

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

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

Student: Kaden Troike

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

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
10/25/2024	1	Firelands ER survey not completed	10/29/2024

Nursing Skills Completion of Clinical Performance Tool

Written Reports of Clinical Experiences

Documentation

Conferences with the Faculty

Lasater Clinical Judgment Rubric

vSim

Simulation Scenarios

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

7/18/24 KA

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

SATISFACTORY CARE MAPS		
Date	Priority Nursing Problem/Diagnosis	Faculty's Initials
8/27/2024	Knowledge Deficient R/T Breastfeeding	KA

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Makeup	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
Competencies:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
b. Provide care using developmentally appropriate communication.		S	N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
c. Provide care utilizing systematic and developmentally appropriate assessment techniques.		S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S

d.	Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S	
e.	Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	NA	N/A	N/A	N/A	N/A	S	
	Clinical Location Age of patient		FRMC OB 35 years old	No Clini cal	No Clini cal	B+G Club K- 6th	Lact ation 28 years old	FT OB 40 yea r old	MIDT ERM	K-5 St. Marys	6th- 8th grade BMS	FRMC ER 82 years old	No Clini cal	No Clini cal	No Cli nica l	No Cli nica l	No Cli nica l	No Mak e Up	FI N A L	
		KA	KA	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

*End-of-Program Student Learning Outcomes

Comments:

1.e Week 2: I believe my patient would be in stage 6 of Erikson's called Intimacy vs Isolation because she and her husband just welcomed their first child into the world through companionship and intimacy. However, she will now have to put most of her attention on her baby and isolate herself away from her husband possibly upon bringing the baby home. For example, she will be breastfeeding and sharing an intimate bonding experience with her son that will isolate her from her husband's needs. **Great job identifying the mom's stage of development! KA**

Week 2 - 1a - You did a wonderful job providing holistic care to the mom you were assigned to this week. You did a terrific job completing the postpartum on your patient for the first time. You helped answer the patient's questions and assisted in all aspects of her care. Terrific job! KA

Week 2 - 1d - You were able to identify safety measures used to keep newborns safe on the OB unit and completed mother newborn verification process. KA

Week 5- I believe the boys and girls were in stages 3 and 4 of Erikson's Initiative vs Guilt and Industry vs Inferiority. Due to most of the children being at preschool and school-age levels. Also, their behavior indicated how they felt guilty when an employee disciplined them for doing something wrong. They knew they were inferior to us and employees from an authoritative standpoint but still wanted to do things their way. **Great! 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 6- I believe my patient would be in stage 6 of Erikson's called Intimacy vs Isolation because she and her husband are taking home their first baby. However, she is struggling with breastfeeding and showing signs of postpartum depression. This could lead to the mom isolating from her husband and baby if unhealthy coping mechanisms continue. **MD**

Week 7- I believe my patient would be in stage 6 of Erikson's called Intimacy vs Isolation because they are taking a second baby home to a 7-year-old older brother. This may cause them to spend more time with the newborn causing the older brother to feel lonely or sad due to the decreased affection from the parents. **Good assessment! MD**

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

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

Week 8- I believe the boys and girls were in stages 3 and 4 of Erikson's Initiative vs Guilt and Industry vs Inferiority. The children were in grades K-5 but also required lots of direction and discipline from the teachers. You could tell the way the teachers spoke too the children encouraged better behavior. **Yes! MD**

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

Week 9- Industry vs Inferiority because students would try to cheat on the hearing portion by trying to see when I would press the button or by putting their hand up even when I wasn't pressing anything. Many laughed and called themselves "blind" or "deaf" even though they might just need glasses or a newer prescription in their already glasses. **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- Integrity vs Despair because my patient was 82 years old and came into the ER for presenting stroke symptoms. She also expressed how she hates having to take a lot of medications each day but she knows she needs to maintain her health. **Great analysis! MD**

Week 11- No clinical

Week 12- No clinical

Week 13- No clinical

Week 14- No clinical

Week 15- No clinical

No Make Up

Objective																			
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																			
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Makeup	Final	
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29			
Competencies: f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		S	N/A	N/A	N/A	S	S	S	N/A	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. Maternal		S	N/A	N/A	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S

h.	Identify the stage and progression of a woman in labor. Maternal		N/A	N/A	N/A	N/A	S	S	S	N/A	S								
i.	Discuss family bonding and phases of the puerperium. Maternal		N/A S	N/A	N/A	N/A	S	S	S	N/A	S								
j.	Identify various resources available for children and the childbearing family.		N/A	N/A	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
k.	Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
l.	Respect the centrality of the patient/family as core members of the health team.		S	N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
		KA	KA	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

Week 2 - 1i - You were able to identify the stage of bonding your patient was in appropriately and discuss why you chose that stage. KA

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

Objective																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children encompassing cultural sensitivity and diversity. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Makeup	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a. Engage in discussions of evidenced-based nursing practice.		S	N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S

b.	Perform nursing measures safely using Standard precautions.	S	N/A	N/A	N/A	S	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	S
c.	Perform nursing care in an organized manner recognizing the need for assistance.	S	N/A	N/A	N/A	S	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S

d.	Practice/observe safe medication administration.		S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	N/A	S						
e.	Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	N/A	S						

f.	Utilize information obtained from patients/families as a basis for decision-making.		S	N/A	N/A	S	S	S	S	N/A	S	S	N/A	S						
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g. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) (List Below)*		S	N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
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*End-of-Program Student Learning Outcomes

KA	KA	MD															
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Comments:

2.g. Week 2 SDOH: Firstly, education because my mother was a first-time mother and didn't know a lot about breastfeeding in the beginning, and seemed that she didn't care how her son was fed just as long as he was being fed. Secondly, food insecurity due to her having diabetes and having to watch her sugar, while also having to do all

the tasks required to take care of a newborn. Thirdly, access to healthcare in the sense that she works long hours and it may be hard to schedule appointments for her and her son around her schedule. **Great thoughts of looking at different aspects of SDOH and how they can impact the patient. KA**

Week 2 - 2c - You did a wonderful job assisting your classmate in performing a baby bath on their assigned newborn. You did a great job holding the newborn even though this is not something you have had the opportunity to do before. KA

Week 2 - 2d - You did a nice job following the rights of medication administration and appropriately documenting the medication administration in the MAR this week on clinical. You had the opportunity to administer PO medication to the postpartum mother you were caring for. KA

Week 3- No clinical

Week 4- No clinical

Week 5 SDOH- Firstly education because most of the kids were talking in jumbled words and applying meaning from other words onto different words. They also had a lack of discipline because they were acting out a lot and trying to talk over us as well as the employees. Lastly, financial status from parents because you could get an idea of which kids came from a better home life some with cell phones, nice shoes or clothes, jewelry, etc. **These are huge SDOH for the children. 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

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

Week 6 SDOH- Financial status due to her asking what the cheapest route would be in her and the baby's care. Lack of knowledge since it seems like she wasn't listening to the nurse's education. Lastly, access to healthcare and mental health consults because she is showing signs of postpartum depression. **These are definitely huge SDOH. Postpartum depression is a big one especially if the breastfeeding does not work for whatever reason. MD**

Week 7 SDOH- Lack of support due to some of my patient's family members being anti-vaccines and might alter or influence choices about immunizations for the baby. Maybe lack of interpersonal relationships because of different opinions on certain healthcare services. **This is very true! MD**

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

FTMC OB Objective 2 D-This week you were able to administer medications. You followed the rights of medication pass and were able to verify the patient's name and date of birth. Awesome job with administering the vaccine! You were able to perform the steps of IM injection well! Great job! MD

Week 8: Education because some kids were younger and needed a little bit more direction when telling them the instructions. We also had to tailor our presentation to fit the developmental level. Lack of support because some kids were telling us about their home lives and it was interesting to see the same kids acting out the most. **I am sure it was interesting learning about the kiddos! 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 SDOH- Education because some kids were younger and needed a little bit more direction when telling them the instructions. Secondly, financial status because some kids had nicer clothes and shoes compared to some other kids as well as some kid's parents might not be able to afford eye care like frequent exams and glasses. Lastly, maybe lack of support at home because some kids were very closed off and seemed very upset to be at school. **This is a very 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- Lack of support system because my patient lives alone at 82 years old and has to manage home tasks as well as her health. Lack of transportation because she cannot drive after having a stroke without being cleared and needs her daughter to take her to her appointments/errands. **This is a very important SDOH. MD**

Week 11- No clinical

Week 12- No clinical

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

Week 13- No clinical

Week 14- No clinical

Week 15- No clinical

No make up

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

b.	Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		S	N/A	N/A	S	S	S	S	S	S	S	N/A	S						
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c.	Follow the standards outlined in the FRMCS N policy, "Student Code of Conduct"		S	N/A	N/A	S	S	S	S	S	S	S	N/A	S						
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d.	Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		S	N/A	N/A	S	S	S	S	S	S	S	N/A	S						
		KA	KA	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

3.d Week 2: One example for my patient would be informed consent because my patient was given the consent for the Tdap vaccine and originally checked the consent box and that she would like to receive it. However, when it was ordered to be given and asked the patient if it was okay if I gave that to her before I went and pulled it she said "I declined that." So I went and verified with the paper chart on file and my nurse. Another example would be a patient's right to privacy with changing the baby's diaper in the nursery or doing assessments with the no privacy curtain where guests can look in and other parents enter to see their baby. **This is such a great example of something you got to experience and how it was corrected. KA**

Week 3- No clinical

Week 5- A possible legal concern would be violence between kids that could lead to parent violence if not taken care of at the surface of the problem. Many kids seem to get away with picking other kids up, smacking each other's bodies, and bullying but the kids that are victims don't think it is anything to tell the other party about. **This is absolutely a legal concern. I hope the parents were notified of these behaviors. MD**

Week 6- A possible legal concern would be the mother not seeming to care about the education provided which could ultimately lead to negligence of the baby by the mom. This could also factor into the relationship with the husband causing a possible divorce or emotional and mental distress to each other. **Absolutely. How would you deal with this while working as a RN? MD**

I would probably seek case management, and maybe social work as well. Also if needed a psych consult to potentially get an antidepressant on board.

Week 7- A possible legal concern would be the support person(s) wanting to take the baby out of the room. This might seem harmless but it could put the hospital at fault if they were to god forbid drop the baby, slip and fall, and hurt the baby, as well as healthcare staff turning a blind corner and running into the person/baby. **Absolutely! So important to make sure baby is always in an open crib when being transported anywhere! MD**

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

Week 8- A possible legal concern would be the amount of religion the kids participate in but granted it is a catholic school. Although the parents choose to send their kids there I wonder if there have ever been parents who disagreed with how much religion they practice. Also, if kids get hurt when outside school parties have activities for them and the parents blame the outside party or the school for allowing it. **This is a really good thought and definitely something to consider! MD**

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

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

Week 9- A possible legal issue could be parents rejecting the test results we did on their kids because we're student nurses and not registered nurses with the state of Ohio Board of Nursing. Also, we didn't touch the kids; maybe the parents didn't consent to the nursing students touching their kids in an aiding manner. **I can appreciate this legal issue for sure. MD**

