD diagnosis in school-aged children. This brings up some interesting points. I do not think people think of these aspects related to schooling. KA

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 10 Legal or Ethical issues: One critique of legal or ethical issues at the clinical site would be issues that arise during adolescent pregnancy. In terms of medical legality, the adolescent will have all rights available to an adult in regard to the baby. However, the adolescent is functionally not emancipated in any other way, which means that in many cases, parents will still have a say in or control of the patient's decisions for care, which could put stress on the patient and family unit. This is a great example of an autonomy ethical dilemma. KA

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

Week 3 – 4b: You correctly documented on all student sheets for their hearing/vision results. RH

You did a nice job discussing how the school nurse utilized a binder to collect the information and document the hearing and vision screenings. This binder was then utilized to report the screenings to the Ohio Department of Health. KA

Week 3 – 4d: You were able to teach the students how to correctly perform their screenings with appropriate language for their understanding. RH

You did a nice job teaching the students about the hearing and vision screenings and discussed how you utilized simplified straight-forward responses when providing the teaching. KA

Week 5- 4a – You did a nice job describing the top 5 nursing interventions for the 9-year-old patient you took care of. In the future think about prioritizing your interventions and remember assessing would come first in your prioritization. KA

Week 6 – 4a – You have satisfactorily completed your care map. Please see comments on the rubric for details. KA

Week 6 – 4 C, D, and E-You were able to discuss advocacy for the patient, provide appropriate education for the patient, and analyze pathophysiology about the patient. MD

Week 6 – 4D-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

Week 6 – 4 F and H-This week you did an awesome job with correlating diagnostic tests and medical treatment for the patients you took care of. MD

Week 8 – 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 10 -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

Student Name: Zach Grosswiler		Course 4a					
Date or Clinical Week: 6		Objective:					
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 describing the abnormal assessment findings, labs/diagnostics, and risk factors for your patient. Other assessment findings to consider would have been sclera if they were yellow as well as number of voids and bowel movements since a lower number would mean the patient isn't expelling the bilirubin quickly. 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	1	You did a nice job choosing a top nursing priority for your patient. However, you did not list all potential nursing priorities. A risk for infection, risk for injury, and a risk for impaired attachment are all nursing priorities related to a newborn undergoing phototherapy. You did a nice job setting a goal for your top nursing priority. You do not need to include all nursing priorities on your goal just the highest priority, You highlighted all relevant data in the noticing section for your nursing priority. You were able to identify 3 complications and signs and symptoms the nurse would assess the patient for. 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	2	You did a nice job writing your nursing interventions for your nursing priority. All interventions were prioritized, timed, individualized, realistic, and included rationales. When reviewing your highlighted data in the noticing section you would want to make sure each
	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	highlight would have an associated intervention. You would want to include interventions related to neuro/alertness assessment and breastfeeding. You would also want to consider monitoring I&O, ensuring baby's eyes are covered at all times when under the lights, and educating the caregivers about hyperbilirubinemia and phototherapy treatment. KA
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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 did a nice job reassessing your highlighted findings. The two highlighted areas not addressed include how the patient is breastfeeding and if phototherapy is still being utilized. Versus stating the skin is discolored, I would state what color it is (yellow/pale yellow). You identified that your plan of care with be continued at this time. KA
	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: Zach, you have satisfactorily completed your care map. Please review comments above for areas to improve on in the future. KA	Total Points: 42/45
	Faculty/Teaching Assistant Initials: KA

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

Comments:

Week 5 – 4f & 4h – You discussed how the patient received a strep culture to determine the potential for strep throat causing his symptoms. You also discussed the importance of assessment and medications in the treatment of his disease process. KA

Week 5 – 4g – You discussed how the patient received 2 medications and how they would help treat the patients sore throat and cough. KA

Week 10 – 4f, g, h, I – You did a nice job assessing your patient and researching their medical history while on clinical. You actively discussed how the patient's diagnostic tests, medications, medical treatments, and diet related to their current health status and potential complications that may require further intervention. KA

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

Comments:

Week 3 – 5a: you were positive and enthusiastic with all interactions with staff and students. RH

Week 3 – 5c: You worked well with Josh when testing the Spanish speaking students on their vision screening. You were patient and understanding that the process was a bit different but worked with Josh to make it as smooth as possible. Great job ! RH

