

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

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

**Student:** Lynnette Swinehart

**Final Grade:** Satisfactory

**Semester:** Fall

**Date of Completion:** 11/26/2024

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

**Faculty eSignature:** M. Dunbar DNP, RN

**DIRECTIONS FOR USE:**

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

**METHODS OF EVALUATION:**

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

**Absence: (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make-up (/Date/Time)

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.

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SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
8/28/24	Impaired Parenting	RH

<b>Objective</b>																		
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		
<b>Competencies:</b>		S	N/A	N/A	N/A	N/A	S	S	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	S
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	N/A	N/A	N/A	N/A	S	S	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	S
b. Provide care using developmentally appropriate communication.		S	N/A	N/A	S	N/A	S	S	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	N/A	N/A	N/A	N/A	S	S	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	S
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	N/A	N/A	N/A	N/A	S	S	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	S
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	N/A	N/A	S	N/A	N/A	U	S	S	S	N/A	N/A	S	N/A	N/A	N/A	S
<b>Clinical Location Age of patient</b>		FT OB, N/A	No clinical	No clinical	Boys and girls club	No clinical	FRMC L&D	MIDTERM	St.marys activiy fair	Bellevue schools	FRMC ER	No clinical	No clinical	Lactation FRMC	No clinical	No clinical	No Clinical	FINAL
		RH	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

**Comments:**

Week 2: (1E) My patient is in the trust vs. mistrust stage. As a brand new infant, they rely on someone to care for them, otherwise without someone to feed, bathe, change them and provide safety a baby would die. An infant has no means to care for themselves, and initially the one who cares for them is the one they bond with. In my patient's case I worry based on comments made that this child may now grow to feel safe, or always be cared for properly. I feel this baby may grow to have mistrust. This could greatly affect this child in the future. **Great job! RH**

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

Week 2: 1 b, c, d: Used great communication with caregiver while doing assessment on baby this week. Was calm and able to answer questions that were being asked. You were able to identify some safety risks the patient had in going home (lack of safety items for care of baby). We had discussions of options to provide to the mother when she arrived such as where baby could sleep if there was no crib available. RH

Week 5 (1e); The stage of development that we saw for the majority was school aged, industry vs. inferiority. In this stage children are learning to interact with society. The kids are getting a chance in an environment that is not as structured as school, but with some structure to learn how to interact with others. Great job! MD

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

Week 7 (1e) – I only monitored mom during this clinical, and left right after the baby was born. You can still evaluate which Erikson's stage the mom is going through since you observed the labor process. Please address this with the Erikson's stage and how you will prevent this from occurring in the future. MD

Week 7- 1b, c- you did well assessing the patient in labor throughout the day. You were able to ask many questions and observe the labor nurse do a variety of assessments. RH

Week 7 (1E)- unsatisfactory follow up, I had peds on my mind when doing the tool but was not thinking about adult. This laboring mother was in the intimacy vs. isolation stage. This mother is in the stage of life when she is forming relationships with other people. This mother had been doing so as she was dating the father of her infant. She may have also been experiencing some isolation as there are some family dynamics and this mother had spent some time with her grandmother that helped care for her. I can understand that for sure! MD

Week 8 (1E)- The children at St.Mary's are in the industry vs. inferiority stage of development. In this stage the children are learning how to develop skills, to achieve something. Social aspects play a part in this as children are learning where their strengths and weakness lies in comparison to other children. The children were often eager to outdo one another trying to name fruits and veggies. Some even were trying to over talk some of the other students. Good analysis! MD

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

Week 9 (1E)- The stage of development for the kids at Bellevue middle school is identity vs. role confusion. This is a transition from childhood to adulthood. They are trying to figure out where they fit in society. They are trying new things and discovering who they are as a person. MD

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

Week 10 (1E)- One of my patients in the ER was a 9 year old. This is the industry vs. inferiority stage of development. In this stage of development the child is learning new skills and learning to navigate. The child in this stage is learning emotional and social skills. The child that I cared for in the ER also had batten disease which affects so many things including growth and development, memory, and the normal functioning of a child's growth. This child's behavior was not typical for this stage of development consistent with age. Great analysis! MD

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

Week 13(1E)- Patient was a 27 year old mother in for lactation consult, infant was 5 days old. The mother was in the intimacy vs. isolation phase of development. This mother I feel was suffering possibly from isolation, the only support she had for her and her new baby was her mother. She had not formed that intimacy with a partner. The baby is in the trust vs. mistrust phase of development. The infant is helpless and relies solely on someone to care for it. Survival resides in the person caring for the baby. I appreciate your assessment! MD

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

**Comments:**

Week 2: 1j: you were able to provide community resources to the mother upon discharge of baby including help me grow and the options for WIC. 1l: You treated the caregiver with respect and offered as much information as we legally could to them, since they were not biological mother or father. RH

