

**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

**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:**

**Absence: (Refer to Attendance Policy)**

Care Plans

Date	Number of Hours	Comments	Make-up (/Date/Time)
10/27/20	1	MISSED CLINICAL TIME	10/28/20

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


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

<b>Objective</b>																		
1. Describe the principles of growth and development and knowledge of pathophysiology as a basis for the provision of safe, quality nursing care to children and the childbearing family across the health-illness continuum. (1,2,3,4,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Makeup	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		
<b>Competencies:</b>																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	S	NA	NA	NA	NA	S	S	NA	S	S	NA					
b. Provide care using developmentally-appropriate communication.		NA	S	S	NA	NA	NA	S	S	NA	S	S	NA					
c. Use systematic and developmentally appropriate assessment techniques.		NA	S	NA	NA	NA	NA	S	NA	NA	S	S	NA					

d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		NA	S	NA	NA	NA	NA	S	NA	NA	S	S	NA					
e. Identify stage of growth and development (Erikson's Stages) (List Below)*		NA	NA S	S	NA	NA	NA	S	S	NA	S	S	NA					
		M D	MD	MD	MD	MD	MD	MD	EW	EW	EW	EW						
Clinical Location Age of patient		NA	SIM S 5 yr old F	Lactation	NA	NA	NA		Boy's and girls club	NA	FT MC 26 F 1 Day New born	FR MC 24 yea r old 1 day NB	NA					

Comments:

\*End-of-Program Student Learning Outcomes

**1.E (week 10)**

**During this week of clinical I was able to identify that my newborn patient was in the trust vs mistrust of the Erikson's stages. In this stage, the newborn is developing basic trust because the newborn is receiving care by her mother. The mother is attending to the infants basic needs. I noticed when the infant began to cry the mother carried the infant and began to cradle the newborn, the infant began to stop crying and looked very comfortable.**

**1. E (week 11)**

**During clinical this week I identified trust vs mistrust of the Erikson's stages. My patient's infant was having skin to skin with her mother which basically was providing the infant security and warmth.**

**Week 10 – 1a – You did a great job providing care to the mom and baby you were assigned to this week. MD**

**Week 10 – 1c – You did a great job assessing your assigned newborn utilizing developmentally appropriate assessment skills. MD**

**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	Makeup	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		
<b>Competencies:</b> f. Describe psychological changes in response to the expectant mother's pregnancy. <b>Maternal</b>		NA	NA	NA	NA	NA	NA	NA	NA	NA	S	S	NA					
g. Discuss prenatal influences on the pregnancy. <b>Maternal</b>		NA	NA	NA	NA	NA	NA	NA	NA	NA	S	S	NA					
h. Identify the stage and progression of a woman in labor. <b>Maternal</b>		NA	NA	NA	NA	NA	NA	NA	NA	NA	S	S	NA					
i. Discuss family bonding and phases of the puerperium. <b>Maternal</b>		NA	NA	NA	NA	NA	NA	NA	NA	NA	S	S	NA					
j. Identify various resources available for children and the childbearing family.		NA	NA	S	NA	NA	NA	S	NA	NA	S	S	NA					

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

k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		NA	NA	S	NA	NA	NA	S	NA	NA	S	S	NA					
l. Respect the centrality of the patient/family as core members of the health team.		NA	NA	S	NA	NA	NA	S	NA	NA	S	S	NA					
		MD	EW	EW	EW	E W												

WK11 1 K,L: Very good job putting the pt. and her newborn needs at the core of care. EW

**Comments:**

Objective																		
2. Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children. (1,2,3,4,5)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Makeup	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	NA	NA	NA	NA	NA	NA	NA	S	S	NA					
b. Perform nursing measures safely using Standard precautions.		NA	NA	S	NA	NA	NA	S	NA	NA	S	S	NA					
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	S	NA	NA	NA	S	NA	NA	S	S	NA					
d. Practice/observe safe medication administration.		NA	NA	NA	NA	NA	NA	NA	NA	NA	S	S	NA					
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	S	NA	NA	NA	NA	S	NA	NA	S	S	NA					

\*End-of-Program Student Learning Outcomes

f. Utilize information obtained from patients/families as a basis for decision-making.		NA	S	NA	NA	NA	NA	S	S	NA	S	S	NA					
		MD	EW	EW	EW	EW												