Week 3 – 5g – Zach, you did a nice job responding to all CDG questions on your hearing and vision experience this week. You were thoughtful with your responses and supported your responses with an in-text citation and reference. Keep up the nice work! KA

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

Week 5 – 5a – You had the opportunity to work with a venous ultrasound while in the ER this week and discussed how this helps with IV insertion in patients. KA
Week 5 – 5g – Zach, you did a nice job responding to all your CDG questions on your ER experience this week. You shared your unique experience and were thoughtful with your responses. You included a relevant reference and in-text citation. Below is the correct APA formatting for your reference. Also try to use references that are 5 years old or newer. Keep up the terrific job! KA

Schams, S.C. and Goldman, R.D. (2012). Steroids as adjuvant treatment of sore throat in acute bacterial pharyngitis. *Can Fam Physician: 58*(1), 52-4.

Week 5 – 5a – The ER nurse, Kayla Tanzillo, RN, reported you were satisfactory in all areas. KA

Week 6 – 5 A, B, and C-You did an amazing job with being interested and enthusiastic in clinical, participating and communicating professionally during this clinical experience! MD

Week 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 – 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 – The Lactation Consultant marked you as satisfactory or excellent in all areas. The nurse let the comment, “was about 30 minutes late to clinical and didn’t promptly change, so he missed a patient experience. Other than that, asked good questions.” Rachel Figgins RN, CLC

Week 8 – 5g –You CDG for your Boys and Girls Club experience was well written and easy to follow. It was supported with an in-text citation and a reference. You are receiving a U for your CDG this week related to your lactation clinical CDG not being completed. Please make sure to complete this post and let me know when it is done. If I missed it on the discussion board please let me know and I will correct your grade. Please make sure to write a comment on how you will prevent a U in this competency in the future. KA

Week 9 Address of Unsatisfactory Marks: For objective 5g, I received an unsatisfactory for missing my LC survey and CDG post. I think I will keep a piece of paper that I can write all my clinical experiences on for that “week” so that even if it was the previous Friday, I can reference all work I need to do accurately. I will get the clinical discussion group post in as well before this is seen on Monday. **Great idea. I will grade your CDG post once it is submitted.** KA

Week 10 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You had the opportunity to see several procedures including hearing screenings, congenital heart screenings, PKU testing, and a circumcision while on clinical this week! I am glad you were excited to see the placenta even though you didn’t have the opportunity to see the delivery itself. KA

Week 10 – 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 10 – 5f – You provided hand off report to the appropriate nurse when leaving clinical at the end of shift. KA

Week 10 – 5g – Zach, you did a nice job responding to your CDG questions related to your lactation and OB experiences this week. You did a great job sharing your thoughts and experiences. You supported your responses with in-text citations and references. Please remember to include the page number or the paragraph number if there are no page numbers when in-text citing a direct quotation. Your in-text citation should look like this (Kent, Prime, & Garbin, 2012, pg. X). Also try to utilize sources that are 5 years or less old to ensure the most recent data is being used to support your ideas. KA

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

Comments:

Week 3 Areas of Improvement: An area of improvement for me this week would be related to my communication with the younger kids. I experienced an expected level of difficulty in communication with younger kids this week, but I would still like to get better at understanding them. I also noticed that the kids of just one grade (Third) were very variable in how easily they could comprehend the instructions I was giving, and I was relieved when I wouldn't have to overly explain things for some children. However, I shouldn't think this way, as I might have to deal with children of varying developmental levels. To improve on this area, I will research more effective communication techniques or frameworks for younger children in the text this week, or simply watch an educational video on how best to communicate information with younger children. **Great idea! Communication with the different age levels of children with improve in time as you have more opportunities to practice this skill. KA**
Week 3 – 6e – The tool submitted for Week 3 was the incorrect tool and did not include faculty comments from the previous week. Please make sure to make a comment on how you will prevent receiving a U in this competency in the future. KA

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

Week 3 Address of Unsatisfactory Marks (objective 6e): In the future, I will be sure the tool I am submitting has all previous comments by correctly pulling the latest tool from the dropbox with an appropriate date. **Great job double checking and submitting the correct tool this week. KA**