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



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

**Comments:**

Week 2, (2G) : The baby that I was assigned to mother had left 4 hours after delivering, leaving the child with the support person at the hospital. Mother had also stated that she had no clothing, car seat, or crib for baby. Mother knew she was pregnant but also did not seek prenatal care. Not having the appropriate items needed to care for the baby is a safety concern for this baby. CPS did visit the home and felt the home was suitable for the baby to go home. Lack of preparation from the mother is concerning. **This was the main talking point of our clinical day because it is a huge safety concern for the baby. Good job. RH**

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

Week 2: 2b: use of standard precautions when handling baby. 2c: You did well with your newborn assessment and asked for assistance when needed, but you were able to do most of it on your own. RH

Week 5 2G: I was unsure if are to address this area with the boys and girls club clinical, but I feel there could be some social determinants of health for some of the children. Especially for the ones that had not been picked up. I am not sure if this could be a regular situation for certain children, but parents or guardians frequently not picking up children timely could make them feel they are not important. I am not aware of the circumstances, but I hope it was an isolated incident. **I hope it is too! Children should feel like they are always important and a priority! MD**

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

Week 7 (2g)- Social determinants of health for this mom were that she was young in general. The mother also had poor living conditions and was without utilities from time to time. This mother also did not have custody of another child at this time. This patient often lacked transportation to get to the hospital calling EMS to transport. This mother also had a history of substance abuse. During labor there seemed to have been many people coming from all over to try to come for the delivery but nobody seemed to be there prior when needed. The mom had a grandmother that she had lived with prior, but the grandmother had passed away. The grandmother was the one who helped this young mother stay on a good path and without the grandmother this young mother seems to be struggling. **So sad. What kind of support would you give her? What types of resources would you provide for her? MD**

Week 7- 2d, e: you were able to observe the labor nurse medicate the laboring patient throughout the day. You also were able to observe her do the correct dosage calculation and titration of medications throughout the day. RH

Week 8 (2G) Some social determinants of health that could have affected some of the children when learning my plate could have been availability of food at home. When we had the kids naming off foods some could have not been familiar with different kinds of foods depending on food consumption at home. **Absolutely! MD**

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

Week 9 (2G)- Many of the kids would say that they had glasses but either did not have them, have had them and lost them and were never replaced, or have glasses and choose not to wear them. It is hard to determine if the kids that don’t wear them choose not to or are not encouraged to wear them or if some of them had glasses but had been damaged and may not have enough money to replace. Some children who have no history of wearing glasses have poor vision may lack proper insurance or access to benefits to provide the eye correction needed. **This is such an important SDOH. MD**

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

Week 10(2G)- social determinants of health for this child were that they were not from this area. This family was vacationing from out of town. This patient was not near normally consulted physicians that are familiar with this child’s chronic health conditions. **This is very important. It is so important that they receive proper care so they can make it home safely. Did the ER encourage them to return home right away or to stay for the duration of their vacation? That could also pose a SDOH and ethical issue. MD**

Week 13(2G)- Social determinants of health for this mother and child were that this mother did not have a very good support system other than the mother. This mother was struggling with breastfeeding, but even with education and support with breast feeding from the nurses in the hospital the mother seemed to still struggle with breastfeeding, and support person was not much support with breastfeeding. The mother was supplementing with formula due to the struggle with breastfeeding. The mother voiced wanting to breastfeed but was also not offering the baby the breast at intervals to stimulate milk production. The mother had only made one attempt to nurse the child in over 13 hours and did not pump to stimulate the breast. The mother had not followed recommendations from the hospital at discharge. The mother had a flat affect, so it was hard to tell if there was a comprehension issue, or just no motivation. There definitely was lack of support at home. **I feel so much for this mother. Postpartum depression is going to be a huge risk factor for her. MD**

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

**Comments:**

Week 2, (3A) : The ethical issue on my day at fisher titus was if a baby should be permitted to leave with mother just 24 hours after birth. All this after the mother had stated she had no car seat, clothes, or safe place for baby to sleep. Essentially the child did discharge just 24 hours after delivery, after social work was involved with concerns as well as CPS. **Thankfully CPS did a visit that day to ensure the mother did have the items for the baby prior to letting the hospital discharge the infant. RH**

**Week 2: 3b: You did well with not providing information to caregiver that was protected by HIPAA. This was a difficult situation and we could only say so much to the caregiver as they were not the legal guardian. RH**

Week 5 (3d): Some ethical/legal issues with the boys and girls club was the lack of assistance. Their funding had been cut significantly, but with the amount of help that the program had I felt was inadequate. That was a lot of kids, with a lot of energy I think they would benefit from more assistance with the program. **That definitely is a big ethical issue. Especially in terms of safety. MD**

