

**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

<b>Objective</b>																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/30	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		
<b>Competencies:</b>																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		N/A	N/A	S	S	S	S	S	S	S								
b. Provide care using developmentally-appropriate communication.		N/A	S	S	S	S	S	S	S	S								
c. Use systematic and developmentally appropriate assessment techniques.		N/A	N/A	S	S	S	S	S	S	S								
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	S	S	S	S	S	S	N/A								
e. Identify stage of growth and development (Erikson's Stages)(List Below)*		S	N/A	S	S	S	S	S	S	S								
	MD	MD	MD	MD	MD	MD	MD	MD	MD	EW								
Clinical Location Age of patient			Womans education	School nurse, pediatric immunization	Lactation Clinical Sims	Head start Womens clinic	Firelands OB		Fisher-Titus OB Sims	Boys n Girls club Clyde school Sims								

**Comments:**

Week 1 1E-Age 0-1 trust vs mistrust this child will have trust in their caregiver (mother).

Week 4 1E-Ages 3-5 initiative vs guilt

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

Week 5 1E Age 18 months -3yrs Autonomy vs Shame/Doubt

Week 6 1E Age 13 years – 21 years Identity vs Confusion

Week 7 age 0-1 trust vs mistrust

Week 8 age 21 -39 Intimacy vs isolation

Week 9 age 13 years – 21 years Identity vs Confusion

<b>Objective</b>																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)* (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		
<b>Competencies:</b>																		
f. Describe psychological changes in response to the expectant mother's pregnancy. <b>Maternal</b>		N/A	N/A	N/A	N/A	N/A	S	S	s	N/A								
g. Discuss prenatal influences on the pregnancy. <b>Maternal</b>		N/A	N/A	N/A	N/A	N/A	S	S	S	N/A								
h. Identify the stage and progression of a woman in labor. <b>Maternal</b>		N/A	N/A	N/A	N/A	N/A	N/A	NA		N/A								
i. Discuss family bonding and phases of the puerperium. <b>Maternal</b>		N/A	N/A	N/A	N/A	N/A	S	S	S	N/A								
j. Identify various resources available for children and the childbearing family.		N/A	N/A	N/A	S	S	S	S	S	N/A								
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		N/A	N/A	S	S	S	S	S	S	S								
l. Respect the centrality of the patient/family as core members of the health team.		N/A	N/A	S	S	S	S	S	S	S								
	MD	MD	MD	MD	MD	MD	MD	MD	MD	EW								

Comments:

<b>Objective</b>																		
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.		N/A	N/A	N/A	N/A	N/A	N/A	NA	S	N/A								
b. Perform nursing measures safely using Standard precautions.		N/A	N/A	S	S	N/A	S	S	S	S								
c. Perform nursing care in an organized manner recognizing the need for assistance.		N/A	N/A	S	S	N/A	S	S	S	S								
d. Practice/observe safe medication administration.		N/A	N/A	N/A	N/A	N/A	N/A	NA	S	N/A								
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		N/A	N/A	N/A	N/A	N/A	N/A	NA	S	N/A								
f. Utilize information obtained from patients/families as a basis for decision-making.		N/A	N/A	S	S	S	S	S	S	S								
	MD	MD	MD	MD	MD	MD	MD	MD	EW									

Comments:

<b>Objective</b>																		
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.		N/A	S	S	S	S	S	S	S	S								
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		N/A	S	S	S	S	S	S	S	S								
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		N/A	S	S	S	S	S	S	S	S								
d. Critique examples of legal or ethical issues observed in the clinical setting.		N/A	S	S	S	S	S	S	S	S								
	MD	MD	MD	MD	MD	MD	MD	MD	MD	EW								

**Comments:**

<b>Objective</b>																		
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.		N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	N/A								
b. Formulate measurable goals for nursing diagnosis. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	N/A								
c. Formulate specific, individualized, and evidence-based interventions. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	N/A	N/A	NA	S	N/A								
d. Evaluate plan of care, patient achievement of goal and revising plan when necessary. (noticing, interpreting, responding, reflecting)		N/A	N/A	N/A	N/A	N/A	N/A	NA	S	N/A								
e. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		N/A	N/A	N/A	N/A	N/A	N/A	NA	S	S								
f. Summarize witnessed examples of patient/family advocacy.		N/A	N/A	S	S	S	S	S	S	S								
g. Provide patient centered and developmentally appropriate teaching.		N/A	N/A	S	S	S	S	S	S	S								
h. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	N/A	N/A	N/A	S	S	S	S								
	MD	MD	MD	MD	MD	MD	MD	MD	EW									

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

Comments:

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

**Comments:**

Week 6 5A-This clinical site states: "Excellent in all areas" MD

WK8 5G: Good choice of EBP article! Also nice job on citation and summary. EW

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	S	S	S								
b. Accept responsibility for decisions and actions.		N/A	S	S	S	S	S	S	S	S								
c. Demonstrate evidence of growth and self-confidence.		N/A	S	S	S	S	S	S	S	S								
d. Demonstrate evidence of research in being prepared for clinical.		N/A	S	S	S	S	S	S	S	S								
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		N/A	S	S	S	S	S	S	S	S								
f. Describe initiatives in seeking out new learning experiences.		N/A	S	S	S	S	S	S	S	S								
g. Demonstrate ability to organize time effectively.		N/A	S	S	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.		N/A	S	S	S	S	S	S	S	S								
i. Demonstrates growth in clinical judgment.		N/A	S	S	S	S	S	S	S	S								
	MD	MD	MD	MD	MD	MD	MD	MD	EW									

**Comments:**

Week 2 6A-I did not have clinicals this week but a goal I want to work on in staying organized and staying ahead of schedule. **Great goal! MD**

