

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2019**

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

Faculty: Kelly Ammanniti, MSN, RN; Brian Seitz, MSN, RN

Teach Assistant: Elizabeth Woodyard, BSN, RN, CRN; Monica Dunbar BSN, RN; Cathy Matz BSN, 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 on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, or U”. 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, the following week it must be addressed with a comment as to why it is no longer a “U”. If the student does not state why the “U” is corrected, then it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

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

Absence: (Refer to Attendance Policy)

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

Faculty’s Name	Initials
Kelly Ammanniti	KA
Brian Seitz	BS
Elizabeth Woodyard	EW
Monica Dunbar	MD

8/15/19 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 instructor 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

Objective																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/30	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	12/6		
Competencies:		S	S	S	S	S	S											
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		S	S	S	S	S	S											
b. Provide care using developmentally-appropriate communication.		S	S	S	S	S	S											
c. Use systematic and developmentally appropriate assessment techniques.		S	S	S	S	S	S											
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		S	S	S	S	S	S											
e. Identify stage of growth and development (Erikson's Stages)(List Below)*		S	S NI	S	S U	S	S											
Clinical Location	MD	MD	MD	MD	MD	MD	MD											
Age of patient		PCP 13 yrs old.	WE Ad ult cou ples	Sn, pres choo l and scho ol-ag e	Wo men, s clini c ages 19-3 6	Boys & Girls Club .Hea ld start	ER 3 YR OLD .Visi on and heari ng 1,3,5 grad ers, Laca tatio n											

*End-of-Program Student Learning Outcomes

Comments:

Week 2 1.e.) Identity vs Role Confusion

Week 3 1E-What is your growth and development stage for this week? Please make sure to identify this next week. MD

Week 4 1 e.) Preschool Initiative vs feelings of guilt School age Industry vs inferiority

Week 5 1E-Please remember to include the growth and development of Erikson's Stages in this section. Please respond to this by writing how you will prevent this from happening again. MD

Week 6 1E.) After a misunderstanding on what age groups were included in the Erikson's stages of development, I now know that it ranges from birth to death. I will no longer make the mistake of not putting an Erikson's stage of development. Thank you very much for clarifying this for me. For head start the Erikson's stage of development was initiative vs feelings of guilt. For Boys and Girls club it was industry vs inferiority. MD

Week 7 1E.) Pre-school Initiative vs. feelings of guilt and school age Industry vs. inferiority , Newborn Trust vs. Mistrust

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

Comments:

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. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/30	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	12/6		
a. Engage in discussions of evidenced-based nursing practice.		S	S	S	S	S	S											
b. Perform nursing measures safely using Standard precautions.		S	S	S	S	S	S											
c. Perform nursing care in an organized manner recognizing the need for assistance.		S	NA	S	S	S	S											
d. Practice/observe safe medication administration.		NA	NA	S	NA	NA	S											
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	S	NA	NA	S											
f. Utilize information obtained from patients/families as a basis for decision-making.		S	NA	S	S	S	S											
	MD	MD	MD	MD	MD	MD												

Comments:

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

Comments:

Objective																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgement skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/30	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	12/6		
a. Develop one priority nursing diagnosis.		NA	NA	NA	NA	NA	S											
b. Formulate measurable goals for nursing diagnosis. (noticing, interpreting, responding)		NA	NA	NA	NA	NA	S											
c. Formulate specific, individualized, and evidence-based interventions. (noticing, interpreting, responding)		NA	NA	NA	NA	NA	S											
d. Evaluate plan of care, patient achievement of goal and revising plan when necessary. (noticing, interpreting, responding, reflecting)		NA	NA	NA	NA	NA	S											
e. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		NA	NA	NA	NA	S	S											
f. Summarize witnessed examples of patient/family advocacy.		S	NA	NA	NA	NA	S											
g. Provide patient centered and developmentally appropriate teaching.		S	S	S	S	S	S											
h. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	S	NA	S											
	MD	MD	MD	MD	MD	MD												