Week 5 Areas of Improvement: An area of improvement for me this week would be how I manage myself with patients under stress. With the adult patients I had this week (and one child), I experienced more patients who were annoyed or aggravated than I have in the past. A long term improvement goal for me has been handling patient responses in inherently negative scenarios, and while this experience has certainly exposed me to that, I also need more knowledge to supplement this. To start, I can review advice from experienced ER nurses online as well as therapeutic communication in negative scenarios or with negative responses from a patient. **Great idea. It can be difficult to learn how to manage patient's when they are not happy with the care they are being provided. I am glad you are seeking advice to learn how to best manage these situations. KA**

Week 6 Areas of Improvement: An area of improvement for me this week would be my readiness for clinical. I did appear for clinical on time with appropriate materials, but I was not rested enough for such a long experience. Also, while I wasn't ever "lost" during the clinical, it was likely due to Monica being with me and guiding through most patient experiences, as well as that there wasn't lots of experiences and essentially all of the experiences were normal. I consider that, had I been independent/alone for an experience that was abnormal, I may have been a little lost depending on the condition I was seeing. Before the next OB clinical I will utilize the textbook to make a crash course for pregnancy, newborn and post-partum complications that I can review in the days leading up to the clinical, and I will ensure my sleep schedule accommodates the long day. **Good goal! I look forward to working with you during your OB clinical at Firelands. KA**

Week 6 – 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

Midterm – Zach, you are satisfactory in all competencies at midterm for this semester. You have had a variety of clinical experiences working with the maternal child population and have had the opportunity to practice and strengthen your nursing and communication skills. You were complimented on the education you provided to the postpartum mother during your OB clinical during the first half of the semester. Continue to work hard and try to improve on completing your clinical assignments sooner. They have been submitted on time, however most have been submitted extremely close to the due date and time. I would not want to see things become late since I know you have been working very hard this semester to complete all your work in a timely manner. Keep up the wonderful work and finish the semester strong. KA

Week 8 Areas of Improvement: One area of improvement for me this week would be executing communication in/for groups. This semester has been a lot of practice with children, but I wasn't as sure of what to expect for all the children in groups for both of my clinicals this week. For both, there were several times when trying to talk to the group was in vain as my voice was drowned out, the main point being somehow I had lost the kids' attention somewhere. But during these times, I struggled to get their attention back at all and couldn't do much until the teachers stepped in. Being able to handle groups and communicate better with kids is something I can improve on with more experience with them. **I agree practice will definitely perfect for your communication skills with all age groups of children! 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 8 – 6e – You were noted to be 30 minutes late to clinical by the preceptor. This is unacceptable and you should notify the appropriate contact when you are running late. You also did not complete your Lactation Consultant Clinical survey or CDG post by Friday at 0800. Please make sure to complete both assignments ASAP and let me know when they are done. Please make sure to make a comment of how you plan to prevent receiving a U in the competency in the future. KA

Week 9 Address of Unsatisfactory Marks: For objective 6e, I received an unsatisfactory for showing up 30 minutes late to my lactation clinical because I hadn't corrected my personal schedule from the beginning of the year. Since fixing that is as simple as contacting the faculty, I will do this in the future if I have any doubts about the schedule for the clinicals. **KA**

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

Week 10 Areas of Improvement: One area of improvement for me this week would be my knowledge of abnormal assessments of an infant such as the numerous rashes or physical marks a neonate can have. This was included in the chapters we covered earlier in the semester, and is important to explain and reassure the parents on, but I had trouble identifying some of them on clinical. To help this, I can review the chapter in the text that covers basic abnormal assessments in infants and utilize the handouts given in class to study them. **Great idea. You will become better at identifying all the different common abnormal findings the more you are exposed to them in practice.**
KA

Final – Zach, you have satisfactorily completed the clinical portion of the Maternal Child Nursing Course. You have had the opportunity to apply the many different concepts you learned from class to a variety of clinical situations. You have grown throughout the semester. You have provided excellent education to the maternal child population you interacted with and have shown leadership skills during your simulation scenarios. Time management and prioritization skills need to be improved based on submission of assignments being close to time even when they are not considered late. Strengthening these areas will benefit you in both nursing and your daily life. Seek guidance through LAP if you need help with creating strategies that can support your success in these areas. Good luck as you continue on into the last semester of the nursing program. KA

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:

*End-of-Program Student Learning Outcomes

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	U	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	S	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:

vSim Pediatric Case 5 – Simulation completed after the due date and time. Please make sure to write a comment on how you will prevent receiving a U in the future. KA

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Baker (C), Dauch (M), Grosswiler (A)

