EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2019

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Allyson Smith   **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

<h1 style="text-align: center;">PERFORMANCE CODE</h1>

<u>SATISFACTORY CLINICAL PERFORMANCE</u>

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.

<u>UNSATISFACTORY CLINICAL PERFORMANCE</u>

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.

<u>OTHER</u>

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: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	S	S	S	S	S	S	S							
b. Provide care using developmentally-appropriate communication.		NA	NA	S	S	S	S	S	S	S	S							
c. Use systematic and developmentally appropriate assessment techniques.		NA	NA	S	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)		NA	NA	NA	S	S	S	S	S	S	S							
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below**)*		NA	NA	S	NA U	S	S	S	S	S	S							
		EW	EW	EW	EW	EW	EW	EW	MD	MD								
Clinical Location Age of patient		Women Education	LC / PCP	Women Clinic / SIM	Head Start ages 3-5	FRMC OB age: 29		FT OB age: 18	BG: ages 6-11 CV: ages 14-18	ER Quick Care ages: 0-80								

Comments:

Week 4 Objective 1 e: 12-year-old demonstrated Industry vs. Inferiority

WK5 1E: You are receiving a "U" as this area needs to be completed each week unless you have no clinical. There is a stage of development for the population you interacted with and it needs to be listed. EW

Week 6 Objective 1 e: Initiative vs Guilt

WK6 1E: Correct identification. EW

Week 7 Objective 1 e: Generativity vs Stagnation

Week 8 Objective 1 e: Intimacy vs Isolation

Week 9 Objective 1 e: Industry vs Inferiority / Identity vs Confusion

*End-of-Program Student Learning Outcomes

*End-of-Program Student Learning Outcomes

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

Comments:

WK5 1L: You were very thoughtful of your patients and their needs throughout your discussion post. EW
WK6 1K: Adaptable in communication techniques with younger children. EW

*End-of-Program Student Learning Outcomes

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

Comments:

WK6 B: Correctly performed hearing and vision screenings. EW

*End-of-Program Student Learning Outcomes

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

Comments:
WK5 3D: Appropriately discussed a pt's needs and family dynamics in terms of care and decision making. EW

*End-of-Program Student Learning Outcomes

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	S	S	NA	S							
b. Formulate measurable goals for nursing diagnosis. (noticing, interpreting, responding)		NA	NA	NA	NA	NA	S	S	S	NA	S							
c. Formulate specific, individualized, and evidence-based interventions. (noticing, interpreting, responding)		NA	NA	NA	NA	NA	S	S	S	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	S	S	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	NA	S	S	S	NA	S							
f. Summarize witnessed examples of patient/family advocacy.		NA	NA	S	S	NA	S	S	S	NA	S							
g. Provide patient centered and developmentally appropriate teaching.		NA	NA	S	S	S	S	S	S	S	S							
h. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	S	S	S	S	S	S	S							
		EW	EW	EW	EW	EW	EW	EW	MD	MD								

*End-of-Program Student Learning Outcomes

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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	NA	S	NA	S	S	S	NA	S							
j. Correlate the pharmacotherapy in relation to the patient's disease process. **(noticing, interpreting, responding)**		NA	NA	NA	S	NA	S	S	S	NA	S							
k. Correlate the medical treatment in relation to the patient's disease process. **(noticing, interpreting, responding)**		NA	NA	NA	S	S	S	S	S	NA	S							
l. Correlate the nutritional needs/diet in relation to the patient's disease process. **(noticing, interpreting, responding)**		NA	NA	NA	S	S	S	S	S	NA	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	S	S	NA	S							
		EW	EW	EW	EW	EW	EW	EW	MD	MD								

Comments:

WK7 4JK: Able to discuss the need for medications secondary to patient needs during the procedure. EW

*End-of-Program Student Learning Outcomes

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

Comments:

WK5 5G: Thorough CDG with appropriate citation. EW
WK6 5A,B,C,D,F,G: Allyson you are always thoughtful in class, clinical, sim, and lab and are always working to do your best. Your effort is noticed. Keep up the good work. EW
WK7 5G: CDG was thorough and well written. EW

*End-of-Program Student Learning Outcomes

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

Comments:

Week 3 Objective 6a: After skills lab this week I realize I could use some improvement in my confidence. Just going over skills that I already have learned and know, I still always question myself before doing the next step. Some goals I have to help meet these needs are to study old skills once a month to keep them fresh in my mind, and also to trust myself more!

