

**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)

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	NA	NA	NA	NA						
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	S	NA	NA	S	NA	NA	NA	NA						
b. Provide care using developmentally-appropriate communication.		NA	NA	S	S	NA	NA	S	NA	NA	NA	NA						
c. Use systematic and developmentally appropriate assessment techniques.		NA	NA	S	S	NA	S	S	NA	NA	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	NA	NA						
e. Identify stage of growth and development (Erikson's Stages)(List Below)*		NA	NA	S	S	NA	NA	S	NA	NA	NA	NA						
Clinical Location		KA	MD	EW	BS	BS	BS	BS	KA	KA	KA							
Age of patient		NA	NA	FR MC OB 29 y/ o	FTM C OB 25 Y/O	NA	LC		ER?	NA	NA	NA						

Comments:

Week 4- The infant was in Erikson's stage of trust vs mistrust while the mother was in Erikson's stage of intimacy vs isolation.

Week 5- Again, the infants were in the stage of trust vs. mistrust while the mother was in the stage of intimacy vs isolation.

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

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

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

Comments:A

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

Week 4 – 1j – You researched and discussed a resource available for the mother and infant population during postconference this week. KA

Week 5 – 1a,c – You did a great job providing care to the mom and baby you were assigned to this week. You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills. MD

Week 5- 1d,i- Great job discussing examples of family bonding you witnessed and safety issues to observe for in the OB setting. BS

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

Comments:

Week 4 – 2a – You did an excellent job researching and discussing an EPB article related to the maternal newborn population. KA

Week 4 – 2b – You did a great job assessing and managing the patient’s IV fluids and site. You DC’d the patient’s IV site with good technique and utilizing appropriate precautions. KA

Week 4 – 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. 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	S	S	NA	NA	NA	NA						
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		NA	NA	S	S	NA	S	S	NA	NA	NA	NA						
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		NA	NA	S	S	NA	S	S	NA	NA	NA	NA						
d. Critique examples of legal or ethical issues observed in the clinical setting.		NA	NA	S	S	NA	NA	S	NA	NA	NA	NA						
		KA	MD	EW	BS	BS	BS	BS	KA	KA	KA							

Comment

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

Week 4 – 4d – You witnessed discharge teaching for the mother and newborn in your assigned patient this week. KA

Objective # 4a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (1,2,4,5)*	Students Name: Abigayle Adams Date: 9/15/2020
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Risk for infection R/T broken skin. AEB: <ul style="list-style-type: none"> • Cracked left nipple. • Reddened left nipple. • First degree peri laceration.
Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points 3 Comments:
Goal and Outcome (6 points total) Goal Statement (1) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)	Total Points 4 Comments: Points deducted for measurability. Instead of showing signs of healing maybe say “skin intact to left nipple” or lacerated area intact. 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: The addition of lab values here is important in the monitoring of risk of infection. 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: All criteria met and plan of care continued. EW
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 = 20 Comments: Overall good work. While risk of infection is generally not accepted as a care plan, because of the new physical and emotional stress of childbirth, this risk is accepted. 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
	8/28	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	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	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	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	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	NA	NA						
		KA	MD	EW	BS	BS	BS	BS	KA	KA	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. KA

Week 4 – 5e – You did a great job documenting both your mother and newborn assessment in the EMR this week with minimal guidance. KA

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

Week 5- 4g(d)- Nice job discussing examples of education you provided to your patient. 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	S	S	NA	NA	NA	NA						
b. Evaluate own participation in clinical activities.		NA	NA	S	S	NA	S	S	NA	NA	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	S	S	NA	NA	NA	NA						
d. Communicate professionally and collaboratively with members of the healthcare team.		NA	NA	S	S	NA	S	S	NA	NA	NA	NA						
e. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	S	S	NA	NA	S	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	S	S	NA	NA	S	NA	NA	NA	NA						
g. Consistently and appropriately post comments in clinical discussion groups.		NA	NA	N/A	S	NA	NA	S	NA	NA	NA	NA						
		KA	MD	EW	BS	BS	BS	BS	KA	KA	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. KA

Week 4 – 5e – You did a great job documenting both your mother and newborn assessment in the EMR this week with minimal guidance. KA