**Comments:**

Objective																		
3. Summarize the legal, moral and ethical issues related to care of children and the child-bearing family. (2,6,7)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Makeup	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	NA	NA	NA	S	S	NA	S	S	NA					
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		NA	NA	S	NA	NA	NA	S	NA	NA	S	S	NA					
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		NA	NA	S	NA	NA	NA	S	S	NA	S	S	NA					
d. Critique examples of legal or ethical issues observed in the clinical setting.		NA	NA	S	NA	NA	NA	S	NA	NA	S	S	NA					
		M D	MD	MD	M D	M D	MD	MD	EW	EW	EW	EW						

Comments: WK11 3A,B,C,D,F: Erica, you were great in putting the pieces together for pt. educational needs. EW

\*End-of-Program Student Learning Outcomes

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

<b>Objective</b>																		
4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgement skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Makeup	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	S	NA	NA	NA	NA	S	NA	NA	S	S	NA					
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		NA	S	NA	NA	NA	NA	S	NA	NA	S	S	NA					
c. Summarize witnessed examples of patient/family advocacy.		NA	NA	S	NA	NA	NA	S	NA	NA	S	S	NA					
d. Provide patient centered and developmentally		NA	S	NA	NA	NA	NA	S	NA	NA	S	S	NA					

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

appropriate teaching.																		
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		NA	S	NA	NA	NA	NA	S	NA	NA	S	S	NA					
		MD	MD	MD	M D	MD	MD	MD	EW	EW	EW	EW						

WK11 4D,E: Very proud of you for advocating for your pt. and newborn and ensuring lactation came in to see the pt. That little bit of extra listening really made a difference for her and gave her the opportunity to experience breastfeeding her infant. Very good job!! EW

<p><b>Objective # 4a:</b> Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (1,2,4,5)*</p>	<p><b>Students Name:</b> Erica Vargas <b>Date:</b> 11/5/20</p>
<p><b>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</b></p>	<p><b>Nursing Diagnosis:</b> Impaired skin integrity R/T vaginal birth AEB:</p> <ul style="list-style-type: none"> <li>• Patient has 1st degree right labial laceration</li> <li>• Patient has swelling and bruising of the labia majora</li> <li>• Patient has moist environment of surrounding tissue.</li> </ul> <p>Patient verbalizes 5/10 at the laceration site.</p>
<p>Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)</p>	<p>Total Points 3 Comments:</p>
<p>Goal and Outcome (6 points total) Goal Statement (1) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)</p>	<p>Total Points 6 Comments: Each outcome meets the SMART requirements and is patient driven and appropriate. EW</p>
<p>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)</p>	<p>Total Points 8 Comments: My only suggestion would be to educate on the s/s of infection to watch for.</p>
<p>Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/modify/terminate (1) Signature (1)</p>	<p>Total Points 4 Comments: Point deducted due to not evaluating effectiveness of education whether that be patient verbalized understanding or demonstrated peribottle use.</p>

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

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 = 21

Comments: Overall nicely done.

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	Makeup	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	S	NA	NA	NA	NA	S	NA	NA	S	S	NA					
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		NA	S	NA	NA	NA	NA	S	NA	NA	S	S	NA					
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		NA	S	NA	NA	NA	NA	S	NA	NA	S	S	NA					
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		NA	S	NA	NA	NA	NA	S	NA	NA	S	S	NA					
j. Correlate the patient's		N	S		N	N	NA	S	NA	NA	S	S	NA					

\*End-of-Program Student Learning Outcomes

growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		A		N A	A	A												
		M D	MD	M D	M D	M D	MD	MD	EW	EW	EW	EW						

**Comments:**

**Objective**

5. Collaborating professionally with members of the health care team, child-bearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)\*

Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Makeup	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	NA	NA	NA	S	S	NA	S	S	NA					
b. Evaluate own participation in clinical activities.		NA	NA	S	NA	NA	NA	S	S	NA	S	S	NA					
c. Present at all clinical sites neatly groomed and with appropriate identification and attire (according to school uniform policy).		NA	NA	S	NA	NA	NA	S	S	NA	S	S	NA					
d. Communicate professionally and collaboratively with members of the healthcare team.		NA	NA	S	NA	NA	NA	S	NA	NA	S	S	NA					

e. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	S	NA	NA	NA	NA	S	NA	NA	NA	S	NA					
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		NA	S	NA	NA	NA	NA	S	NA	NA	NA	S	NA					
g. Consistently and appropriately post comments in clinical discussion groups.		NA	S	S	NA													
		MD	EW	EW	EW	EW												

Week 10 – 5a – You did a great job showing interest and enthusiasm while in OB. You sought out new learning experiences while on clinical.  
MD

WK11 4D,E: Very proud of you for advocating for your pt. and newborn and ensuring lactation came in to see the pt. That little bit of extra listening really made a difference for her and gave her the opportunity to experience breastfeeding her infant. Very good job!! EW

**Comments:**

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

<b>Objective</b>																		
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	Makeup	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	S	S	NA	NA	NA	S	S	NA	S	S	NA					
b. Accept responsibility for decisions and actions.		NA	NA	S	NA	NA	NA	S	S	NA	S	S	NA					
c. Demonstrate evidence of growth and self-confidence.		NA	NA	S	NA	NA	NA	S	S	NA	S	S	NA					
d. Demonstrate evidence of research in being prepared for clinical.		NA	NA	NA	NA	NA	NA	S	S	NA	S	S	NA					
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		NA	NA	S	NA	NA	NA	S	S	NA	S	S	NA					

\*End-of-Program Student Learning Outcomes

f. Describe initiatives in seeking out new learning experiences.		NA	S	S	NA	NA	NA	S	S	NA	S	S	NA					
g. Demonstrate ability to organize time effectively.		NA	S	NA	NA	NA	NA	S	S	NA	S	S	NA					
h. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”-attitude, commitment, and enthusiasm during all clinical interactions.		NA	S	S	NA	NA	NA	S	S	NA	S	S	NA					
i. Demonstrates growth in clinical judgment.		NA	S	S	NA	NA	NA	S	S	NA	S	S	NA					
		MD	MD	M D	M D	MD	MD	MD	EW	EW	EW	EW						

**Comments:**

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

1. E (Week 3)

My patient was a 5 year and was in the initiative vs guilt stage. My patient trusted her mother and knew that her mom was the one who made the choices.

6. A (Week 3)

My area that I need to improve is when taking care of pediatric I need to make sure to use the FLACC scale because even though I know some kids know how to talk some do not know what the pain scale numbers mean. To improve this weakness I will make sure to go over the FLACC scale with my patients and do more research on how effective the FLACC scale is. **Good! MD**

1.E (Week 4)

This week I met with the lactation consultant and went around with the newly mothers. I learned during this clinical that feeding is the most important during this phase because the infant must form a trusting relationship with the mother. The infant's needs for nourishment, comfort, care are all met.

6. A (Week 4)

I believe for this week I did not have a weakness, I walked in with little knowledge over lactation but by the end of this clinical I gained so much knowledge. I can tell why it is important to breastfeed first. Breastfeeding looked difficult and it is okay not to get it at first but important to continue and try. I learned about express milking and how to help the baby latch on better. It is important to walk in and remain nonjudgemental, you must listen, respect and be there as part of their support system. **You could say that lack of knowledge is a weakness. I am glad you were able to gain a lot of knowledge! MD**

1. E (Week 8)

This week for clinical I worked with kindergartners up through six graders. I noticed during this stage they were all in industry vs inferiority stage because during this stage students started to learn how to read, write, and do some things on their own.

6A

I did not have a weakness for this week's clinical. This week I knew we were working different age children. We were able to work with the young ones and explained to them what a nurse is and they understood. We asked questions that would be appropriate for their age group. The older children did not seem to interested because they knew already what they wanted to be when they grow up.