Week 4 Objective 6a: During this weeks clinical I found that I could be a little more assertive instead of timid. Because it was my first time obtaining a height and weight on a child, I don't think I was specific enough. The 12-year-old had an attitude at the time, so the primary nurse came and stood her up straight and made her look forward. For the next time I need to obtain a height and weight, I will tell the child how to stand and where to look initially to prevent an inaccurate reading.

 *End-of-Program Student Learning Outcomes

<u>Week 5 Objective 6a:</u> During my simulation this week I noticed I could improve on my communication skills. When things start to get hectic sometimes, we are prompt to want to call the physician right away. For future simulations and clinicals I will make sure to think "SBAR" and make sure I have all the information I need for the physician at the time so I don't have to go back and assess further to answer questions.

<u>Week 6 Objective 6a:</u> While working with ages 3-5 during this weeks clinical, I got to experience the difficulties of getting them to understand what was being asked of them. I believe using a teach back method (demonstrating then doing) for the hearing and vision screening may have been beneficial for these children and we could have had more success. When I attend my future clinical at Clyde high school for hearing and vision training, I will try using the teach back method to improve.

WK6: This is a good idea, especially when working with children. As you progress in your nursing career you will see not only what methods work best with certain groups, but also what you are most comfortable with. Good work EW

<u>Week 7 Objective 6a:</u> During this weeks clinical I got to give my first IM injection on a patient! Though it went well, I feel that I can always improve on my confidence in new situations. I will periodically refresh my memory on nursing techniques so that I am not so scared when I have to take action.

WK7 6A: Allyson you did a very good job with your IM. EW

<u>Week 8 Objective 6a:</u> During my fisher titus clinical this week I performed my first post-partum assessment. I completed the assessment with no problems, but I was very nervous when doing so. I feel like I need to relax and be more comfortable when assessing these moms. Even though it is such a personal thing, the patients know that we are here to help and just doing our job. For future post-partum assessments I will try to go into it more relaxed and confident now that I have done one for the first time.

This is a great achievable goal! You did a great job! MD

<u>Week 9 Objective 6a:</u> This week at the boys and girls club, my group and I had a hard time presenting our topic to the kindergarteners due to the noise level and their short attention span. We had a difficult time getting them to hear us and pay attention at the new location. In the future if I know I am going to be educating a larger group of children I will plan ahead and create special words to shout when it is time to be quiet so maybe they see it as a game to listen. This is a great idea! MD

<u>Week 10 Objective 6a:</u> Last week I failed my first quiz of the semester, I received a 64%. This is something I am not proud of, I really started slacking with studying with the mindset that "I'm almost done". This kind of opened my eyes for this week's goal. I don't want the mind set "I'm almost done" so I can slack off, I want the mind set "I'm almost done" so finish strong. For this week and on, I plan to make room for studying each day no matter how busy I am, and actually try my best to finish strong through the semester!

*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)	Meditech (* 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: 828	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	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* 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

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Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* 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: 10/14	Date: 10/28	Date: 11/4	Date: 11/11	Date: 11/18	Date: 11/25
Evaluation	S	S	S	S	S	S				
Faculty Initials	EW	EW	EW	EW	MD	MD				
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	NA	NA				

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Group 8   OBSERVATION DATE/TIME: 9/25/19   SCENARIO #: PPH

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Noticed need for urine right per standing order; need for placing EFM on; pain assessment; need for left side placement; called Dr. **before** receiving UA results. Noticed need for pt. education. Notice pt. assessment of breasts, abdomen, fundus,