Week 7 (3d)- Some legal issues are that this mother currently did not have custody of another child and CPS was involved with this case. This mother did have a history of drug use of methadone, but as of recent just had use of THC. This could have been harmful to this baby. CPS will investigate to determine if the baby can safely go home with the mother. **What would be some things you could educate her on and the resources she would have for her? MD**

Week 8 (3D)- A potential ethical issue especially with the my plate would be teaching this way of eating, but some students might follow a different more strict diet at home. Some families especially different cultures could follow a different diet that is standard for them. Some may also have health issues that do not allow them to eat a certain way. **This is a very good point for sure! MD**

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

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

Week 9 (3D) Legal issues, which not really an issue unless it wasn't followed as it should. But the school nurse was following recommendations for hearing and vision screenings for kids in grades 6-8. All the band members also had a hearing screening. The school nurse was sure to indicate which kids needed to be screened again to decide if there is a real concern in areas of hearing, and vision concerns. There could also be concerns for if a child is screened for hearing or vision issues that are not followed up on by a parent, or guardian. This is very important education. MD

Week 10(3D) one ethical issue that I had noticed was that my patient had a pox that was ranging from 86% on room air to 91%. The physician did not want oxygen initiated on the patient because the patient would need to be admitted and the family was from out of town. I do understand they were trying to not admit the family, but at the same time the patient may have benefitted from oxygen. A breathing treatment was given but did not improve pox. I completely agree with your statement. We need to remember to do what is right for the patient, even if it means to admit them to the hospital even if they are from out of town. What would happen if the patient got worse? That is a huge ethical and really legal issue. How would you advocate for this child? MD

Week 13(3D)- Ethical issue was that the mother was not feeding the child as she should have been. The mother was actually underfeeding based on what she had reported. She had reported giving formula but baby only taking 20 mL when baby should have been between 45-60 mL per feeding according to the nurses. There was some concern for the understanding of how to nurse and supplement if the baby did not latch correctly or was unable to nurse. So sad. I hope she is able to find support and is feeding the newborn properly since discharge. MD

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Develop and implement a priority care map and/or plan of care utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		<del>N/A</del> S	N/A	N/A	N/A	N/A	<del>N/A</del> S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
c. Summarize witnessed examples of patient/family advocacy.		S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S
d. Provide patient centered and developmentally appropriate teaching.		S	N/A	N/A	<del>N/A</del> S	N/A	S	S	S	S	S	N/A	N/A	S	N/A	N/A	N/A	S
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	N/A	S	S	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	S
		RH	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Week 2: 4b, c, d: We did paper charting for this clinical and your charting was well done. We had a lot of patient advocacy issues with this patient and you got to witness and participate in a social services consult, and child protective services investigation prior to the discharge of your patient. You were able to maintain a professional attitude while interacting with caregiver and mother as well. RH

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

Week 7- 4b, d: you were able to observe the labor nurse do her charting in OBIX throughout the day and assist with gathering vitals. You also were able to assist with educating the patient on various topics throughout the day. The patient required a lot of attention and each time you and the nurse entered the room, you were able to assist or educate her on something new, such as position changes or what to do to assist with progressing her labor. RH

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

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

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

Student Name: Lynnette				Course Objective:			
Date or Clinical Week: MCN week 2							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	All criteria met. RH
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. RH
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. RH
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. RH
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	Complete			Not complete	3	

### Reference

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

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

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

**Faculty/Teaching Assistant Comments:**

**Total Points: 45/45**

**Faculty/Teaching Assistant Initials: RH**

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

**Comments:**

Week 2: 4i: you were able to chart and identify when the baby was eating per the caregivers charting and we could relate this to the RN. RH

Week 7- 4f, h: you were able to correlate the diagnostic testing (prenatal testing) and how that would impact the postpartum care the patient would receive. RH

<b>Objective</b>																		
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.		S	N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	S	N/A	N/A	N/A	S
b. Evaluate own participation in clinical activities.		S	N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	S	N/A	N/A	N/A	S
c. Communicate professionally and collaboratively with members of the healthcare team.		S	N/A	N/A	S	N/A	S	S	S	S	S	N/A	N/A	S	N/A	N/A	N/A	S
d. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		S	N/A	N/A	N/A	N/A	N/A	S	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
e. Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		S	N/A	N/A	N/A	N/A	S	S	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	S
g. Consistently and appropriately post comments in clinical discussion groups.		S	N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	S	N/A	N/A	N/A	S
		RH	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

**Comments:**

Week 2: 5a: though we had a low census for the day, you were enthusiastic and eager to assess and care for the newborn. 5d, e: paper charting was reviewed and done correctly per your assessment. You also were able to navigate the EHR when looking for additional information about your patient. RH

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

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

Boys and Girls Club Objective 5G-Great job with your CDG! You met all of the requirements for a satisfactory CDG! One thing to keep in mind is your in-text citation should be (Linnard-Palmer & Coats, 2021) If you have questions please reach out. MD

