

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2020**

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

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

Faculty eSignature:

Teach Assistant: Elizabeth Woodyard, 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 Plans
- Patient/Family Education
- Preparedness for Clinical/Clinical Performance
- Online Clinical Discussion Groups
- Administration of Medications
- Nursing Skills Completion of Clinical Performance Tool
- Written Reports of Clinical Experiences
- Documentation
- Conferences with the Faculty
- Lasater Clinical Judgment Rubric
- vSim
- Simulation Scenarios

Absence: (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
10/8/2020	1.5	Simulation	10/15/2020 KA

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

8/10/20 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
	8/28	9/4	9/11	9/18	9/25	10/2	10/9		10/16	10/23	10/30	11/6	11/13	11/20	11/27	12/4		
Competencies:		NA	NA	S	S	NA	NA	S	N/A	NA								
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	S	NA	NA	S	N/A	NA								
b. Provide care using developmentally-appropriate communication.		NA	NA	S	S	NA	NA	S	NA	NA								
c. Use systematic and developmentally appropriate assessment techniques.		NA	NA	S	S	NA	NA	S	NA	NA								
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	NA	S	S	NA	NA	S	NA	NA								
e. Identify stage of growth and development (Erikson's Stages)(List Below)*		NA	NA	S	S	NA	NA	S	NA	NA								
Clinical Location		KA	MD	EW	BS	BS	BS	BS	KA									
Age of patient		no clinical	No clinical	Fisher Titus	FR MC Age ?	No clinical	No clinical		No clinical	No clinical	Lactation consultant/ Boys and girls club	No clinical						

Comments:

1e. Infancy Trust vs Mistrust

Week 4 – 1a – You did a great job providing care to the mom and baby you were assigned to this week. MD

Week 4 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills. MD

1e. Infancy Trust vs Mistrust

***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
	8/28	9/4	9/11	9/18	9/25	10/2	10/9		10/16	10/23	10/30	11/6	11/13	11/20	11/27	12/4		
Competencies:																		
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		NA	NA	S	S	Na	NA	S	Na	Na								
g. Discuss prenatal influences on the pregnancy. Maternal		NA	NA	S	S	NA	NA	S	NA	NA								
h. Identify the stage and progression of a woman in labor. Maternal		NA	NA	S	S	NA	NA	S	NA	NA								
i. Discuss family bonding and phases of the puerperium. Maternal		NA	NA	S	S	NA	NA	S	NA	NA								
j. Identify various resources available for children and the childbearing family.		NA	NA	S	S	NA	NA	S	NA	NA								
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		NA	NA	S	S	NA	NA	S	NA	NA								
l. Respect the centrality of the patient/family as core members of the health team.		NA	NA	S	S	NA	NA	S	NA	NA								
		KA	MD	EW	BS	BS	BS	BS	KA									

Comments:

Week 4 – 1i – You were able to discuss family bonding of the patient you were assigned to this week during postconference. MD

Week 5 – 1a – You did a wonderful job providing holistic care to the mom and baby you were assigned to this week. KA

Week 5 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills and reporting any abnormal findings. KA

Week 5 – 1j – You did a nice job contributing to the discussion on available resources for the mother and infant population in our area during postconference this week.

KA

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
	8/28	9/4	9/11	9/18	9/25	10/2	10/9		10/16	10/23	10/30	11/6	11/13	11/20	11/27	12/4		
a. Engage in discussions of evidenced-based nursing practice.		NA	NA	S	S	NA	NA	S	NA	NA								
b. Perform nursing measures safely using Standard precautions.		NA	NA	S	S	NA	NA	S	NA	NA								
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	S	S	NA	NA	S	NA	NA								
d. Practice/observe safe medication administration.		NA	NA	S	S	NA	NA	S	NA	NA								
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	S	S	NA	NA	S	NA	NA								
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	NA	S	S	NA	NA	S	NA	NA								
		KA	MD	EW	BS	BS	BS	BS	KA									

Comments:

Week – 4 – 2c – You did a wonderful job providing a baby bath to your assigned newborn. You monitored the newborn’s temperature before and after bath as well as helped prevent hypothermia by utilizing appropriate warming techniques. MD

Week 5 – 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 good technique when providing an IM injection to the newborn this week. KA

Week 5 – 2f – You worked with the family to gather information on the baby to appropriately score the baby on the NAS scale. KA