INTERPRETING: (2, 4)*						Interpreted the need to label urine; EFM tracing; to call Dr. r/t pt. condition and history. Interpreted pt. educational deficits. Correct interpretation of EFM. Correct interpretation of UA. Correct interpretation of preterm birth complications.
• Prioritizing Data:		E	A	D	B	
• Making Sense of Data:			E	A	D	
B						Interpreted need to palpate fundus after pt. stated she felt dizzy; need to call doctor, need to weigh peripads
RESPONDING: (1, 2, 3, 5)*						Responded by labeling the urine correctly; informed pt. of EFM reading; placed on left side; called Dr. Responded with education appropriate for pt's. learning level. Attempted to palpate baby's position. Educated pt. on how often fetal movement should occur. Dr. called regarding UA. IVF initiated. Education provided r/t sexual activity and preterm labor risk.
• Calm, Confident Manner:	E	A	D	B		
• Clear Communication:		E	A	D		
B						
• Well-Planned Intervention/ Flexibility:		E	A	D	B	Palpation and massage of fundus r/t pt. complaint and recent delivery as well as calling Dr., starting standing order Oxytocin, and continuously massaging fundus; gave Methergine as ordered.
• Being Skillful:			E	A	D	
B						
REFLECTING: (6)*						Lab results back **before calling Dr**., also not aware of **entire** pt. condition before calling. Two calls made without complete pt. information. No read back performed until third Dr. phone call. Nonbiased care provided.
• Evaluation/Self-Analysis:	E	A	D	B		Able to evaluate pt. condition in r/t risk factors and recent birth. Seeking clarification when pt. stated "I feel better ". Explaining actions of care to pt. while performing.
• Commitment to Improvement:		E	A	D		
B						*Great job on the reflection journal, discussing what you noticed, how you interpreted the data, and how you responded, also discussing what went well and what you may do differently in the future.*
SUMMARY COMMENTS:						Pt. education and support regarding care, diet, gestational diabetes as well as fetal movement. Pt.'s emotional, physical, and spiritual well-being taken into account with each step of care.
E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric						Clinical judgement in r/t pt. risk factors and need for treatment appropriate. Teamwork and collaboration t/o scenarios while maintaining pt. care and education. Focus on pt. and not on monitors.
Developing to accomplished is required for satisfactory completion of this simulation.						*You are satisfactory for this scenario, good job! EW*

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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Project Belly

STUDENT NAME: OBSERVATION DATE/TIME: 10/15/18

REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	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. Great job. I enjoyed seeing your pregnancy photo!
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing or higher is required for satisfactory completion of this simulation.**	**Comments** **You are satisfactory for this simulation. KA**

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet: Newborn with NAS

STUDENT NAME: OBSERVATION DATE/TIME: 10/14/19

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2)*					Recognition of a child at risk for NAS was the priority assessment.
• Focused Observation:		E	A	D	
B					Assessment questions were identified correctly.
• Recognizing Deviations from					
Expected Patterns:	E	A	D	B	Assessing newborn using the NAS scale was performed.
• Information Seeking:		E	A	D	
B					
INTERPRETING: (2, 4)*					Verbalized of the correct steps of caring for the newborn and mother after the NAS scoring was completed.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:		E	A	D	
B					Information gathered from assessment of the newborn and mother was used to determine the newborns NAS score.

RESPONDING: (1, 2, 3, 5, 6)*
 	
• 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
			Correct steps to care for a newborn born exposed to drugs in utero were identified.
			
			Clear communication with the health care team was practiced.
			
			Appropriately identified the amount and calculated the morphine dose for your patient. KA		

REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B Commitment to Improvement: E A D B			Able to reflect on potential biases and how they can affect the care of the patient with NAS. Able to critique others and identify errors in NAS scoring to help improve your own knowledge as well as the knowledge of your classmates.		