Week 7- 5a: you were helpful and eager during clinical this week. The nurses commented on how much the students were able to assist during the busy day. RH

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

Firelands ER Objective 5A-For this clinical you were marked satisfactory in all areas and had a comment: “Lynn was a joy to have!” by Holly Webb, RN. Great job! MD

Lactation Clinical Objective 5A- You were marked excellent in all areas. Hannah Alexander CLC, RN. Great job! MD

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

**Comments:**

Week 2 (6a): Area for improvement is auscultating newborn heart rate for 1 minute. I could do this by practicing in the lab when time is available. **We are always willing to open the lab if you request it! RH**

Week 5 (6a): areas for improvement, communicating with different age groups of children. Some require, instruction in different ways. I can review communication with different stages of growth and development and the best way for communicating with different age groups. **Great! MD**

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

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

Week 7(6a)- Areas for improvement, feeling more comfortable interacting with the mom in labor and not just going in with the nurse that was in charge of the patient. I could have interacted a little bit more. I think just not feeling confident in answering questions related to delivery is what kept me from going in alone. I will just continue to review content to feel more comfortable answering questions with correct response. **Great goal! MD**

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

Week 8 (6A)- Continue to improve on adapting teaching styles to different age groups of kids. We had to alter our teaching style several times to adapt to the comprehension level of the kids. We also had to adapt to some groups of similar age but interact differently because some groups were more difficult to keep attention and 2 groups with behaviors. I could improve on communication techniques with children that are acting out in ways that are not appropriate. I can follow up with reading about communicating with younger children that have behaviors in a professional manner. **This is so important! I use these skills even with adults! MD**

Week 9 (6A)-Area for improvement is making sure directions on testing are clear and understood for age. Some of the kids at the middle school I was not sure if I did not explain clearly enough, or neglected to tell the kids something that they did not do what was asked or if they just chose not to listen. I will be sure with this age group to give very clear, simple directions to get the desired outcome. I can continue to learn about effective communication with this age group. Teen agers are in an age where they do not wish to be treated like a child, but still also cannot follow simple directions at times. **This is a great goal! MD**

WEEK 10(6A)- one area for improvement would be to read on placement of telemetry leads for EKG. I am familiar with 5 lead heart monitors but a patient had come in with possible STEMI, we were applying leads, and without looking at something I was not sure of proper placement of the additional leads were supposed to go. I could get more familiar by watching videos online of proper lead placement. **Awesome! I will be honest I need a refresher if it has been a while placing 12 leads. Sometimes the EKG cord has a little diagram that shows where the leads go which is helpful. You will definitely learn more about this in AMSN but it is awesome to get a head start! MD**

Week 13(6A) Areas for improvement would be to be more familiar of how much an infant should be consuming day by day after birth. I can do this by reviewing in my text book on feeding infants. **Great goal! MD**

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

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

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

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

\* Course Objectives

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

\* Course Objectives

Comments:

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

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

\* Course Objectives

Comments:

### Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Knupke M, Pulizzi C, Swinehart A

GROUP #: 10

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/19/2024 1200-1330

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (1, 2, 5) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E       <b>A</b>       D       B</li> <li>• Recognizing Deviations from Expected Patterns:           <b>E</b>       A       D       B</li> <li>• Information Seeking:           E       <b>A</b>       D       B</li> </ul>						<p>Assessment begins with VS. FSBS- 200. Patient CO feeling dizzy and lightheaded. Notices bleeding. Notices BP improving following methylergonovine.</p>
<p><b>INTERPRETING: (2, 4) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:               <b>E</b>       A       D       B</li> <li>• Making Sense of Data:       E       <b>A</b>       D       B</li> </ul>						<p>Interpreted need for fetal monitor. Interpreted need for FSBS. FSBS 200- interpreted as high. Fetal strip interpreted- accelerations. Prioritized assisting patient to left side.  Prioritized BP when patient CO dizziness, interpreted as low. Prioritized the need for fundal massage. Notices fundus firming after methylergonovine.</p>
<p><b>RESPONDING: (1, 2, 3, 5) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       <b>E</b>       A       D       B</li> <li>• Clear Communication:       E       <b>A</b>       D       B</li> <li>• Well-Planned Intervention/ Flexibility:                   E       <b>A</b>       D       B</li> <li>• Being Skillful:               <b>E</b>       A       D       B</li> </ul>						<p>Urine sample collected and sent to lab. Call to lab for UA results. Fetal monitor applied. Patient questioned about pregnancy history. FSBS obtained. Patient assisted to left side. Call to HCP with report (great job). Orders received for fluids, acetaminophen, Procardia, US to verify dates. Orders read back. Call to imaging regarding US. IV fluid initiated. Patient identified. Call to pharmacy to question indication for Procardia, explanation provided. Medications prepared, patient identified, allergies verified, medications administered. US confirmed 33 weeks gestation. Dietary education, THC cessation, support groups, and the importance of prenatal care discussed.  BP assessed to be low. Bleeding discovered, fundus immediately massaged. Call to HCP to report PPH and request orders. Order received for methylergonovine. Medication prepared and administered appropriately. Mona’s symptoms reassessed following medication administration. Patient education provided. Call to HCP to report resolution of symptoms and bleeding.</p>
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:       <b>E</b>       A       D       B</li> </ul>						<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did very well with each. Good use of resources when calling pharmacy regarding the actions of</p>