Week 3 6A-Skills lab was part of this clinical week, I am going to keep reviewing the check off sheets to keep a reminder of the steps. It never hurts to keep up on material never know when the intervention will need to be preformed on a clinical. **You are absolutely right! It is so important to keep up on your skills! MD**

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

Week 4 6A-My two clinicals I had this week was the student nurse clinic and pediatric immunization at the Ohio health department. Talking to kids and interacting with them is very easy for me because I have a child myself. This can also be a down fall because It can distract you from what medically you need to be doing with the child. So I need to practice on prioritizing time with peds patients. **This is a great goal to work on! MD**

Week 5 6A- My goal this week has to do with simulation lab on medication Knowlagent. I was the medication nurse and before I administered the oxytocin, I was supposed to ask the patient about pulmonary issues. Knowing the mediation causes vasoconstriction I should of asked the patient those questions before giving medication. **Great observation! Keep up the good work! MD**

Week 6 6A- My goal for this week is to learn more about the woman health aspect of the medical field. It was very interesting to learn about the different birth controls but I would like to know more about them to educated young adults. **This is a great achievable goal! You can do it! MD**

Week 7 6A A goal I will like to work on is reading both paper and computer charting. There is a lot of information the paper chart has on each patient that is not in the electronic chart. When having all the information about the patient it is easier to know how to start your nursing care for that patient. **This is a great goal! MD**

Week 8 6A My goal I want to work on is reading fetal monitor strips and truly understand what it is telling. I was able to look at some during clinicals but I wish to understand them to the best of my ability.

Week 9 My goal I want to improve on is SBAR during simulation and in the working field. This is a very important communication tool and every detail is important to obtain and relay to the appropriate medical personal.

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

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

<b>Skills Lab Competency</b> <b>Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>														
	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
	<b>Date:</b> 8/27	<b>Date:</b> 8/28	<b>Date:</b> 8/28	<b>Date:</b> 8/28	<b>Date:</b> 8/28	<b>Date:</b> 8/28	<b>Date:</b> 8/28	<b>Date:</b> 8/28	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 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
<b>Remediation:</b> <b>Date/Evaluation/Initials</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

\* Course Objectives

<b>Skills Lab Competency</b> <b>Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Lab Skills</b>													
	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)Skills DayMed/Surg
	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 8/29	<b>Date:</b> 9/12

Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	MD													
<b>Remediation:</b> <b>Date/Evaluation/Initials</b>	NA													

\* Course Objectives

Comments:

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

<b>vSim Evaluation</b> Performance Codes: S: Satisfactory U: Unsatisfactory	<b>vSim</b>									
	(*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: 10/14	Date: 10/28	Date: 11/4	Date: 11/11	Date: 11/18	Date: 11/25
Evaluation	S	S	S	S	S					
Faculty Initials	MD	MD	MD	MD	MD					
Remediation: Date/Evaluation/Initials	NA									

\* Course Objectives

### Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Gr. 10

OBSERVATION DATE/TIME: 9/25/19

SCENARIO #: PPH

CLINICAL JUDGMENT					OBSERVATION NOTES
<b>COMPONENTS NOTICING: (1, 2, 5)*</b>  • Focused Observation: B • Recognizing Deviations from Expected Patterns: • Information Seeking:	E	A	D	D	Noticed c/o pain, contractions, need for UA, need for EFM. Noticed possible dehydration. Order to place pt. on left side. Noticed UA results. Noticed pt. education needs. Noticed need for pt. to have support. Noticed postpartum assessment needs. Noticed pt. dizziness, boggy fundus, need to weigh peripad, noticed pt.'s fears regarding condition
	E	A	D	B	
	E	A	D	D	

B	
<p><b>INTERPRETING: (2, 4)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data: E A D B</li> <li>• Making Sense of Data: E A D B</li> </ul>	<p>Interpreted pt. history and risk factors, need for physical assessment and FSBS check with interpretation. Interpretations of EFM accurate. Interpreted pt.'s history as contributing to dehydration. Interpreted pt. educational limitations. Interpreted pt. need of emotional support. Interpreted pt. risk factors, complaints, vital signs and assessment indicators to drive interventions.</p>
<p><b>RESPONDING: (1, 2, 3, 5)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner: E A D B</li> <li>• Clear Communication: E A D B</li> <li>• Well-Planned Intervention/ Flexibility: E A D B</li> <li>• Being Skillful: E A D B</li> </ul>	<p>Responded with questions regarding work, sexual activity, fetal movement, prenatal care, smoking and drug use; Performed head to toe assessment. Sent UA, checked FSBS. Placed EFM. Responded by educating pt. about nutrition, fluid, rest. Placed pt. on left side. Dr. called after UA received with results, read back performed. IVF hung with education regarding UTI, dehydration, tips for preventing UTI. Called pt's boyfriend for patient. Responded by assessing urine output, head to toe assessment. Responded to dizziness with fundal assessment, massage, and weighing of peripad, calling doctor with read back, putting the pt.'s legs up, administering meds as ordered, provided education and reassurance</p>
<p><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E A D B</li> <li>• Commitment to Improvement: E A D B</li> </ul>	<p>Reflected pt. medical and prenatal history. Asked pertinent questions. Teamwork and collaboration t/o scenario with care to pay attention to pt. Clinical judgement used to conclude PPH;</p> <p>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**

Education and encouragement of dietary and lifestyle changes for mom and baby. Education provided for risks of preterm labor. Pt. education and explanation provided with each nursing intervention.

Pt. education regarding pt. condition t/o scenario; along with reassurance. B/P was not rechecked during critical point; however, continual fundal massage and meds were administered.

/scholar\_extra2/e360/apps/v8/releases/1572449787/public/upload/firelands/media/dropbox/71852-2019MCNAprilSnyderweek9.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: \_\_\_\_\_