Week 10- Lots of patients complained about the waiting times because they viewed their issues to be more important and could try to file for negligence. Also a patient got lifeflighted due to a necrotic leg from the knee down and said it was our fault for not getting lifeflight there fast enough? **Interesting. Unfortunately, in the ER there can be a lot of complaints that patients are not seen fast enough. I think that can be the nature of the situation. The public do not necessarily understand the hierarchy of the trauma leveling. You are correct, they could easily file for negligence. This could ultimately go to the ethical board. They would look at the entire situation and what was occurring with the patient and the ER at that time and evaluate a response. As far as the lifeflight issue, we cannot help the wait times and issues that can come with lifeflight or even ground transport. That is something that is unavoidable and outside of the ER's control. It stinks for the patient but encouraging education is very important in this situation. MD**

Week 11- No clinical

Week 12- No clinical

Week 13- No clinical

Week 14- No clinical

Week 15- No clinical

No make up

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Makeup	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		

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	S									
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b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		S	N/A	N/A	N/A	N/A	S	S	N/A	S	S	N/A	S						
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c.	Summarize witnessed examples of patient/family advocacy.		N/A	N/A	N/A	S	S	S	S	N/A	N/A	S	N/A	S						
d.	Provide patient centered and developmentally appropriate teaching.		S	N/A	N/A	S	S	S	S	S	S	S	N/A	S						

e.	Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		N/A S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	N/A	S						
		KA	KA	MD	M D	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Week 2 – 4a – You satisfactorily completed your care map. Please see comments on rubric for details. KA

Week 2 – 4e – This competency is satisfactorily met by your care map completion. KA

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

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

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

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: Kaden Troike		Course 4a					
Date or Clinical Week: 2		Objective :					
Criteria	3	2	1	0	Points Earned	Comments	
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	You did a nice job identifying the abnormal assessment findings from your postpartum assessment. You also did a great job identifying the patient's abnormal lab findings. You did a nice job identifying risk factors, but remember to only include risk factor's your patient has and not things they are at risk for. Your patient did not have cracking nipples, mastitis, or engorgement. These are all findings she was at risk for. They can be deleted from this section. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job identifying your patient's nursing priorities and appropriate goal for the overall identified highest priority. You highlighted all appropriate information associated with the patient's highest nursing priority, however you highlighted too much. How is a vaginal laceration and an intact perineum associated with a knowledge deficit to breastfeeding? I think some of your highlights are
	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	2	

	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	geared toward an overall knowledge deficit versus one specific to breastfeeding. In the future make sure to only highlight pertinent information. You did an excellent job identifying potential complications and signs and symptoms to monitor for each. KA
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Respo nding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job including pertinent nursing interventions that are prioritized, include a frequency, are realistic and individualized, and include rationale. The only additional intervention I can think of is encourage follow-up with lactation post discharge and assist with setting up a follow-up appointment. KA
	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	0	This section should be actual assessment findings from your reassessment versus anticipated findings. In the future include your specific reassessment findings. i.e.:
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	<ul style="list-style-type: none"> Fundus firm below umbilicus and midline Small amount of lochia rubra Baby's suck increased in strength Vaginal laceration present without signs of infection Perineum intact Continue plan of care. Also remember if you highlighted labs then you should include them in your reevaluation. If there are no new findings just state no new results. KA

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: Kaden you did a nice job satisfactorily completing your care map on your postpartum mother. Please see comments above for areas you can improve on in the future.

Total Points: 41/45

Faculty/Teaching Assistant Initials: KA

Objective																			
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgment skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																			
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Makeup	Final	
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29			
f.	Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)	N/A 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	N/A	S

g.	Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)	N/A S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	N/A	S						
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h.	Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)	N/A S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	N/A	S						
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i.	Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		N/A S	N/A	N/A	S	S	S	S	N/A	N/A	S	N/A	S						
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j.	Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		N/A S	N/A	N/A	S	S	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
		KA	KA	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

Week 2 – 4f, g, h, I, j – This competency is satisfactorily met by your care map completion. KA

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

Objective																			
5. Collaborating professionally with members of the health care team, childbearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																			
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Makeup	Final	
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29			
a.	Demonstrate interest and enthusiasm in clinical activities.		S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S

c.	Communicate professionally and collaboratively with members of the healthcare team.		S	N/A	N/A	S	S	S	S	S	S	S	N/A	S						
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d.	Document assessment findings, interventions, and outcomes accurately in the electronic health record.		S	N/A	N/A	N/A	N/A	S	S	N/A	S	S	N/A	S						
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e.	Demonstrate skill in accessing and navigating information in the electronic health record. (Responding)		S	N/A	N/A	N/A	N/A	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
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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									
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g.	Consisten tly and appropriat ely post comments in clinical discussio n groups.		S	N/A	N/A	S	S	S	S	S	S	S	N/A	S						
		KA	KA	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD

Comments:

Week 2 - 5a - You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You asked appropriate questions and assisted others throughout the day. KA

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

Week 2 – 5e – You did a nice job documenting the postpartum assessment in the EMR. You asked appropriate questions to ensure you were able to document the assessments accurately. KA

Week 2 – 5f – You provided hand off report to the appropriate nurse when leaving clinical at the end of shift and ensured they had the information needed to provide appropriate care to the patient. KA

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

Boys and Girls Club Objective 5G-Great CDG! You met all of the requirements for a satisfactory CDG! One thing to take note-the in-text citation should be (Linnard-Palmer & Coats, 2020). Let me know if you have questions. MD

Lactation Clinical Objective 5A- Marked excellent in all areas. Rebecca Smith RN, CLC for your lactation experience! Great job! MD