GROUP #: 1

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/12/2024 0700-0830

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. Notices 33-week gestation and contraction-like pain. Patient CO pain in abdomen rated at 5/10. VS.</p> <p>Mona begins CO being dizzy and lightheaded. Asks questions to determine cause. Notices soft uterus. Notices low BP, bleeding</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>Prioritized the need for education related to food, drink, and lifestyle choices. Prioritizes the need for FSBS-200: recognized as abnormal.</p> <p>Bleeding and low BP interpreted as abnormal. Prioritized the need to weigh peri-pad.</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>Fatal monitor applied. Patient repositioned to left side. Urine sample collected and sent to lab. Asks about prenatal vitamins, home preparation/readiness for newborn. Asks patient about dietary preferences and suggests alternate foods, provides related education. Call to lab for UA results. Obtains FSBS. Call to provider about urine results. Orders receives for fluids, Procardia, acetaminophen, and US to determine gestational age. Orders read back. Mona is educated about the importance of prenatal care. IV fluids prepared and initiated. Medications prepared, patient identified, allergies confirmed, and medications administered. Call to provider to question Procardia.</p> <p>Fundus massaged while team member phones provider to report boggy uterus and heavy bleeding. Orders received for methylergonovine, monitor VS. Peri-pad weighed: 600g. Situation is explained to patient to keep informed. Methylergonovine prepared, patient identified, allergies confirmed, medication administered. BP reassessed after a few minutes.</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)**

*End-of-Program Student Learning Outcomes

STUDENT NAME(S) AND ROLE(S): Baker (A), Dauch (M), Grosswiler (C)

GROUP #: 1

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 9/26/24 0700-0830

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (Link to Course Objectives) *</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. Confirm pt name/DOB</p> <p>Pain assessment: rating, location, duration, factors worse/better, asks if wants pain medication.</p> <p>Ask about baby gestation</p> <p>Obtain vitals</p> <p>Did not assess cervix prior to nubain administration</p> <p>Reassess pain after nubain administration</p> <p>Notice decelerations on fetal monitor after administration of nubain. Check patient and identify need to delivery</p> <p>Notice baby is stuck, uses HELPERR maneuvers to deliver baby</p> <p>APGAR 1 minute: assess heartrate (142), respirations (48), tone, cry, color. Total: 9</p> <p>Reassess mother after delivery. Perform fundal assessment</p> <p>APGAR 5 minute:</p> <p>Assess newborn: check reflexes (plantar, sucking, rooting, morrow, Babinski). Skin assessment, fontanel assessment, clavicle assessment,</p>
<p>INTERPRETING: (Link to Course Objectives) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Offer nubain for pain relief due to not wanting epidural</p> <p>Interpret vitals a WDL</p> <p>Interpret fetal monitor as accelerations</p> <p>PCN administered prior to delivery</p> <p>Interpret fetal monitor changed to decelerations after nubain delivery</p>

<p>RESPONDING: (Link to Course Objectives) *</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>Verify allergies</p> <p>Pain administration: nubain. Explain that is a pain medication and is safe for baby. Verify name/DOB, verify allergies, scan pt and medication, use of correct needle, correct technique, use of needle safety.</p> <p>Antibiotic administration: explain for GBS+ status, hand primary bag below secondary bag, opened clamp, run at correct rate.</p> <p>Call healthcare provider when realize baby needs to be delivered. No organized SBAR.</p> <p>Call for help, McRoberts maneuver, suprapubic pressure, roll to hands and knees, internal rotation, evaluate for episiotomy, remove posterior arm</p> <p>Encourage mom to push</p> <p>Swaddle baby immediately after delivery, dry baby off, place under warmer</p> <p>Reassess mother after delivery.</p> <p>Medication administration: erythromycin and vitamin K injection. Check baby number matches mom number, put ointment on baby's eyes. IM injection: use of correct needle, correct dose, correct technique, use of needle safety.</p> <p>Call healthcare provider after delivery. No organized SBAR</p>
<p>REFLECTING: (Link to Course Objectives) *</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. Identified they could have put hat on baby for thermoregulation. Identified they should have checked cervix prior to administering nubain. Team could improve upon SBAR when calling healthcare provider for proper report of patient.</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> <p>1. Select physical assessment priorities based on</p>	<p>You are Satisfactory in this simulation! 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. 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: 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. 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. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring but not competence. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays</p>