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

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

***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
	8/28	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	S	S	NA	NA	NA	NA						
b. Accept responsibility for decisions and actions.		NA	NA	S	S	NA	S	S	NA	NA	NA	NA						
c. Demonstrate evidence of growth and self-confidence.		NA	NA	S	S	NA	S	S	NA	NA	NA	NA						
d. Demonstrate evidence of research in being prepared for clinical.		NA	NA	S	S	NA	S	S	NA	NA	NA	NA						
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	NA	S	S	NA	S	S	NA	NA	NA	NA						
f. Describe initiatives in seeking out new learning experiences.		NA	NA	S	S	NA	S	S	NA	NA	NA	NA						
g. Demonstrate ability to organize time effectively.		NA	NA	S	S	NA	S	S	NA	NA	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	S	S	NA	NA	NA	NA						
i. Demonstrates growth in clinical judgment.		NA	NA	S	S	NA	S	S	NA	NA	NA	NA						
		KA	MD	EW	BS	BS	BS	BS	KA	KA	KA							

Comments

Week 4- I feel like an area I could improve in this week was my confidence with the mothers. I was nervous to assess them by myself. I can improve this by being sure to review and know all of the steps of a postpartum assessment before my next clinical, and being more confident in the skills I am sure that I know how to do.

Week 5- An area I could improve in this week was educating on breast feeding, I gave general education, but I know I should have given more rather than just telling her lactation consult will be in. I can improve this by brushing up on this before my lactation consult clinical in a few weeks. **BS**

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

Week 7- An area I could improve in this week was being more involved with the moms during lactation. I can improve on this by continuing to take more initiative and building my confidence on clinical and in SIM.

Week 4 – 6e – You were late on your first day of clinical. Remember to arrive to clinical in plenty of time in case you get lost. Especially when going to a new clinical unit for the first time. You improved this for day 2 and arrived on time. KA

Week 7- Abigayle Adams with Jacquelyn Lerch

10-6-20 – Excellent in all areas. “Great Job!

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

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	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

* 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:
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)	vSim Maternity Case 3 (*1, 2, 3, 5, 6)	Empathy Simulation (*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: 10/8	Date: 10/12	Date: 10/13	Date: 10/23	Date: 10/29	Date: 10/1	Date: 11/9	Date: 11/	Date: 11/23	Date: 11/30	Date: 12/2
Evaluation	S	S	S	S	S	NI	S	S	S					
Faculty Initials	BS	BS	BS	BS	KA	KA	KA	KA	BS					
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	S KA	NA	NA	NA					

* Course Objectives

Only documentation completed. You still need to complete the reflection questions to receive full credit and a satisfactory for your time. KA

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: A. Adams 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: OBSERVATION DATE/TIME: 9/21/20

SCENARIO #: EFM

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>At the end of the simulation you were able to identify various fetal heart rate patterns.</p> <p>You were able to identify fetal heart rate patterns that were deviations that could potentially be harmful to the fetus.</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>Based on the fetal heart rate patterns you were able to identify the appropriate treatment measures to correct the deviations.</p> <p>Through class discussion you were able to identify any additional steps you may have missed and the appropriate order to perform all actions.</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>Able to prioritize care of patient using information from EFM.</p> <p>Able to identify different categories for heart rate patterns. Identified accelerations, late decelerations, variable decelerations, and early decelerations.</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>Reflection of the simulation shows retention and identification of materials and areas that need additional practice.</p> <p>Reflected on putting all areas of simulation together through case studies.</p>
<p>SUMMARY COMMENTS:</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p>						<p>Comments</p> <p>You are satisfactory for this simulation. MD</p> <p>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</p>

B= Beginning Developing or higher is required for satisfactory completion of this simulation.	well on your way.
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: A. Adams OBSERVATION DATE/TIME: 10/8/2020 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 room, remember to identify yourself. Checks BG, inquires about pain. Med nurse asks for a pain rating. VS obtained.</p> <p>Assessment nurse notices bleeding, inquires about pain. Looks at dilation/effacement.</p> <p>Newborn is assessed, APGAR obtained. Latch/feeding initiated. Newborn removed to warmer and reassessed, cord noted to have 3 vessels.</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>Interprets pain rating, asks patient if she would like medication. Team interprets dilation/effacement, phones physician. Team attempts to delay patient from pushing.</p> <p>Team interprets APGAR to be 8.</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>Inquires about allergies. Administers Nubain. Rechecks pain following medication, rechecks VS.</p> <p>Call to physician when Mona begins moaning. Gives report and recommends membrane rupture. Mona expresses the need to push, team breaks bed down. Call to physician to update about impending birth. Mona begins to push, team coaches Mona through pushing. Call to physician, calls for help, initiates McRoberts, evaluates for episiotomy, suprapubic pressure, rotational maneuvers, posterior arm removed, patient rolled. Call to physician. Baby is delivered, team initiates skin to skin.</p>