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
	8/28	9/4	9/11	9/18	9/25	10/2	10/9		10/16	10/23	10/30	11/6	11/13	11/20	11/27	12/4		
a. Act with integrity, consistency, and respect for differing views.		NA	NA	S	S	NA	NA	S	NA	NA								
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		NA	NA	S	S	NA	NA	S	NA	NA								
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		NA	NA	S	S	NA	NA	S	NA	NA								
d. Critique examples of legal or ethical issues observed in the clinical setting.		NA	NA	S	S	NA	NA	S	NA	NA								
		KA	MD	EW	BS	BS	BS	BS	KA									

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
	8/28	9/4	9/11	9/18	9/25	10/2	10/9		10/16	10/23	10/30	11/6	11/13	11/20	11/27	12/4		
a. Develop and implement a priority care plan utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		NA	NA	S	S	NA	NA	S	NA	NA								
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		NA	NA	S	S	NA	NA	S	NA	NA								
c. Summarize witnessed examples of patient/family advocacy.		NA	NA	S	S	NA	NA	S	NA	NA								
d. Provide patient centered and developmentally appropriate teaching.		NA	NA	S	S	NA	NA	S	NA	NA								
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	S	NA	NA	S	NA	NA								
		KA	MD	EW	BS	BS	BS	BS	KA									

Objective # 4a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (1,2,4,5)*	Students Name: Cindy Cisco, FRMCSON Date: 9/18/20
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Acute Pain r/t C section Verbalizes pain 6/10 •c/o pain during fundal assessment •c/o nausea and vomiting •facial grimacing •Increased BP of 132/76, HR 90
Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points 3 Comments: Problem statement with appropriate defining characteristics. EW
Goal and Outcome (6 points total) Goal Statement (1) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)	Total Points 6 Comments: Outcomes appropriate and follow the SMART needs. EW
Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)	Total Points 8 Comments: Nursing interventions prioritized and appropriate. eW
Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/modify/terminate (1) Signature (1)	Total Points 5 Comments:
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plan	Total Points for entire care plan = 22 Very good work! Comments:

***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
	8/28	9/4	9/11	9/18	9/25	10/2	10/9		10/16	10/23	10/30	11/6	11/13	11/20	11/27	12/4		
f. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	S	Na	NA	S	Na	Na								
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	S	NA	NA	S	NA	NA								
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	S	NA	NA	S	NA	NA								
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	S	NA	NA	S	NA	NA								
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		NA	NA	S	S	NA	NA	S	NA	NA								
		KA	MD	EW	BS	BS	BS	BS	KA									

Comments:

Week 5- 4g(d)- Good job providing education on breastfeeding and DVT prevention. BS

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
	8/28	9/4	9/11	9/18	9/25	10/2	10/9		10/16	10/23	10/30	11/6	11/13	11/20	11/27	12/4		
a. Demonstrate interest and enthusiasm in clinical activities.		NA	NA	S	S	NA	NA	S	NA	NA								
b. Evaluate own participation in clinical activities.		NA	NA	S	S	NA	NA	S	NA	NA								
c. Present at all clinical sites neatly groomed and with appropriate identification and attire (according to school uniform policy).		NA	NA	S	S	NA	NA	S	NA	NA								
d. Communicate professionally and collaboratively with members of the healthcare team.		NA	NA	S	S	NA	NA	S	NA	NA								
e. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	S	S	NA	NA	S	NA	NA								
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA	NA	S	S	NA	NA	S	NA	NA								
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	S	S	NA	NA	S	NA	NA								
		KA	MD	EW	BS	BS	BS	BS	KA									

Comments:

Week 4 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. MD

Week 4 – 5f – You provided hand off report to the appropriate nurse when leaving clinical at the end of shift. MD

Week 5 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical. You recognized your weakness of newborn care and sought out experiences to strengthen this area. KA

Week 5 – 5e – You did a great job documenting both your mother and newborn assessment in the EMR this week with minimal guidance. KA

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

Week 5 – 5f – You provided hand off report to the appropriate nurse when leaving clinical at the end of shift. KA