<ul style="list-style-type: none"> <li>• Commitment to Improvement: <b>E</b>      A      D      B</li> </ul>	<p>Procardia. Great job also with SBAR communication when phoning physician. 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><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)*</li> <li>2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)*</li> <li>3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)*</li> <li>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)*</li> <li>5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</li> </ol> <p>*Course Objectives</p>	<p><b>You are Satisfactory for this scenario! BS</b></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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment 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: Focuses on the most relevant and important data useful for explaining the patient’s condition 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 Shows mastery of necessary nursing skills</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses</p>

**Lasater Clinical Judgment Rubric Scoring Sheet:      SCENARIO: Empathy Simulation**

STUDENT NAME:

OBSERVATION DATE/TIME:

<p><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"><li>• Evaluation/Self-Analysis: <b>E</b>      A      D      B</li><li>• Commitment to Improvement: <b>E</b>      A      D      B</li></ul>	<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><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p><b>Simulation Objectives:</b></p> <ol style="list-style-type: none"><li>1. Identify common possible discomforts of the pregnancy and how to empathize with the pregnant patient and childrearing family. (1, 2, 6)*</li><li>2. Describe how patient-centered care is dependent on past medical history, cultural history, social history, and pregnancy/birth history. (1, 2, 4)*</li><li>3. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (1, 3, 5, 6)*</li></ol> <p><b>Developing to accomplished is required for satisfactory completion of this simulation.</b></p>	<p><b>Comments</b></p> <p><b>You are satisfactory for this simulation.</b></p>

\*Course Objectives

## Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Knupke (A), Pulizzi (M), Swinehart (C)

GROUP #: 10

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/24 1200-1330

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (1,2,5) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E       A       D       B</li> <li>• Recognizing Deviations from Expected Patterns:           E       A       D       B</li> <li>• Information Seeking:           E       A       D       B</li> </ul>	<p>Introduce self, identify patient (name/DOB)</p> <p>Ask about contraction frequency</p> <p>Obtain vitals</p> <p>Ask about health history regarding pregnancy (gestational diabetes, weight gain, history of previous pregnancies, prenatal care)</p> <p>Continue head to toe assessment</p> <p>Pain assessment: type of pain, rating,</p> <p>Obtain cervical assessment prior to nubain administration</p> <p>Reassess pain after nubain administration</p> <p>Obtain vitals on mom post delivery</p> <p>APGAR 1 minute: color, cry, tone, heartrate (152), respirations (44). Total-9</p> <p>Assess fundus on mom: firm and midline, perform remainder of post-partum assessment</p>
<p><b>INTERPRETING: (2,4) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       A       D       B</li> <li>• Making Sense of Data:       E       A       D       B</li> </ul>	<p>Interpret fetal monitor as accelerations and associate that with fetal wellbeing</p> <p>Interpret vitals as WDL</p>
<p><b>RESPONDING: (1,2,3,5) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:       E       A       D       B</li> <li>• Clear Communication:       E       A       D       B</li> <li>• Well-Planned Intervention/ Flexibility:           E       A       D       B</li> </ul>	<p>Education provided on risk factors of shoulder dystocia</p> <p>Call pharmacy to verify antibiotic compatibility with LR</p> <p>Medication administration: penicillin. Education provided on reasoning for administration. Hang secondary bag above primary bag, check name/DOB, verify allergies, scan patient and medications,</p>

<ul style="list-style-type: none"> <li>• Being Skillful: E A D B</li> </ul>	<p>program pump correctly. Scrub hub of tubing before hooking up secondary tubing.</p> <p>Turn patient to left side for some pain relief.</p> <p>Educate patient on risks of shoulder dystocia prior to delivery</p> <p>Educate patient on pain management options.</p> <p>Medication administration: nubain. Correct dose, correct route, correct needle size, use of needle safety. Verify allergies prior to administration but did not verify name/DOB.</p> <p>Call healthcare provider. SBAR quick and to the point.</p> <p>Education provided on expected bleeding amount after birth, importance of follow up appointments</p> <p>Baby is coming: call for help, McRoberts, suprapubic pressure, rotational maneuvers, remove posterior arm, roll to hands and knees, episiotomy</p> <p>Call healthcare provider to inform patient is in labor</p> <p>Immediately after delivery: dry baby off, offer skin to skin with mom, place baby in warmer</p> <p>Medication administration: erythromycin ointment. Explain to mom why it is to be administered. Administered with correct technique.</p> <p>Medication administration: scan patient, scan medications, correct dose, correct route, correct location, use of correct needle size, use of needle safety.</p> <p>Put hat on baby, swaddle baby, and do skin to skin with baby</p> <p>Call healthcare provider (pediatrician) for update after delivery. Update on baby delivery and apgar scoring</p>
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E A D B</li> <li>• Commitment to Improvement: E A D B</li> </ul>	<p>Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPER and types of heat loss for infant. Team discussed all interventions done and education provided to mom during simulation. Team reflected well on their</p>