6A

**One of my weakness for this week's clinical was reading fetal monitor strips. I felt like I am comfortable looking at the contractions and knowing the baseline of fetal heart rate. During clinicals Monica was able to educate us more on the strips which helped a lot, but it is something that I need to improve on. I believe I can improve this weakness by looking and understanding more on the fetal monitor strips and do practice questions online each week and make sure to review it before clinicals. I would also make sure to ask for more help if I needed it more.**

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

### **6A (week 11)**

**During clinical this week I believe that of my weakness was not interacting much with the mother. The first day of clinical this week I felt like the mom knew pretty much everything and I felt like I was not asking much questions. On the second day I had a mom who was a first time and I feel like she needed to be educated more. I was able to help her breastfeed, but I feel like I could have educated her on more things.** WK11 6 A-F: You did a great job on this clinical. You sought out new experiences, identified patient needs, and advocated for lactation to see a patient. You are a quiet encourager and selfless. You let other students who hadn't had a chance for specific skills get a chance to do those. These are leadership qualities I look forward to seeing you develop. Although you tend to be quiet, do not underestimate your influence. You are influential to students and patients and will be a great nurse leader. EW



Firelands Regional Medical Center School of Nursing  
Maternal Child Nursing 2020  
Skills Lab Competency Tool

<b>Skills Lab Competency Evaluation</b> Performance Codes: <b>S:</b> Satisfactory <b>U:</b> 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 Discharge (*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 Thermometer (*1, 2, 3, 4, 5, 6)	ED (*1, 2, 3, 4, 5, 6)	Broselow Tape (*1, 2, 3, 5)	Leopold's (*1, 2, 3, 5, 6)	APGAR (*1, 2, 3, 4, 5, 6)	Ballard Assessment (*2, 3, 4, 5, 6)	Pediatric Vitals (*1, 4, 5)
	Date: 8/25	Date: 8/26	Date: 8/26	Date: 8/26	Date: 8/26	Date: 8/26	Date: 8/26	Date: 8/26	Date: 8/26	Date: 8/26	Date: 8/27	Date: 8/27	Date: 8/27	Date: 8/27	Date: 8/27
	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S

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

\* Course Objectives

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

Date/Evaluation/Initials									
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\* 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! MD

Head-to-Toe Check-off – You satisfactorily demonstrated a head-to-toe assessment on the manikin without difficulty. MD

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

<b>Simulation Evaluation</b> Performance Codes: <b>S:</b> Satisfactory <b>U:</b> Unsatisfactory	<b>Simulation</b>											Student Developed Simulation (*1, 2, 3, 5, 6)	Comprehensive Simulation (*1, 2, 3, 5, 6)
	EM F Simulation (*1, 2, 3, 5, 6)	Pregnancy and PP Simulation(*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)	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)		
	<b>Date: 9/21</b>	<b>Date: 9/24</b>	<b>Date: 9/28</b>	<b>Date: 10/15</b>	<b>Date: 10/12</b>	<b>Date: 10/23</b>	<b>Date: 11/5</b>	<b>Date: 9/10</b>	<b>Date: 11/9</b>	<b>Date: 11/</b>	<b>Date: 11/23</b>	<b>Date: 11/30</b>	<b>Date: 12/2</b>
Evaluation	S	S	S	S	S	S	S	S	S				
Faculty Initials	MD	MD	MD	EW	EW	EW	EW	MD	EW				
Remediation: Date/ Evaluation/ Initials	NA	NA	NA	NA	NA	NA	NA	NA					

\* Course Objectives

### Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Group 10**      OBSERVATION DATE/TIME: **9/24/20**      SCENARIO #: **1**

<b>CLINICAL JUDGMENT</b>					<b>OBSERVATION NOTES</b>
<b>COMPONENTS NOTICING: (1, 2, 5)*</b>					Physical assessment; vs; pain assessment; did not seek further information regarding pt. prenatal history or gestational diabetes.  Report received. Chart reviewed. Information seeking regarding pt. condition. Pt. c/o dizziness and sought further assessment.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
<b>INTERPRETING: (2, 4)*</b>					Recognized pain, sent pain, placed EFM after physical assessment. Strip and UA interpreted and info given to HCP.  Pt. c/o dizziness. Interpreted need for fundal massage and need to call HCP. Interpreted bleeding and need for interventions.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
<b>RESPONDING: (1, 2, 3, 5)*</b>					EFM placed after physical assessment; FSBS checked. HCP called, SBAR complete with RB. IVF increased and rationale explained to family and patient.
• Calm, Confident Manner:	E	A	D	B	