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

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 excellent in all areas by Logan Pelz, 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	Makeup	Final
	8/23	8/30	9/6	9/13	9/20	9/27	10/4		10/11	10/18	10/25	11/1	11/8	11/15	11/22	11/29		
a.	Recognize areas for improvement and goals to meet these needs. (List Below)*	S	N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
b.	Accept responsibility for decisions and actions.	S	N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S

*End-of-Program Student Learning Outcomes

c.	Demonstrate evidence of growth and self-confidence .		S	N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
d.	Demonstrate evidence of research in being prepared for clinical.		S	N/A	N/A	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S

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

e.	Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		S	N/A	N/A	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
f.	Describe initiatives in seeking out new learning experiences.		S	N/A	N/A	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S
g.	Demonstrate ability to organize time effectively.		S	N/A	N/A	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	S

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

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	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	N/A	N/A	N/A	S
		KA	KA	MD	M	MD	MD	MD	M	MD	MD							

*End-of-Program Student Learning Outcomes

			D												D		
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Comments:

6.a Week 2: I think I could improve in my postpartum assessment because I feel that I could have been more systematic and not gotten thrown off by mom holding her baby. My goal is to keep on practicing so that the next time I have a mother holding her baby at the time of my head to toe I ask if I can put it in the portable crib while I assess. I also think I could pick up and hold the baby better without being scared of hurting them or having things like my stethoscope or ID badge get in their face. My goal to improve would be to take my stethoscope off and any unnecessary pieces on my uniform that might interfere with holding the baby. **These are both great goals to work on and focus on for your next OB clinical. You did a great job for your first time completing your postpartum assessment and should be proud of the care you provided to the postpartum mother and newborn. KA**

Week 3: No clinical however, I feel like I can improve my test scores by trying alternative study methods and trying out a study group. My goal is to increase my test scores to over 80%. **This is a great goal! Remember the student success book has some ideas for studying as well! If you need anything please reach out! MD**

Week 4: No clinical

Week 5: I feel I could improve my patience towards the children as well as not be so strict when it came to the tone and volume of my voice when trying to get everyone’s attention and to be quiet. My goal is to improve communication techniques and use therapeutic responses to children at work and in everyday encounters. **Great goal! MD**

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

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

Week 6- I could improve on speaking up and asking the patients if it is okay for me to participate or observe in their care to make the patient more comfortable instead of the nurse asking for me. My goal is to ask the patient before the nurse does when it is possible and not be bothered if they refuse. **This is a good goal. I also want to encourage you that hopefully this is an isolated experience! But it is always good to be proactive! MD**

Week 7- I could improve my postpartum assessment as well as my newborn assessment. My goal is to provide my patients the best care I can while also being efficient in times of need and I will continue to practice assessments when an opportunity arises. **Practice can definitely improve the skills! Let me know if you want to practice in the lab! MD**

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

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

Week 8- I could improve my instruction tailoring towards different ages of people not just children. My goal is to have situational awareness and patience to speak to people in a way they can understand and benefit from what I am saying. **This is a great goal! It will also come with more practice! MD**

Week 9- I could improve the effectiveness of my instructions by slowing down and allowing for silence for the kids to comprehend the instructions. My goal is to be able to educate kids on ways to benefit their future and understand the different developmental roadblocks. **This is a great goal! MD**

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

Week 10- I could improve on seeking out more opportunities by just telling the nurse I am with I can take of something if it permits what a student can do, as well as asking more questions about the unit, especially in the ER, because that is where I want to be. My goal is to not be afraid to ask “stupid” questions and learn as much as possible. **This is a great goal. How will you work on this for your next clinical experience? MD** Building rapport with my preceptor and allowing myself to be confident in skills without fear of judgment

Week 10 Objective 6E-This week you did not complete your ER clinical survey on time. Please complete the survey and then respond to this with how you will prevent this from occurring in the future. MD Response to 6E- I will read the syllabus and CDG paper after each clinical to ensure I complete all required assignments/surveys. **MD**

Week 11- No clinical

Week 12- No clinical

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

Week 13- No clinical

Week 14- No clinical

Week 15- No clinical

No make up

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

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

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

Skills Lab Competency Evaluation	Lab Skills														
Performance Codes: S: Satisfactory U: Unsatisfactory	Adult Head to Toe Assessment (*1, 2, 5, 6)	Breast Assessment (*1, 2, 3, 4, 5, 6)	Breast Assessment (*1, 2, 3, 4, 5, 6)	Circumcision Care (*1, 2, 6)	Brosew Tap (*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, 3, 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													
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	KA														
Remediation: Date/Evaluation/Initials	NA														

* Course Objectives

Skills Lab Competency Evaluation	Lab Skills										
	Performance Codes: S: Satisfactory U: Unsatisfactory	Fundus Assessm ent (*1, 2, 5, 6)	Lochia Assess ment (*1, 2, 4)	Pain Asse ssme nt (*1, 2, 5, 6)	Newbo rn Asses sment (*1, 2, 5, 6)	Postpa rtum and Newbo rn DC Ed (* 1, 2, 6)	Pregna ncy Histor y (*1, 2, 3, 4, 5, 6)	Newbor n Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Medi tech (* 1,2,3, 5, 6)	Amazi ng 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	S
Faculty Initials	KA	MD									
Remediation: Date/Evaluation/Initials	NA										

* Course Objectives

Comments:

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

Simulation on Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	Pregnancy and PP Simulation Case 1 (*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: 9/12
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): McIntyre A, Troike M, Wilson C