	performance.
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li><b>1. Select physical assessment priorities based on individual patient needs. (1, 2)*</b></li> <li><b>2. Identify risk factors for shoulder dystocia. (1, 2, 3, 4, 5)*</b></li> <li><b>3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</b></li> <li><b>4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the healthcare team. (1, 3, 5, 6)*</b></li> <li><b>5. Identify ways in which heat loss occurs in infants. (1, 2, 4, 5)*</b></li> <li><b>6. Implement appropriate nursing interventions upon completion of nursing assessment that support thermoregulation in the newborn. (1, 2, 5)*</b></li> </ol>	<p><b>You are Satisfactory in this simulation! RH</b></p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. 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. Shows mastery of necessary nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>

## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME:

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

CLINICAL JUDGMENT						OBSERVATION NOTES
<p><b>COMPONENTS NOTICING: (1, 2, 5)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation: E     A     D     B</li> <li>• Recognizing Deviations from Expected Patterns: E     A     D     B</li> <li>• Information Seeking: E     A     D     B</li> </ul>						<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><b>INTERPRETING: (2, 4)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data: E     A     D     B</li> <li>• Making Sense of Data: E     A     D     B</li> </ul>						<p>Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.</p>
<p><b>RESPONDING: (1, 2, 3, 5)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner: E     A     D     B</li> <li>• Clear Communication: E     A     D     B</li> <li>• Well-Planned Intervention/Flexibility: E     A     D     B</li> <li>• Being Skillful: E     A     D     B</li> </ul>						<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><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E     A     D     B</li> <li>• Commitment to Improvement: E     A     D     B</li> </ul>						<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>

**SUMMARY COMMENTS:**

E = exemplary, A = accomplished, D = developing, B = Beginning  
Based off of Lasater’s Clinical Judgment Rubric

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

Scenario Objectives:

1. Utilize the concepts of growth and development to identify concerns with patient safety and provide appropriate interventions to address safety concerns. (1, 3, 5)\*
2. Administer medications utilizing the concepts of growth and development and the rights of medication administration to prevent errors in the process. (1, 2, 5)\*
3. Collaborate with members of the healthcare team to provide safe, holistic, and comprehensive patient care. (1, 2, 4, 5, 6)\*
4. Utilize SBAR communication in interactions with members of the health team. (5)\*

\*Course Objectives

You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! KA/MD/RH/BS

Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs Recognizes most obvious patterns and deviations in data and uses these to continually assess Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs

Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse

Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments Displays proficiency in the use of most nursing skills; could improve speed or accuracy

Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses

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

STUDENT NAME(S) AND ROLE(S): Knupke (C), Pulizzi (A), Swinehart (M)

GROUP #: 10

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/31/24 1200-1330

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
<p><b>NOTICING: (1, 2, 5) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:            E        A        D        B</li> <li>• Recognizing Deviations from Expected Patterns:            E        A        D        B</li> <li>• Information Seeking:            E        A        D        B</li> </ul>	<p>Introduce self</p> <p>Notice needle and battery in crib. Did not notice scissors</p> <p>Pain assessment but only asks about pain does not get rating</p> <p>Obtain vitals</p> <p>Remove gown to visualize chest. Perform respiratory assessment. No retractions noted, skin color good, listen to lung sounds. Identify lung sounds as crackles.</p> <p>Identify medication errors in chart (all four medication errors). Calls healthcare provider and pharmacy to verify safe dosage and get new orders.</p> <p>Notice increase cough</p> <p>Obtain vitals. Notice low oxygen level</p> <p>Remove gown to visualize chest. Begin respiratory assessment. Notice retractions. Identify lung sounds as wheezes instead of stridor.</p>
<p><b>INTERPRETING: (2, 4) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:            E        A        D        B</li> <li>• Making Sense of Data:            E        A        D        B</li> </ul>	<p>Calculate correct medication dosages for ibuprofen and amoxicillin with new orders.</p> <p>Calculate correct IVF maintenance rate</p> <p>Correlate increased work of breathing and retractions.</p> <p>Nurse does not stay at bedside while patient is in distress</p> <p>Calculate correct medication math for dexamethasone</p>
<p><b>RESPONDING: (1, 2, 3, 5) *</b></p>	<p>Remove 2/3 unsafe items from crib. Educate on more appropriate</p>