	<p>Newborn is assessed. Placenta delivered.</p> <p>Following feeding, ice chips/water offered. Baby removed to warmer and reassessed. Reflexes assessed. Team asks mom about vaccinations and circumcision. Vitamin K and erythromycin cream administered. Hat applied. Breastfeeding literature given to Mona. Patient is educated about feeding, postpartum depression, importance of conserving heat and ways the newborn can lose heat, importance of not sleeping with the baby.</p> <p>Babies blood glucose checked. Mona educated about PKU test and bilirubin.</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>Aspects of the scenario discussed. Team evaluated the scenario and discussed what went well and identified opportunities for improvement. Scenario objectives were all discussed.</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 job, you are satisfactory for this scenario. BS</p>

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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Group 1 **OBSERVATION DATE/TIME:** 10/23/2020 **SCENARIO #:** Empathy Simulation

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>Questions patient about how she's doing. Mona CO head pain, rated at 5/10, for two hours. Dizziness?- denies, blurred vision- denies. VS obtained. Inquires about and OTC medications, NV. Inquires about elevated BP reading, asks about what is normal for her. Inquires about patient "living in car".</p> <p>Assessment continues, urine sent to lab. Patient questioned regarding allergies, DM, cardiac problems, family history, smoking (positive)</p>

					Mona CO head pain and blurry vision. Pain rated at 8/10. VS obtained. Lung sounds assessed. Reflexes assessed. Weight obtained- 35 lb. weight gain. FSBS obtained.
INTERPRETING: (2, 4)*					In response to BP reading, inquires about any HTN history. Realizes patient living in her car is not ideal and offers resources about alternative living arrangements. Head pain at 8/10. BP elevated at 172/111. Edema in feet 3+.
<ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 					
RESPONDING: (1, 2, 3, 5)*					Good questions about patient's history, attempting to obtain history R/T elevated BP. Information provided about alternative living arrangements. Call to HCP with SBAR report, orders obtained and read back. Medications prepared, patient identified, medications explained and administered (Procardia, acetaminophen). IV fluid initiated. Patient again mentions marijuana use. Educational resources offered. Call to HCP with SBA report. Orders obtained (remember to read back). Patient identified, labetalol and acetaminophen administered. Seizure precautions initiated. Risk factors for pre-eclampsia explained. Pain and BP reassessed following medication.
<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 					
REFLECTING: (6)*					Team reviewed the scenario, objectives were discussed. Talked about the importance of empathy and providing patient-specific education. Also discussed aspects of the case that went well and identified aspects the team would change if done again.
<ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 					
SUMMARY COMMENTS:					You are satisfactory for this scenario, good job! KA, MD, EW, BS
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.					

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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Group #1 OBSERVATION DATE/TIME: 10/29/20 SCENARIO #: Respiratory
 Abbie Adams, Chesney Malone, Alexis Gennari, Cindy Cisco

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>First part of scenario: Noticed deviation from normal pattern of health. Information seeking regarding subjective history including: duration of illness, change in diet, allergies, what makes it worse or better, daycare exposure, whether or not term infant.</p> <p>Information seeking regarding objective data including: mucous membranes, skin, retraction presence. Noticed need for safety education to mom.</p> <p>Second part of scenario: retractions noted, asked about airway and mucous membranes.</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>First part of scenario: Prioritized assessment based on pt. history per mom. Resp. assessment completed first then temperature check. Interpreted the risk for dehydration.</p> <p>Interpreted the need to phone HCP and receive orders; meds given</p> <p>Second part of scenario: interpreted need for tx; called resp. and put O2 on child. Noticed mom had been out to smoke. Understood third hand smoke effects on baby.</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>First part of scenario: Responded to safety issues immediately in the crib and removed. Communication between team members and mom clear. SBAR with recommendations to HCP.</p> <p>Interventions prioritized; Meds to be done before chest xray. Meds given as ordered, not checked with weight. After meds and resp. treatment given, patient re-evaluated for effectiveness. HCP updated on pt.'s progress. Recommendation given. Orders received, SBAR HCP. Education to mom, updates to mom regarding care.</p> <p>Second part of scenario: O2 placed via simple mask and correct liter flow. Noticed mom had been out to smoke and responded with education to mom.</p>

<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Did not double check initial medication orders with child's weight.</p> <p>Dexamethasone given per child's weight. After breathing tx. Initiated, analyzed pulse ox increased. Reevaluated after each intervention.</p> <p>Recognized the need for droplet precautions.</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>Communication between team members and mother excellent. Information seeking, education, and looking forward to prevention well done. You are satisfactory for this scenario. EW</p>

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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: _____