GROUP #: 11

SCENARIO: Pregnancy and PPH

OBSERVATION DATE/TIME(S): 9/19/2024 1330-1500

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none">• Focused Observation: E A D B• Recognizing Deviations from Expected Patterns: E A D B• Information Seeking: E A D B	<p>Orientation established. VS. Heart and lung sounds. Notices accelerations on monitor. Patient CO feeling dizzy and lightheaded. Bleeding noticed. Notices lower BP.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none">• Prioritizing Data: E A D B• Making Sense of Data: E A D B	<p>FSBS 200- interpreted as above normal. UA results interpreted. Prioritized the need to massage fundus. Prioritized obtaining BP following medication administration.</p>

<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Questions patient about pregnancy, frequency of contractions. Patient assisted to left side. Urine sample collected and sent to lab. Call to HCP to give report. Orders received for acetaminophen (remember to read back order). Patient is questioned about medical and pregnancy history. UA results received. FSBS obtained. Questions patient about drug use and prenatal care. Acetaminophen prepared, patient identified, allergies verified, medication administered. Call to HCP, orders received for IV fluids, Procardia, education, and US to verify due dates (remember to read back orders). Education provided regarding marijuana use during pregnancy, prenatal care. IV fluid and Procardia prepared. Call to HCP to question Procardia with a SBP of 115. Fluids initiated and Procardia administered. BP reassessed.</p> <p>Boggy uterus assessed and fundus massaged. Call to HCP to report PPH. Order received for methylergonovine (not read back). Methylergonovine prepared and administered.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of the scenarios. Team recognized the significance of teamwork and communication, and did well with each. Discussed the importance of SBAR communication when calling the provider. Also discussed risk factors for postpartum hemorrhage and that it is ok to ask for help or offer help to team members. Discussed the importance of providing education to patients.</p>

SUMMARY COMMENTS: * = Course Objectives

Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.

E= Exemplary

A= Accomplished

D= Developing

B= Beginning

Scenario Objectives:

1. Implement appropriate nursing interventions and test to monitor fetal well-being during pregnancy upon completion of nursing assessment. (1, 2, 3, 5)*
2. Demonstrate correct technique of uterine massage for postpartum assessment. (1, 2, 4, 5)*
3. Identify the signs and symptoms of postpartum hemorrhage (PPH) and implement appropriate management of the Postpartum Hemorrhage (PPH). (1, 2, 5)*
4. Utilize therapeutic communication and interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5, 6)*
5. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*

*Course Objectives

You are Satisfactory for this scenario! BS

Lasater Clinical Judgement Rubric Comments:

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): McIntyre (M), Troike (C), Wilson (A)

GROUP #: 11

SCENARIO: Shoulder Dystocia and Newborn Care

OBSERVATION DATE/TIME(S): 10/3/24 1330-1500

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2,5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Introduce self</p> <p>Pain assessment: location, rating, description</p> <p>Assess breasts, assess abdomen, verify allergies, verify patient name/DOB, assess legs and edema,</p> <p>Obtain vitals</p> <p>Obtain cervical exam</p> <p>Assess IV site</p> <p>Reassess vitals and pain after nubain administration</p> <p>Asks about contraction frequency</p> <p>Perform second cervical check after change in fetal strip</p> <p>Suction baby mouth and nose</p> <p>APGAR 1 minute: heartrate (140), respirations (46), tone, color, cry. Total: 10</p> <p>Obtain vitals after delivery, assess lochia, does not assess fundus</p>
<p>INTERPRETING: (2,4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Identify fetal monitor as moderate variability with accelerations and associates with fetal wellbeing</p> <p>Identify vitals as WDL</p> <p>Identify change in fetal monitor after nubain administration. Ensures to visualize more than one deceleration prior to assessing second cervical exam</p>

RESPONDING: (1,2,3,5) *					Obtain fingerstick blood sugar
• Calm, Confident Manner:	E	A	D	B	Offer education on pain management and impact of meds on baby
• Clear Communication:	E	A	D	B	Call healthcare provider. SBAR organized but missing some information. Inquire about nubain order and ensure is okay to administer.
• Well-Planned Intervention/ Flexibility:	E	A	D	B	Education on pain medication to patient Medication administration: verify allergies, assess pain prior to administration, use of correct needle size, use of correct technique, use of needle safety. Does not verify patient name/DOB
• Being Skillful:	E	A	D	B	Call healthcare provider with update on cervical exam and fetal monitor changes. SBAR more organized Medication administration: penicillin. Education provided on reason for antibiotic. Verify allergies, hang secondary bag above primary bag, program pump correctly, scrub hub prior to hooking up secondary tubing, connect secondary tubing at appropriate hub, program pump correctly. Does not verify patient name/DOB or scan medications. Baby is coming: call healthcare provider with update on baby delivery is imminent Baby is coming: McRoberts , suprapubic pressure, rotational maneuvers, episiotomy, roll to hands and knees, call for help, remove posterior arm Immediately dry baby off after delivery and take to warmer

	<p>Education provided to mom about vitamin K and erythromycin ointment and gather consent.</p> <p>After newborn assessment: swaddle baby and place hat on baby. Offer skin to skin with mom</p> <p>Medication administration: vitamin K- administer in correct location, use of correct needle size, use of correct technique, proper dose administered, use of needle safety. Does not check name/DOB or scan medications. Erythromycin: apply with correct technique.</p> <p>Call healthcare provider after delivery. Update provider on baby and mom.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussion of scenario and interventions performed. Recognized teamwork, communication, and proper interventions. Discussion of interventions performed including HELPERR and types of heat loss for infant. Team remediated on correct verification for medication administration for patient (name/DOB). Team discussed all interventions done and education provided to mom during simulation. Team reflected well on their performance.</p>

SUMMARY COMMENTS: * = Course Objectives

Satisfactory completion of the simulation scenario is a score of Developing or higher in all areas of the rubric.