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

Comments:

Objective																		
5. Collaborating professionally with members of the health care team, child-bearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/30	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	12/6		
a. Demonstrate interest and enthusiasm in clinical activities.		S	S	S	S	S	S											
b. Evaluate own participation in clinical activities.		S	S	S	S	S	S											
c. Present at all clinical sites neatly groomed and with appropriate identification and attire (according to school uniform policy).		S	S	S	S	S	S											
d. Communicate professionally and collaboratively with members of the healthcare team.		S	S	S	S	S	S											
e. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	NA	NA	NA	NA											
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA	NA	NA	NA	NA	S											
g. Consistently and appropriately post comments in clinical discussion groups.		S	S	S	S	S	S											
	MD	MD	MD	MD	MD	MD	MD											

Comments:

Week 1 5A- Comments from your clinical site included: 9-5-19 – Excellent in all areas. No comments made. MD

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

Comments:

Week 2 6. A.) communicate more with the patients. The Nurse did most of communicating with the patients. I will work on asking if it would be ok if I asked the patient a few questions about their medical history and why they were there today. **Great goal! MD**

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

Week 3 6 A.) During our observation at the woman's education class we did not participate we mainly just actively listened to the instructor. But as far as class and outside of class I need to work on getting more organized with my time management. I plan on buying a planner to help me achieve this goal. **This is an excellent way to stay organized! MD**

Week 4 6 A.) I should have asked if I could have screened a few of the kids, but we were told that they had a limited amount of time to screen the 4th and 5th graders so I did not want to interfere with their method. Next time I will at least ask if u could help screen a few kids. **This is very proactive. Great goal! MD**

Week 5 6 a.) I would have to say my need improvement this week is to watch my facial expressions. The patient did not see my face when she responded to the nurse. I was shocked by the patient's answer. I will make sure I remind myself to keep a straight face no matter what is being told to me. **This is a tough goal sometimes. Making sure to keep your expressions in check is a great goal. MD**

Week 6 a.) This week I need to improve on taking BP on little kids. They move around a lot and start talking while I was trying to listen. I found it very difficult for me to hear while taking their BP on their tiny little arms. I plan to practice on my 5-year-old daughter and her friends to try to get better at it. **Great goal! Very achievable! MD**

Week 7 a.) This week I didn't realize the pulse was turned off during my very first hearing test. I quickly figured it out when the student failed both sides of the hearing test. I quickly scanned the machine over and noticed the pulse was not turned on. Next time I will make sure everything is turned on before starting the test.

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

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2019
Skills Lab Competency Tool

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills														
	Adult Head to Toe Assessment (*1, 2, 5, 6)	Meditrech (* 1,2,3, 5, 6)	Pediatric Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (*1, 2, 6)	(* 1, 2, 3, 6)NAS Scoring	(* 1, 2,6)Happiest Baby on the Block	Pediatric Emergency Triangle (* 1, 2, 6)	(*1,2,3,5)Broselow Tape	Med. Admin. (*1, 2, 3, 4, 5, 6)	APGAR (*2, 3, 4, 5, 6)	Breast Assessment (*1, 2, 3, 4, 5, 6)	(*1,2,3,5,6)Safety	(*1, 2, 3, 4, 5, 6)Pregnancy History	Pain Assessment (*1, 2, 5, 6)	(* 1,,2,6)Circumcision Care
	Date: 8/27	Date: 8/28	Date: 8/28	Date: 8/28	Date: 8/28	Date: 8/28	Date: 8/28	Date: 8/28	Date: 8/29	Date: 8/29	Date: 8/29	Date: 8/29	Date: 8/29	Date: 8/29	Date: 8/29
Evaluation	S	S	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	MD	MD
Remediation: Date/Evaluation/Initials															