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
	8/28	9/4	9/11	9/18	9/25	10/2	10/9		10/16	10/23	10/30	11/6	11/13	11/20	11/27	12/4		
a. Recognize areas for improvement and goals to meet these needs. (List Below)*		NA	NA	S	S	NA	NA	S	NA	NA								
b. Accept responsibility for decisions and actions.		NA	NA	S	S	NA	NA	S	NA	NA								
c. Demonstrate evidence of growth and self-confidence.		NA	NA	S	S	NA	NA	S	NA	NA								
d. Demonstrate evidence of research in being prepared for clinical.		NA	NA	S	S	NA	NA	S	NA	NA								
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	NA	S	S	NA	NA	U	NA	NA								
f. Describe initiatives in seeking out new learning experiences.		NA	NA	S	S	NA	NA	S	NA	NA								
g. Demonstrate ability to organize time effectively.		NA	NA	S	S	NA	NA	S	NA	NA								
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		NA	NA	S	S	NA	NA	S	NA	NA								
i. Demonstrates growth in clinical judgment.		NA	NA	S	S	NA	NA	S	NA	NA								
		KA	MD	EW	BS	BS	BS	BS	KA									

Comments:

6a. I was at Fisher Titus this week and was able to learn and experience new things. I performed a focused OB assessment on a mom, done a fundal assessment. I was able to do a newborn assessment on a newborn, bathing, feeding and watched a circumcision done per Dr. La Salle. This was a great learning experience for me. As an LPN we didn't do a lot with newborns and being able to experience this and learn and observe a different side of nursing was very educational. Monica was the absolute BEST in

teaching us how to read the OB stripes, and explaining all the different assessment to us. In two days, I was able to walk away from the clinical with a better understanding and better knowledge on the laboring side of OB. This clinical has been a struggle for me but I am starting to feel more confident in what is being taught to me.-CC

6a. I was able to witness this week a circumcision done per Gomco method. I took care of a baby that was there for 28 days and being medicated with morphine for withdrawal. An area that I didn't have a lot of knowledge with was the scale they used for those infants. I did not realize yawning and sneezing were counted and kept track of to determine if the baby needed medicated or not. I also learned of some other resources out there, from Kelly, that we could use as an education to teaching for our patients. Kelly was able to educate all of us on the newborn assessments and infant care. She is awesome with those babies. Really enjoyed my clinical experience with her.-CC **Good, glad to hear it! BS**

Week 6- 6e- You received a U in this competency for not having your clinical tool posted by Friday, October 2, 2020 at 0800. Please comment below as to how you will prevent this from happening in the future. BS

Week 7 . I have never been late nor have I ever just not completed an assignment or turned it in. The day I emailed you was the day it was submitted and I'm not sure what happened. My next clinical tool I will make sure to double check and make sure its showing up.CC BS

**Week 7- 6e- You received a U in this competency for not having your clinical tool posted by Friday, October 9, 2020 at 0800. Please comment below as to how you will prevent this from happening in the future. BS
Email and see if you have received it._CC**

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2020
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)	Pain Assessment (*1, 2, 5, 6)	Newborn Assessment (*1, 2, 5, 6)	Postpartum and Newborn DC Ed (*1, 2, 6)	Breastfeeding and Bottle Feeding (*1, 2, 3, 6)	Breast Assessment (*1, 2, 3, 4, 5, 6)	Circumcision Care (*1, 2, 6)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Broselow Tape (*1, 2, 3, 5)	Leopold's (*1, 2, 3, 5, 6)	APGAR (*2, 3, 4, 5, 6)	Ballard Assessment (*2, 3, 4, 5, 6)	Pediatric Vital Signs (*1, 4, 5)
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA	KA

Remediation: Date/Evaluation/Initials	NA														
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* Course Objectives

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills								
	Pediatric Lab Values (*1,4,5)	C-Section Care (*1, 2, 5, 6)	Health Literacy (*2,5,6)	Safety (*1,2,3,5,6)	Postpartum Assessment (* 1, 2, 6)	Newborn Bath and Cord Care (*2, 4)	Fundus Assessment (*1, 2, 5, 6)	Lochia Assessment (*1, 2, 4)	Meditech (* 1,2,3, 5, 6)
Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	8/27	8/27	8/27	8/27	8/27	8/27	8/27	8/27	8/ 28
Evaluation	S	S	S	S	S	S	S	S	S
Faculty Initials	KA	KA	KA	KA	KA	KA	KA	KA	KA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:

Week 1 – You completed the online self-study portion of lab satisfactorily and actively participated in both the in person and virtual components of lab. You were able to demonstrate your knowledge and skill related to the Maternal Child Nursing lab areas covered. Keep up the good work! KA
 Head-to-Toe Check-off – You satisfactorily demonstrated a head-to-toe assessment on the manikin without difficulty. KA

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2020
Simulation Evaluations

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation													
	EMF Simulation (*1, 2, 3, 5, 6)	Pregnancy and PP (*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)	Empathy Simulation (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 2 (*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 4 (*1, 2, 3, 5, 6)	Student Developed Simulation (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)
	Date: 9/21	Date: 9/17	Date: 9/28	Date: 10/15	Date: 10/12	Date: 10/23	Date: 10/27	Date: 10/	Date: 11/9	Date: 11/	Date: 11/23	Date: 11/30	Date: 12/2	
Evaluation	S	S	S	S	S		S							
Faculty Initials	BS	BS	BS	KA	BS		KA							
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA		NA							

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: C. Cisco OBSERVATION DATE/TIME: 9/17/20 SCENARIO #: PPH

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					
• Focused Observation:	E	A	D	B	<p>Data seeking; Recognized patient's indirect answers and began to ask more questions regarding prenatal care. Sought information regarding contractions. Did not initially ask patient history questions as need was recognized for immediate monitoring; began asking more questions after monitor was placed regarding DM, ultrasound. Continued t/o scenario to seek info, seek clarification, and provide education. Included drug, ETOH use, OTC, and lifestyle habit questions and education.</p> <p>Noticed patient dizzy and need for PPH. Noticed boggy uterus. Noticed deviation of normal PP course.</p>
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	

<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>Lack of prenatal care interpretation lacked further questions into patient and fetal history. Contraction interpretation was that patient was unsure of length and severity. Was able to interpret EFM. Identified need for FSBS and performed.</p> <p>Interpreted dizziness and immediately pulled blankets down to visualize. Interpreted need to massage uterus and stay on.</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 to patient data by apply EFM and taking VS. Did not initially ask more questions. Recognized the priority was to apply monitor due to patient's vagueness of labor history and then responded with assessment and need to review chart for orders. Asked for cervical assessment. 1st SBAR: Labs, assessment, vs, hx all given; orders received and read back; didn't verify IVF type.</p> <p>Responded to data with assessment, fundal massage, data seeking regarding voiding. Responded to loved one asking questions calmly. Continued fundal massage. Dr. called, SBAR complete. Methergine given before Oxytocin IV increased. Fundal massage not switched per providers. Delegation not initiated.</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>Committed to improving by further investigation of data. Able to evaluate data and patient needs and act appropriately.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>Good teamwork! Interventions after initial data gathering were appropriate and timely. Good job utilizing team work and communication in patient care to meet the five required objectives. You are satisfactory for this scenario. EW</p>

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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Group 9 OBSERVATION DATE/TIME: 10/15/2020 SCENARIO #: Shoulder Dystocia/Newborn Care

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>Team enters, identifies patient. Mona CO pain, rates it at 8-9. Medication offered. Assessment continued. Cervical exam- 5cm/80%, water intact.</p> <p>Components of APGAR assessed. Baby assessed thoroughly.</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>Team realizes impending birth. The need to dry baby is realized, skin to skin initiated.</p> <p>APGAR interpreted to be 9.</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>Nubain prepared, Mona made aware of potential side effects. Nubain administered (remember to identify patient). Call to physician (good report). Head is delivered and gets stuck- McRoberts, suprapubic pressure, call for help, evaluated for episiotomy, internal rotation, attempt to remove posterior arm. patient rolled. Baby is delivered, dried immediately, skin to skin initiated. Placenta delivered. Baby latches. Baby removed to warmer for further assessment. Fontanels and suture lines assessed. Erythromycin and Vitamin K administered. Primitive reflexes assessed. Hat and diaper applied. Measurements taken, baby swaddled.</p> <p>Baby returned to mother. Breastfeeding initiated. Education provided about vitamin k and erythromycin.</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 discussed scenario. Objectives were all met and discussed. Discussed risk factors for and interventions associated with shoulder dystocia. Also discussed newborn assessment, medication administration, the importance of teamwork and communication, and SBAR communication.</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.

Good job, you are satisfactory for this scenario. BS

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EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2020
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: _____