E= Exemplary

A= Accomplished

D= Developing

B= Beginning

Scenario Objectives:

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

You are Satisfactory in this simulation! RH

Lasater Clinical Judgement Rubric Comments:

Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.

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

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

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

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME:

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

CLINICAL JUDGMENT					OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 					<p>Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, syringe, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 					<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>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B 					<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>

<ul style="list-style-type: none"> • Being Skillful: E A D B 	
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.</p>

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): McIntyre (), Troike (A), Wilson (M)

GROUP #: 11

SCENARIO: Pediatric Respiratory

OBSERVATION DATE/TIME(S): 10/31/24 1330-1500

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *					
• Focused Observation:	E	A	D	B	Pain assessment using faces scale
• Recognizing Deviations from					Respiratory assessment. Lifts gown to visualize chest. Listens to lung sounds. Identify lung sounds as stridor rather than rhonchi
Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	Asks about appetite
					Obtain vitals. Notice elevated temperature
					Notice battery
					Reassess temperature, pain, and respiratory assessment after ibuprofen administration
					Notices scissors and needle in crib.
					Medication errors in chart not identified or investigated. Incorrect dose administered.
					Notice increase work of breathing and increase in coughing
					Obtain vitals. Notice decreased oxygen.
					Pain assessment using faces scale
					Respiratory assessment. Removes gown to visualize chest. Listens to lung sounds. Identifies lung sounds as wheezes but set for stridor
					Medication errors in chart not identified or investigated. Incorrect dose administered.

<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Calculate correct medication math for original order in chart for ibuprofen but does not catch incorrect orders in chart. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient</p> <p>Calculate correct medication math for original order in chart for amoxicillin but does not catch incorrect orders in chart. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient</p> <p>Correlate increased work of breathing and retractions</p> <p>Nurse does not stay at bedside when patient has stridor/respiratory distress</p> <p>Correlate retractions with increase work of breathing.</p> <p>Calculate correct medication math for original order in chart for ibuprofen and amoxicillin but does not catch error in orders. Does not identify that IVF are running too fast. During debriefing, medication safe dose identified by students in skyscape. Students then calculated safe dose range for this patient. during debriefing all students calculate correct IVF maintenance rate for this patient.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ 	<p>Remove 1/3 unsafe items from crib</p> <p>Leaves crib side rail down when leaves room</p> <p>Medication administration: ibuprofen and cetirizine.</p>

Flexibility:	E	A	D	B	Verify name/DOB, scan patient, scan medications. Right med, right dose, right route
• Being Skillful:	E	A	D	B	<p>Call respiratory therapy for breathing treatment</p> <p>Education provided to father about smoking around child due to smoke being a trigger for asthma and coughing/croup.</p> <p>Remove scissors and needle from crib.</p> <p>Medication administration: amoxicillin. Verify name/DOB, scan patient, scan medications. Right med, right dose, right route.</p> <p>Call respiratory therapy for breathing treatment, encourage RT to be urgent</p> <p>Apply oxygen via nasal cannula due to low oxygen level. Start at 0.5L</p> <p>Medication administration: ibuprofen and amoxicillin. Verify name/DOB. Scan patient, scan medication. Educate on what medications are for. Identify that ibuprofen now given for pain not for fever. Right dose, right med, right route.</p> <p>Healthcare provider calls students for update on patient. Give new order for dexamethasone while on phone. Does medication math while on phone with provider. Readback order for verification.</p> <p>Medication administration: dexamethasone. Check name/DOB, verify allergies, educate what medication is for, scan patient and medications, right med, right route,</p>

					right dose.
REFLECTING: (6) *					
• Evaluation/Self-Analysis:	E	A	D	B	Team discussion of scenario and recognition of teamwork/communication. Identified lack of double-checking orders for medications. During debriefing all safe dose medications were checked and medication safe doses were calculated by all students. Discussed medication errors and how to identify/prevent doing so in their practice as nurses. Team provided education to father and child on smoking around child and how to prevent exposure to triggers for child.
• Commitment to Improvement:	E	A	D	B	

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

STUDENT NAME:

OBSERVATION DATE/TIME:

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

satisfactory completion of this simulation.	
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*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): McIntyre (A), Troike (M), Wilson (C)

GROUP #: 11

SCENARIO: Pediatric GI

OBSERVATION DATE/TIME(S): 11/6/2024 1330-1500

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
NOTICING: (1, 2, 5) *					
• Focused Observation:	E	A	D	B	Introduce self, identify patient
• Recognizing Deviations from					Pain assessment using faces scale
Expected Patterns:	E	A	D	B	GI assessment. Ask about bowel pattern, ask about emesis
• Information Seeking:	E	A	D	B	pattern, lift gown to visualize abdomen, notice bruise and ask about it (mom answers it was a bike accident), listen to bowel sounds
<p>After visualize bruise on abdomen does full skin assessment to look for other bruising. Notices right upper arm bruise.</p>					
<p>Obtain vitals</p>					
<p>Mom steps out of room. Nurse asks Jack about home life and bruises</p>					
<p>Nurse starts to ask mom about abuse at home, asks about sunglasses, asks about “friend” in the home, asks if they feel safe, mom denies abuse to self but does admit to issue with stairs and “friend” rather than the bike accident</p>					
<p>Pain reassessment with faces scale after acetaminophen</p>					
<p>Obtain vitals, does not obtain blood pressure</p>					
<p>GI assessment. Bowel sounds, palpate abdomen, ask about frequency of bowel movements</p>					
<p>Pain assessment using faces scale</p>					
<p>Reassess vitals after IVF bolus</p>					
<p>Reassess pain after acetaminophen administration</p>					