* Course Objectives

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills													
	Lochia Assessment (*1, 2, 4)	Immunizations (*1,2,3)	(*1,4,5)Pediatric Lab Values	(*1,4,5)Pediatric Vital Signs	Newborn Assessment (*1, 2, 5, 6)	(*2,5,6)Health Literacy	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	Newborn Bath and Cord Care (*2, 4)	Fundus Assessment (*1, 2, 5, 6)	Breastfeeding and Bottle Feeding (*1,2,3, 6)	Leopold's (*1, 2, 3, 5, 6)	Postpartum Assessment (* 1, 2, 6)	Ballard Assessment (*2, 3, 4, 5, 6)	(*1, 2, 5, 6)Med/Surg Skills Day
	Date: 8/29	Date: 8/29	Date: 8/29	Date: 8/29	Date: 8/29	Date: 8/29	Date: 8/29	Date: 8/29	Date: 8/29	Date: 8/29	Date: 8/29	Date: 8/29	Date: 8/29	Date: 9/12

Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	MD													
Remediation: Date/Evaluation/Initials														

* Course Objectives

Comments:

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2019
Simulation Evaluations

vSim Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	vSim									
	(*1, 2, 3, 5, 6)Maternity Case 5	(*1, 2, 3, 5, 6)Maternity Case 2	(*1, 2, 3, 5, 6)Maternity Case 1	(*1, 2, 3, 5, 6)Maternity Case 3	(*1, 2, 3, 5, 6)Maternity Case 4	(*1, 2, 3, 5, 6)Pediatric Case 2	(*1, 2, 3, 5, 6)Pediatric Case 3	(*1, 2, 3, 5, 6)Pediatric Case 5	(*1, 2, 3, 5, 6)Pediatric Case 1	(*1, 2, 3, 5, 6)Pediatric Case 4
	Date: 9/10	Date: 9/16	Date: 9/30	Date: 10/7	Date: 10/11	Date: 10/28	Date: 11/4	Date: 11/11	Date: 11/18	Date: 11/25
Evaluation	S	S	S							
Faculty Initials	MD	MD	MD							
Remediation: Date/Evaluation/Initials										

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Gr. 11

OBSERVATION DATE/TIME: 9/25/19

SCENARIO #: PPH

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* • Focused Observation: B • Recognizing Deviations from Expected Patterns: • Information Seeking:	E	A	D		Noticed need for VS, pt. history, education, gestational diabetes, drug use, UA, contractions, need to call doctor. Noticed pt. need to have support. Noticed need for turning pt. to left side. Noticed blood, boggy uterus, pt. c/o dizziness
	E	A	D	B	
	E	A	D	D	

<p>B</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 pt. history and nutritional deficits as indicators for preterm labor; interpreted need for FSBS, need for EFM. Interpreted pt. request to call boyfriend as a pertinent emotional need. Interpreted data and risk factors for PPH to drive interventions.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Responded with head to toe assessment, gestational age measurement, education regarding dehydration and preterm labor; need for FSBS, sent UA with appropriate label, EFM monitor placed. Called Dr. with interpretation of pt. condition, EFM, UA and read back. Responded to pt's emotional needs by calling pt's boyfriend. IVF initiated. Responded with fundal massage and called doctor with read back. Legs elevated, VS rechecked, medications trouble-shooted and administered. Fundus rechecked t/o and dr. called with update</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>Appropriate pt. education for gestational diabetes and need for diabetic education consult. Correctly identified the EFM. Pt. education and encouragement. Great job on the reflection journal discussing what you noticed, how you interpreted data, and how you responded, also discussing what went well and what you may do differently in the future. MD</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.

You are Satisfactory for this scenario, good job! MD

Communication thorough throughout scenario with team members and with patient. No delegation of duties during PPH. Didn't verbalize turning pt. Overall worked well together and providing pt. education

/scholar_extra2/e360/apps/v8/releases/1570580569/public/upload/firelands/media/dropbox/71332-2019MCNClinicalEvaluationTool-wk7AJT-3-3.doc

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2019
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: _____