• Calm, Confident Manner:	E	A	D	B	toys.
• Clear Communication:	E	A	D	B	Call pharmacy for safe dosages for amoxicillin, acetaminophen, and cetirizine.
• Well-Planned Intervention/ Flexibility:	E	A	D	B	Leave crib side rail down when leave room
• Being Skillful:	E	A	D	B	Education provided to father on plan of care  Call healthcare provider for incorrect medication orders for amoxicillin. Read back order for verification. Catch acetaminophen order, gets new order from provider and reads back order for verification.  Call pharmacy for safe dose range for ibuprofen  Call healthcare provider for incorrect ibuprofen order. Gets new order for ibuprofen from provider, readback for verification. While on phone with provider identify incorrect IVF rate and calculate correct dose. Get new order for fluids but does not read back order.  Medication administration: cetirizine, amoxicillin, and ibuprofen. Check name/DOB, scan patient, scan medication, educate what each medication is for, right med, right dose, right route.  Change IVF to correct rate  Does close upper part of crib but not lower part of crib  Education to father on symptom relief for barking cough, when to call healthcare provider.  Elevate head of bed  Apply oxygen via nasal cannula at 2L  Call respiratory therapy for breathing treatment  Call healthcare provider to update on patient status. Receives new order for dexamethasone. Does medication math while on phone with provider. Read back order for verification.  Medication administration: dexamethasone and acetaminophen. Check name/DOB, scan patient, scan medications, educate on what medications are for. Right medication, right dose, right route.

<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>Evaluation/Self-Analysis: E      A      D      B</li> <li>Commitment to Improvement: E      A      D      B</li> </ul>	<p>Team discussion of scenario and recognition of teamwork/communication. Discussion of identification of medication errors found in chart. Students stated orders were not written to be weight based and discussion had informing them the orders were written how they would be in the hospital setting (will not be written as XX mg/kg per dose in the order). All students involved in discussion of resources to find safe dose ranges in hospital setting. Provided great education to father on plan of care and symptoms to watch for at home.</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b>  <b>A= Accomplished</b>  <b>D= Developing</b>  <b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Select physical assessment priorities based on individual patient needs. (1, 2)*</li> <li>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)*</li> <li>3. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</li> <li>4. Utilize the concepts of growth and development to provide therapeutic communication with the toddler and their family. (3, 5)*</li> </ol>	<p><b>You are Satisfactory for this scenario! RH</b></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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. 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. Shows mastery of necessary nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>

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## Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Knupke (M), Pulizzi (C), Swinehart (A)

GROUP #: 10

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/6/2024 1200-1330

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<b>NOTICING: (1, 2, 5) *</b>						<p>Introduce self, identify patient Pain assessment with 1-10 rating Obtain vitals GI assessment. Ask about vomiting pattern, ask about bowel pattern, lift gown to examine abdomen and notice bruise Ask about bruise on abdomen, mom states he fell off bike Ask about pain anywhere else and is prompted that his right arm hurts. Notice upper arm bruise Offer mom to leave for break to allow one on one time with Jack to inquire further about bruising Reassess abdominal pain and vitals after acetaminophen Ask mom about any bruises she may have</p> <p>Obtain vitals Patient vomits Pain assessment with 1-10 scale Reassess vitals after bolus</p>
• Focused Observation:	E	A	D	B		
• Recognizing Deviations from Expected Patterns:	E	A	D	B		
• Information Seeking:	E	A	D	B		
<b>INTERPRETING: (2, 4)*</b>						<p>Temperature 102.5- interpret as elevated Temperature rechecked 100.5- interpret as improvement Mucous membranes pink and slightly tacky- interpret as possible dehydration Skin turgor- elastic- interpret as adequate hydration</p> <p>Mucous membranes pink and tacky- interpret as sign of dehydration Blood pressure 83/54- interpret as low and sign of dehydration</p>
• Prioritizing Data:	E	A	D	B		
• Making Sense of Data:	E	A	D	B		