<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Mucous membranes pink and slightly tacky, interpret as potential dehydration</p> <p>Skin turgor elastic, interpret as adequate hydration</p> <p>Temperature 102.5- interpret as elevated</p> <p>Temperature 100.5- interpret as improvement</p> <p>Mucous membranes pink and tacky- interpret as dehydration</p> <p>Skin turgor tenting- interpret as dehydration</p> <p>Temperature 102.1- interpret as elevated</p> <p>Temperature reassess 100.5- interpret as improvement</p>
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RESPONDING: (1, 2, 3, 5) *					<p>Call healthcare provider with update on patient status and to question acetaminophen suppository. Receives new order for acetaminophen. Read back order for verification. Receive order to encourage PO fluids and then transition to BRATTY diet</p> <p>Call lab for stool culture results. Patient is positive for rotavirus. Initiate contact precautions</p> <p>Call case management in regards to bruising on body that is not consistent with the story provided.</p> <p>Education provided to mother about rotavirus results</p> <p>Medication administration: acetaminophen and cetirizine. Verify name/DOB, scan patient, scan medications.</p> <p>Incorrect medication math for acetaminophen.</p> <p>Call case management with update on information found from Jack and mother about abuse</p> <p>Offer emesis basin</p> <p>Call healthcare provider and update on patient status. Requesting IV fluids and NPO status due to emesis. Receive orders for IVF bolus, maintenance fluids, and Zofran. Read back orders for verification.</p> <p>Medication administration: IVF bolus and Zofran. Verify name/DOB. Scan patient, scan medications. Correct medication math for Zofran. Flush IV to ensure patency. Program pump correctly.</p> <p>Educate mother on BRATTY diet, avoid sugary drinks</p> <p>Medication administration: acetaminophen and IV fluid maintenance. Scan patient, scan medication. Incorrect medication math for acetaminophen. Program pump correctly for maintenance fluids.</p>
• Calm, Confident Manner:	E	A	D	B	
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/ Flexibility:	E	A	D	B	
• Being Skillful:	E	A	D	B	

<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team discussed scenario. Discussed importance of checking recommended doses of medications to ensure safe dose is ordered. Discussed contact precautions and education provided on how to prevent spreading illness at home. Educated on BRATTY diet. Recognized need to contact someone to investigate bruising and signs of abuse. Identified mother was also at risk for abuse and could have been more inquisitive with her as well. Recognition of IVF needed due to dehydration signs and symptoms identified in assessment. Group members all discussed medication math related to acetaminophen and calculate correct dose as a group.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (1, 2)* 2. Provide quality, patient-centered care in an organized, safe manner to a toddler with gastroenteritis. (1, 2, 4, 5)* 3. Implement appropriate nursing interventions upon 	<p>Nice work! You are satisfactory for this scenario. RH</p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.</p>

<p>completion of nursing assessment. (1, 2, 5)*</p> <p>4. Utilize the concepts of growth and development to identify concerns in assessment findings associated with potential child abuse and make appropriate referrals as necessary. (1, 3, 5)*</p> <p>5. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)*</p> <p>*Course Objectives</p>	<p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

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

CLINICAL JUDGMENT						OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*						<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>
• Focused Observation:	E	A	D	B		
• Recognizing Deviations from Expected Patterns:	E	A	D	B		
• Information Seeking:	E	A	D	B		
INTERPRETING: (2, 4)*						<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>
• Prioritizing Data:	E	A	D	B		

<ul style="list-style-type: none"> • Making Sense of Data: E A D B 	<p>When developing your scenario, you interpreted the expected path of the disease process and necessary nursing interventions to include in the patient's care.</p> <p>You utilized clinical judgment to interpret appropriate responses to NCLEX style questions related to each scenario.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Responded with communication that was collaborative between roles. Clear communication was utilized between colleagues.</p> <p>Clear communication was utilized with patient and family and layman's terms were utilized when appropriate.</p> <p>Responded with interventions that were planned accordingly and verbalized when necessary.</p> <p>Skill in identifying focused assessments as well as timely reassessments were utilized.</p> <p>Family members and others of the healthcare team were kept up to date on patient condition and given education for current condition as well as for preventative measures.</p> <p>In response to your assigned disease process you developed a comprehensive simulation that encompasses aspects of assessment, interprofessional communication, and nursing interventions appropriate for the patient scenario you developed.</p> <p>You developed appropriate NCLEX questions for your scenario based on your disease process.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Reflected with a self-analysis of assessment and analyzation of data to identify missing pieces of the scenario.</p> <p>Actively participated in providing constructive feedback to all groups observed throughout the simulation.</p> <p>You developed debriefing questions specific to your scenario to assist your peers in reflecting on the importance of your simulation.</p>

SUMMARY COMMENTS:

E = exemplary, A = accomplished, D = developing, B = Beginning

Based off of Lasater's Clinical Judgment Rubric

Developing or higher in all areas is required for satisfactory completion of this simulation.