SUMMARY COMMENTS:	Comments
E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing or higher is required for satisfactory completion of this simulation.**	**You are satisfactory for this simulation. KA** **Great job identifying the patients NAS score.Keep up the wonderful work!** **You did a nice job learning and implementing the NAS scale and policy.**

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					At the end of the simulation you were able to identify various fetal heart rate patterns.
• Focused Observation:		E	A	D	
B					You were able to identify fetal heart rate patterns that were deviations that could potentially be harmful to the fetus.
• Recognizing Deviations from					
Expected Patterns:	E	A	D	B	You were able to identify reasons for use of internal fetal monitoring, forceps, and vacuum assisted delivery.
• Information Seeking:		E	A	D	
B					
INTERPRETING: (2, 4)*					Based on the fetal heart rate patterns you were able to identify the appropriate treatment measures to correct the deviations.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:		E	A	D	Through class discussion you were able to identify any additional steps your group may have missed and the appropriate order to perform all actions.
B					

RESPONDING: (1, 2, 3, 5)*	Able to prioritize care of patient using information from EFM.
• Calm, Confident Manner: E A D B	Able to identify different categories for heart rate patterns. Identified accelerations, late decelerations, variable decelerations, and early decelerations.
• Clear Communication: E A D B	
• Well-Planned Intervention/ Flexibility: E A D B	Performed vaginal exam using sterile technique.
• Being Skillful: E A D B	Demonstrated ability to apply internal fetal monitor to fetus.
REFLECTING: (6)*	Reflection of the simulation shows retention and identification of materials and areas that need additional practice.
• Evaluation/Self-Analysis: E A D B	
• Commitment to Improvement: E A D B	Reflected on putting all areas of simulation together through a case study.
SUMMARY COMMENTS:	**Comments**
E= Exemplary	**You are satisfactory for this simulation. KA**
A= Accomplished	Great job participating in this multiple staged simulation. Reading, identifying, and applying the correct techniques in fetal heart rate patterns is a skill that can take time to develop. You are well on your way.
D= Developing	
B= Beginning	
Developing or higher is required for satisfactory completion of this simulation.	

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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: A Smith OBSERVATION DATE/TIME: 10/16/19 SCENARIO #: Shoulder Dystocia

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* • Focused Observation: **E** A D B • Recognizing Deviations from Expected Patterns: E **A** D B • Information Seeking: E **A** D B	Assessor identifies self and identifies patient, inquires about pain and begins assessment. IV site assessed. Vaginal exam verbalized. Re-inquires about pain, which is getting more severe. Mona requests pain medication. Decels noted on monitor following administration. New vaginal check, 8 cm, 90%, water broke. Subsequent check 9-10 cm, 100% effaced.
INTERPRETING: (2, 4)* • Prioritizing Data: E **A** D B • Making Sense of Data: E **A** D B	Interprets 5 cm dilation, 80% effaced, waters intact as not needing intervention at this time. Interpreting early decels on fetal monitor.
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	Team communicating well. Call to physician with update, good background info with prompting. Allergies are inquired about prior to preparing Nubain, which is correctly prepared and administered. Mona is informed about medication effects. Team offers to call support person. Team requests characteristics about fluid. Station of baby. Call to physician with update on progression. Good information given to physician. Mona verbalizes desire to push. Head gets stuck. Team calls for assistance, expecting shoulder dystocia, evaluates for episiotomy, McRoberts, applies suprapubic pressure, internal rotation, patient rolled on hands and knees. Baby is delivered, suctioned and dried. Cord clamped and cut. Warmer turned on. Baby moved to warmer, temp 98, re-suctioned, measurements taken, Initial APGAR- 9. Cap applied. Vitamin K and erythromycin ointment prepared and administered. Baby swaddled.

REFLECTING: (6)* • Evaluation/Self-Analysis: E **A** D B • Commitment to Improvement: **E** A D B	Great job on the reflection journal, discussing what you noticed, how you interpreted the data, and how you responded, also discussing what went well and what you may do differently in the future.
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!**

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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: _____