					<p>Temperature 102.1- interpret as elevated  Temperature 100.9- interpret as improved</p>
<p><b>RESPONDING: (1, 2, 3, 5) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner: E A D B</li> <li>• Clear Communication: E A D B</li> <li>• Well-Planned Intervention/ Flexibility: E A D B</li> <li>• Being Skillful: E A D B</li> </ul>					<p>Offer Pedialyte  Call lab for results of stool culture. Patient is rotavirus positive.  Call infection control to report rotavirus and to inquire about isolation precautions. Implement contact precautions.  Call healthcare provider to update on rotavirus results. Request to have acetaminophen to be changed to oral route rather than rectally.  Does not read back orders for verification. Updates healthcare provider about bruising and request right arm xray to evaluate for fracture. Also request consult to case management  Educate mom on rotavirus  Medication administration: acetaminophen and cetirizine. Verify name/DOB. Scan patient, scan medications. Correct medication math for acetaminophen  Flush IV to assess patency  Inform mom of case work consult and offer resources for safe environment at home.  Educate mom on BRATTY diet to follow when at home  Call case management for suspicion of abuse</p> <p>After patient vomit, make patient NPO  Call healthcare provider for update on patient status. Receive new orders for IVF bolus, maintenance fluids, and Zofran. Does not read back orders for verification  Medication administration: IVF bolus and Zofran. Does not verify name/DOB, does not scan patient, does not scan medication. Correct medication math for Zofran. Program IV pump correctly.  Reprogram pump for maintenance fluids correctly. Does not verify patient name/DOB, does not scan patient, does not scan medication.</p>
<p><b>REFLECTING: (6) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E A D B</li> <li>• Commitment to Improvement: E A D B</li> </ul>					<p>Team discussed scenario. Discussed importance of checking recommended doses of medications to ensure safe dose is ordered.  Discussed contact precautions and education provided on how to prevent spreading illness at home. Educated on BRATTY diet.  Recognized need to contact someone to investigate bruising and signs of abuse. Identified mother was also at risk for abuse and could have been more inquisitive with her as well. Recognition of IVF needed due to dehydration signs and symptoms identified in assessment.</p>

<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>6. Select physical assessment priorities based on individual patient needs. (1, 2)*</li> <li>7. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)*</li> <li>8. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</li> <li>9. Utilize the concepts of growth and development to identify concerns in assessment findings associated with potential child abuse and make appropriate referrals as necessary. (1, 3, 5)*</li> <li>10. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)*</li> </ol> <p>*Course Objectives</p>	<p><b>Nice work! You are satisfactory for this scenario. RH</b></p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient’s condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. 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: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p>
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**Lasater Clinical Judgment Rubric Scoring Sheet**

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

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

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

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

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

	<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><b>RESPONDING: (1, 2, 3, 5)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner: <span style="background-color: yellow;">E</span>      A      D      B</li> <li>• Clear Communication: <span style="background-color: yellow;">E</span>      A      D      B</li> <li>• Well-Planned Intervention/ Flexibility:      E      <span style="background-color: yellow;">A</span>      D      B</li> <li>• Being Skillful:      E      <span style="background-color: yellow;">A</span>      D      B</li> </ul>	<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 information on the physical abuse and encouraged her that the abuse was not her fault. You provided resources such as WIC and Job and Family Services for additional support. You encouraged her to seek behavioral health counseling as well. You provided information on bonding with her newborn as well. You discussed not taking unprescribed medications while breastfeeding since the medication can go through the breastmilk leading to the newborn receiving some of the medication. You also discussed taking her prescribed medications (labetalol and Zoloft) appropriately. Great job in the mother encounter!</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 recognized the need and ability to educate the 8-year-old son in the family and educated him on proper baby care, but reassured him throughout the education process he did nothing wrong, but there was a better way to do the care.</p>
<p><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: <b>E</b>      A      D      B</li> <li>• Commitment to Improvement: <b>E</b>      A      D      B</li> </ul>	<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 filth, lack of prescription medications, random pills on the table, poor self-esteem, and lack of support system. Group was able to educate mother on medication importance and compliance as well as follow up appointments. During the partner visit, the group noticed the misaligning stories of what was going on in the household. The group noticed the defensiveness of the partner during their interaction and stated it modified how they were talking and asking questions during this portion of the visit. They also noticed the pictures on the refrigerator as well as the amount of alcohol in the kitchen compared to the amount of food. The group was able to educate partner on WIC and how to make a bottle for the baby. During discussion of the children’s visit, the group noticed the poor health of both Jack and Jill. They noticed the respiratory distress as well as failure to thrive and were able to send both children plus mom to the ER for further treatment. Team lead discussion with little prompting and were able to have good discussion about their assessment findings and interventions.</p> <p>Upon completion of the simulation, you created an education plan focused on Monica for medication compliance, nutrition, and living conditions.</p>
<p><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric</p> <p><b>Developing or higher in all areas is required for satisfactory completion of this simulation.</b></p> <p>Objectives</p> <ol style="list-style-type: none"> <li>1. Provide quality, patient-centered care in an organized, safe manner. (1, 2, 4, 5)*</li> </ol>	<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>

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| <ol style="list-style-type: none"><li>2. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*</li><li>3. Utilize the concepts of growth and development to provide therapeutic communication with the family unit. (3, 5)*</li><li>4. Identify safety measures for the family unit in the home setting. (1,3,5)*</li><li>5. Demonstrate thorough environmental assessment in the home setting. (1,3,5)*</li></ol> |  |
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\*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: \_\_\_\_ \_\_\_\_Lynnette Swinehart 11/29/24

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