Objectives

1. Select physical assessment priorities based on individual patient needs. (1, 2)*
2. Provide quality, patient-centered care in an organized, safe manner to patients and families. (1, 2, 4, 5)*
3. Prioritize patient care of the patient after end-of-shift report. (2, 5)*
4. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*
5. Utilize the concepts of growth and development to provide therapeutic communication with the patient and family. (1, 3, 5, 6)*
6. Utilize interpersonal skills in the interactions with patients, families, and members of the health team. (3, 5)*

The student developed scenarios were completed successfully. You are satisfactory for this simulation. KA/MD/BS/RH

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Kennedy Baker, Hannah Castro, Josh Hernandez, Kaden Troike
 SCENARIO: Comprehensive Simulation

OBSERVATION DATE/TIME: 11/22/24

CLINICAL JUDGMENT	OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>You noticed suspicious bruising on patient and patient’s physical appearance and psychosocial status as deviation from normal.</p> <p>You noticed environmental concerns throughout the home that would be safety hazards.</p> <p>You noticed abnormal family functioning as you progressed through the simulation.</p> <p>You noticed the signs of respiratory distress and dehydration in the children.</p> <p>In the mother encounter you noticed suspicious bruising on the mother’s face and neck. You also noticed the poor environment with chips, pop, rats, spider, and cockroaches scattered throughout the room. Additionally, you noticed that the mother had a unprescribed medications, is a current cigarette smoker, and had a dysfunctional family dynamic when having conversations on home life.</p> <p>Noticed multiple bugs in kitchen. Noticed exposed cleaning supplies that kids could get into. Noticed expired infant formula. Noticed lack of nutritious foods in the refrigerator. Noticed open beer bottles. Witnessed father preparing bottle.</p> <p>You provided a focused assessment to the children of the household recognizing concerns requiring immediate medical assistance.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>You interpreted there were multiple safety concerns as well as education opportunities throughout the family unit.</p> <p>You were able to interpret safety and health issues with each member of the family.</p> <p>You interpreted the need to seek out further information on the health, safety, and environmental concerns found throughout the home visit.</p> <p>You interpreted acute respiratory status changes and lethargy as major assessment concerns in the children in this home environment.</p> <p>In the mother encounter you interpreted the suspicious bruising on the mother’s</p>

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. You encouraged the mother to discuss more of her dysfunctional family dynamic.

Interpreted conditions in the kitchen as being dirty, messy, and unsafe for children. Interpreted exposed cleaning supplies as dangerous for children. Interpreted the lack of nutritious foods as not ideal for the family. Interpreted multiple empty beer bottles as potential alcohol abuse. Interpreted father's bottle preparation method to be inadequate (formula expired, not using the correct quantity).

RESPONDING: (1, 2, 3, 5)*				
• Calm, Confident Manner:	E	A	D	B
• Clear Communication:	E	A	D	B
• Well-Planned Intervention/ Flexibility:	E	A	D	B
• Being Skillful:	E	A	D	B
				<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 her with education on safe houses around the area and encouraged her that the abuse she was experiencing was not her fault. You encouraged her to seek help for her and the children and to develop a safety plan. You also encouraged her being referred to a dietician for nutritional benefits for the household. You addressed safety concerns with the newborn in regards to prevention of SIDS and shaken baby syndrome. You educated the mother on the importance of using birth control to prevent another pregnancy. Another important educational point you were able to talk with the mother about was not using the unprescribed medications that she had on the table and to keep all prescriptions in a high cabinet to prevent the older child from taking them. You also expressed the importance of making sure to take her prescribed medications everyday and determined alternative ways to obtain the prescribed medications (labetalol and Zoloft). Great job with the mother encounter!</p> <p>Educated father that cleaning supplies should not be stored in places where the children could get access to them. Educated father to pay attention to expiration dates and how to properly and safely prepare a bottle. Educated that there are resources available to assist with healthy food choices.</p> <p>You recognized the need for involvement by CPS, law enforcement, and hospitalization for medical treatment of both children.</p> <p>You recognized that you only had consent to treat the mother in this situation and sought maternal consent to call for medical assistance and treat the children of the household.</p> <p>You recognized the need and ability to educate the 8-year-old son in the family and</p>

	educated him on drinking more water and safety concerns in the environment.
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Group discussion of how reviewing the chart during prebrief assisted with developing a plan for the “home visit.” Discussion of what they noticed in the mother room including the filth, poor self-care, bruising on mom, poor self-esteem. They educated mother on birth control, smoking cessation, postpartum depression, and self-care. Encouraged her to have a safety plan and offered resources for a safe house. Transitioned to partner visit and team discussed that they did not feel safe being alone in this part of the visit. Discussion continued about options if this were a real-life scenario and what could be done to keep them safe. Team attempted to educate but stated partner was not open to hearing about anything and was very dismissive. When assessing the children, they noticed a lot of safety issues including Jill not practicing safe sleep habits, lack of care of both children, Jack’s respiratory issues and lack of medications. Team was able to get Jack, Jill, and mother out of situation and to the ER for further care by end of simulation. 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 med compliance, mental health, and nutrition.</p>

SUMMARY COMMENTS:

E = exemplary, A = accomplished, D = developing, B = Beginning

Based off of Lasater's Clinical Judgment Rubric

Developing or higher in all areas is required for satisfactory completion of this simulation.

Objectives

1. Provide quality, patient-centered care in an organized, safe manner. (1, 2, 4, 5)*
2. Implement appropriate nursing interventions upon completion of nursing assessment. (1, 2, 5)*
3. Utilize the concepts of growth and development to provide therapeutic communication with the family unit. (3, 5)*
4. Identify safety measures for the family unit in the home setting. (1,3,5)*
5. Demonstrate thorough environmental assessment in the home setting. (1,3,5)*

*Course Objectives

Excellent job in communicating without judgement and providing appropriate education, information regarding resources, and intervention for family.

You are satisfactory for this scenario. KA/MD/BS/RH

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

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

Student eSignature & Date: Kaden Troike 11/29/24