<p>individual patient needs. (1, 2)*</p> <p>2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)*</p> <p>3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</p> <p>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)*</p> <p>5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)*</p> <p>6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)*</p>	<p>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: Zach Grosswiler

OBSERVATION DATE/TIME: 10/1/24

<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)* 	<p>Comments</p> <p>You are satisfactory for this simulation. KA</p>

*End-of-Program Student Learning Outcomes

<p>2. Describe how patient-centered care is dependent on past medical history, cultural history, social history, and pregnancy/birth history. (1, 2, 4)*</p> <p>3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)*</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	
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*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Zach Grosswiler

OBSERVATION DATE/TIME: 10/17-18/2024 SCENARIO: Escape Room

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 patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.</p>
<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 						

*End-of-Program Student Learning Outcomes

<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 to safety issues by correcting each of them to provide a safe environment for the patient’s care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient’s respiratory distress by providing the patient with the ordered breathing treatment.</p> <p>Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning</p> <p>Based off of Lasater’s Clinical Judgment Rubric</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Utilize the concepts of growth and development to identify concerns with patient safety and provide appropriate interventions to address safety concerns. (1, 3, 5)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1, 2, 5)* 3. Collaborate with members of the healthcare team to provide safe, holistic, and comprehensive patient care. (1, 2, 4, 5, 6)* 4. Utilize SBAR communication in interactions with 	<p>You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! KA/MD/RH/BS</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</p>

<p style="color: red; margin: 0;">members of the health team. (5)*</p> <p style="color: red; margin: 0;">*Course Objectives</p>	
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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Dauch (A), Grosswiler (M)

GROUP #: 1

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/24/24 0700-0830

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; margin: 0;">Introduce self</p> <p style="color: red; margin: 0;">Obtain vitals. Notice elevated temperature</p> <p style="color: red; margin: 0;">Notice battery, needle, and scissors.</p> <p style="color: red; margin: 0;">Respiratory assessment, does not pull gown down to visualize chest</p> <p style="color: green; margin: 0;">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.</p> <p style="color: red; margin: 0;">Reassess lung sounds after medication administration. Ask questions about cough and work of breathing</p> <p style="color: blue; margin: 0;">Obtain repeat vitals, notice low oxygen level</p> <p style="color: blue; margin: 0;">Notice increase work of breathing</p> <p style="color: blue; margin: 0;">Ask about cough, notice that it is more frequent than previous. Repeat respiratory assessment, does take gown down to visualize chest after listening to lungs. Identify retractions. Identify lung sounds as stridor</p> <p style="color: blue; margin: 0;">Reassess vitals after breathing treatment</p> <p style="color: green; margin: 0;">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.</p>

<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Calculate correct medication math for original orders in chart (amoxicillin and ibuprofen) but does not catch error in orders. Does not identify IV fluids are running too quickly. During debriefing, IVF maintenance rate identified and calculated.</p> <p>Nurse stays at bedside with patient while waiting for respiratory treatment</p> <p>Relate the retractions to increased work of breathing</p> <p>Calculate correct dose of dexamethasone.</p> <p>Calculate correct medication math for acetaminophen for original order in chart but does not catch error in orders. Does not identify IV fluids are still running too quickly. 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>Remove unsafe items from crib.</p> <p>Medication administration: check name, scan wristband to verify DOB with father. Administer ibuprofen, cetirizine, and amoxicillin. Educate father on what medications administered and why needed. Asks patient preference for juice and flavor of medication.</p> <p>Provide education to father about croup including cool air humidifier or take child outside in cool air, duration of illness, eliminate secondhand smoke exposure.</p> <p>Call respiratory for breathing treatment</p> <p>Apply oxygen due to low oxygenation status. 0.5L first, when not increasing enough increases to 1L</p> <p>Call healthcare provider for update on patient. SBAR organized. Receive orders for steroid. Repeat order back to healthcare provider.</p> <p>Medication administration: check wristband, scan patient and medications, verify DOB with father.</p> <p>Offer popsicle to encourage fluids and to soothe throat</p> <p>Update father on plan of care including about breathing treatment, steroid, and ibuprofen.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario and recognition of teamwork/communication. Identified lack of double-checking orders for medications. During debriefing all safe dose medications were checked and medication safe doses were calculated by all students. Discussed medication errors and how to identify/prevent doing so in their practice as nurses. Team provided great educate to father and child on illness as well as medications administered and what to watch for at home.</p>

<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1,2,5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)* 	<p>You are Satisfactory for this scenario! RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Baker (C), Dauch (M), Grosswiler (A)

GROUP #: 1

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/5/2024 0700-0830

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

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Identify self, obtain vitals. Verify patient name/DOB. Complain of stomach pain, notice bruising on abdomen. Asks mom about bruising on abdomen and she states he fell. Continues with head to toe assessment. Also notices bruise on right upper arm. Ask mother to step out and ask more questions about bruising to Jack. Pain assessment completed using faces scale.</p> <p>Patient complain of stomach pain, vomits. Does not do further pain assessment. Does not do skin assessment or assess mucous membranes</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>Temperature: 102.5- interpret as high. Mucous membranes tacky, interpreted as dehydration. Temperature: 100.5- interpret as improvement</p> <p>Temperature: 102.2- interpret as high Symptoms interpreted to be improving following medications and interventions.</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 emesis basin. Call healthcare provider to question acetaminophen order, get new order for acetaminophen, read back order for verification. Medication administration: acetaminophen and cetirizine. Check patient, check medications, offer Pedialyte. Correct medication math for correct dose. Call case management. Pose concern for bruising and notice “hand” shape of bruising. Leave bedside with bed elevated and side rail down, poses safety risk. Offer education to mother about smoking cessation while pregnant and avoid smoking around children due to history of asthma. Mother encouraged to take break so students can question Jack about bruising. Lower bed and put up bed rail prior to leaving room. Set head of bed up. Call social work after questioning Jack for update. Call security to monitor for male visitors due to suspicion for abuse. Call healthcare provider for update on patient status, including social work consult.</p> <p>Flush IV to ensure patency. Receive results that patient is positive for rotavirus. Educate patient and mother on isolation precautions. Initiate contact precautions. Leave room while bed is elevated and side rail is down. Safety concerns. Call healthcare provider. Update on status and positive stool results. Receive orders for IV fluids and Zofran. Readback orders for verification. Medication administration: IV fluids and Zofran. Program IV pump correctly, correct dose of Zofran administered. Update mother on plan of care for patient. Medication administration: acetaminophen. Wait until after Zofran has time to work prior to administer. Educate mother on expectation of symptoms and management of illness. Educate on BRATTY diet to follow at home. Educate on avoiding Imodium.</p>

*End-of-Program Student Learning Outcomes

<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 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. Discussion of importance of maintaining safety for patient (bed in low position and side rail up)</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. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 4. 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)* 5. 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: 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.</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. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: 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 NAME: **Zachary Grosswiler** OBSERVATION DATE/TIME: **11/19/24** SCENARIO #: **Student Developed Scenarios**

CLINICAL JUDGMENT					OBSERVATION NOTES
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 					<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>
INTERPRETING: (2, 4)* <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>
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 					<p>Responded with communication that was collaborative between roles. Clear communication was utilized between colleagues.</p> <p>Clear communication was utilized with patient and family and layman's terms were utilized when appropriate.</p> <p>Responded with interventions that were planned accordingly and verbalized when necessary.</p> <p>Skill in identifying focused assessments as well as timely reassessments were utilized.</p> <p>Family members and others of the healthcare team were kept up to date on patient condition and given education for current condition as well as for preventative measures.</p> <p>In response to your assigned disease process you developed a comprehensive simulation that encompasses aspects of 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>
REFLECTING: (6)* <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>

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

<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p>Developing or higher in all areas is required for satisfactory completion of this simulation.</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Provide quality, patient-centered care in an organized, safe manner to patients and families. (1, 2, 4, 5)* 3. Prioritize patient care of the patient after end-of-shift report. (2, 5)* 4. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)* 5. Utilize the concepts of growth and development to provide therapeutic communication with the patient and family. (1, 3, 5, 6)* 6. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)* 	<p>The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS/RH</p>
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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.

*End-of-Program Student Learning Outcomes

	<p>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.</p> <p>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.</p> <p>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.</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 interpreted there were multiple safety concerns as well as education opportunities throughout the family unit.</p> <p>You were able to interpret safety and health issues with each member of the family.</p> <p>You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit.</p> <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 Zolofit) 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 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: m A D B • Commitment to Improvement: m 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. 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 Based off of Lasater’s Clinical Judgment Rubric</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>

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

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:

Zach Grosswiler 11/29/24 _____