<ul style="list-style-type: none"> <li>• Clear Communication: E A D B</li> <li>• Well-Planned Intervention/ Flexibility: E A D B</li> <li>• Being Skillful: E A D B</li> </ul>	<p>B/P low, peripad checked, HOB lowered, fundal massage initiated due to bogginess. HCP called. Orders received and RB. IV Oxytocin rate changed; continuous fundal massage, and reassured pt IM Methergine given.</p>
<p><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E A D B</li> <li>• Commitment to Improvement: E A D B</li> </ul>	<p>Team work utilized to assess pt. and phone HCP. Rechecked vs after interventions.</p>
<p><b>SUMMARY COMMENTS:</b> E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p><b>Developing to accomplished is required for satisfactory completion of this simulation.</b></p>	<p>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

<b>CLINICAL JUDGMENT</b>	<b>OBSERVATION NOTES</b>
<p><b>COMPONENTS NOTICING: (1, 2, 5)*</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E        <b>A</b>        D        B</li> <li>• Recognizing Deviations from   Expected Patterns:           E        <b>A</b>        D        B</li> <li>• Information Seeking:         E        <b>A</b>        D        B</li> </ul>	<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><b>INTERPRETING: (2, 4)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E        A        <b>D</b>        B</li> <li>• Making Sense of Data:       E        <b>A</b>        D        B</li> </ul>	<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><b>RESPONDING: (1, 2, 3, 5)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:    E        <b>A</b>        D        B</li> <li>• Clear Communication:       E        <b>A</b>        D        B</li> <li>• Well-Planned Intervention/   Flexibility:                 E        <b>A</b>        D        B</li> <li>• Being Skillful:             E        <b>A</b>        D        B</li> </ul>	<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><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:   E        <b>A</b>        D        B</li> <li>• Commitment to Improvement: E        <b>A</b>        D        B</li> </ul>	<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</p>

	through case studies.
<b>SUMMARY COMMENTS:</b> <b>E= Exemplary</b> <b>A= Accomplished</b> <b>D= Developing</b> <b>B= Beginning</b> <b>Developing or higher is required for satisfactory completion of this simulation.</b>	<b>Comments</b> <b>You are satisfactory for this simulation. MD</b> 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.

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### Lasater Clinical Judgment Rubric Scoring Sheet

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

CLINICAL JUDGMENT					OBSERVATION NOTES
<b>COMPONENTS NOTICING: (1, 2, 5)*</b>					
• Focused Observation:	E	<b>A</b>	D	B	Assessment nurses introduce and identify patient, begin assessment. Asks about pain (9/10) and offers medication. EFM checked. Continues with assessment. Cervical exam- 5cm/80%, water intact. Pain reassessed after pain medication.  Mona starts to moan, feels the need to push. New cervical exam-complete.  Components of APGAR assessed. 1 min- 9.  5 min APGAR verbalized (same)
• Recognizing Deviations from Expected Patterns:	E	<b>A</b>	D	B	
• Information Seeking:	E	<b>A</b>	D	B	

<p><b>INTERPRETING: (2, 4)*</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data: E <b>A</b> D B</li> <li>• Making Sense of Data: E <b>A</b> D B</li> </ul>	<p>Recognizes the need for pain medication. Interpreted APGAR scores correctly.</p>
<p><b>RESPONDING: (1, 2, 3, 5)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner: <b>E</b> A D B</li> <li>• Clear Communication: E <b>A</b> D B</li> <li>• Well-Planned Intervention/ Flexibility: E <b>A</b> D B</li> <li>• Being Skillful: E <b>A</b> D B</li> </ul>	<p>Pain medication (Nubain) prepared, patient identified, medication administered. Call for help, McRoberts, suprapubic pressure, head crowning and is delivered, attempt to release shoulder, hands and knees, evaluated for episiotomy, rotational maneuvers. Baby is delivered and immediately dried. Placenta delivered and sent to lab. Baby removed to warmer, cap applied, measurements taken, suctioned, primitive reflexes, fontanels/sutures, ROM. Diaper applied. ID band applied. Vitamin K and erythromycin prepared and administered. Baby swaddled and returned to mother. Explained to family member about shoulder dystocia.</p>
<p><b>REFLECTING: (6)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E <b>A</b> D B</li> <li>• Commitment to Improvement: E <b>A</b> D B</li> </ul>	<p>Team discussed objectives of the scenario. Discussed risk factors for, and interventions associated with, shoulder dystocia. Also discussed the importance of teamwork and remaining flexible with roles.</p>
<p><b>SUMMARY COMMENTS:</b> E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric <b>Developing to accomplished is required for satisfactory completion of this simulation.</b></p>	<p><b>Good job, you are satisfactory for this scenario. BS</b></p>

## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **Group 4** OBSERVATION DATE/TIME: **10/23/2020** SCENARIO #: **Empathy Simulation**

CLINICAL JUDGMENT					OBSERVATION NOTES
<b>COMPONENTS NOTICING: (1, 2, 5)*</b>					<p>Introduction, patient identified. Mona questioned about headache 5/10. Assessment, VS obtained. FHM applied. Lung and heart sounds. Checks for numbness and tingling, pulses. Blood glucose checked. Urine sample collected. BP rechecked following Procardia.</p> <p>Pain reassessed.</p> <p>Introduce, verify patient. VS obtained. Mona CO headache and blurry vision. BP 169/109/ FHM applied. Pain rated at 8/10 and throbbing. Edema assessed- 3+. Cervical exam performed.</p> <p>Headache reassessed- improving, blurry vision improving. BP reassessed.</p>
• Focused Observation:	E	<b>A</b>	D	B	
• Recognizing Deviations from Expected Patterns:	E	<b>A</b>	D	B	
• Information Seeking:	E	<b>A</b>	D	B	
<b>INTERPRETING: (2, 4)*</b>					<p>Mona positioned on left side to promote fetal circulation.</p> <p>Mona following the education provided since last visit. Pre-eclampsia suspected, seizure precautions initiated.</p>
• Prioritizing Data:	E	<b>A</b>	D	B	
• Making Sense of Data:	E	<b>A</b>	D	B	
<b>RESPONDING: (1, 2, 3, 5)*</b>					<p>Good questions asked of Mona to obtain history. Mona informs of marijuana use, living in car. Education provided about community resources- WIC, homeless shelter.</p> <p>Call to HCP for orders. Orders received (remember to read back the orders). Patient identified, allergies checked. IV fluid initiated. Procardia administered, side effects explained. Acetaminophen administered.</p> <p>Education provided about stopping marijuana (relaxation to relieve stress), low sodium diet, adequate fluid intake. Prenatal visits suggested. Mona reassured about situation.</p> <p>Lights dimmed in response to pain. Cool rag applied. Call to HCP- good report. Orders received (remember to read back). IV fluid initiated. Labetalol administered, education provided. Mona educated about pre-</p>
• Calm, Confident Manner:	E	<b>A</b>	D	B	
• Clear Communication:	E	<b>A</b>	D	B	
• Well-Planned Intervention/ Flexibility:	E	<b>A</b>	D	B	
• Being Skillful:	E	<b>A</b>	D	B	

	eclampsia. Mona reassured that having this is not her fault. Mona educated about limiting sodium, elevating feet, when to contact provider.
<b>REFLECTING: (6)*</b> <ul style="list-style-type: none"> <li>Evaluation/Self-Analysis: E     <b>A</b>     D     B</li> <li>Commitment to Improvement: E     <b>A</b>     D     B</li> </ul>	<p>Team discussion of the scenario and reflection on aspects they felt went well and what they would change in the future.</p> <p>Discussed the importance of providing education and the various education needs the patient had, and how she responded to the education provided. Also discussed the importance of reassuring the patient that she was not at fault.</p>
<b>SUMMARY COMMENTS:</b> E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater’s Clinical Judgment Rubric <b>Developing to accomplished is required for satisfactory completion of this simulation.</b>	<b>You are satisfactory for this scenario, good job! KA, MD, EW, BS.</b>

### Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Group 10                      OBSERVATION DATE/TIME: 11/5/20                      SCENARIO #: Resp.  
**Kayla Roderick, Jenna Swineford, Erica Vargas**

CLINICAL JUDGMENT	OBSERVATION NOTES
<b>COMPONENTS NOTICING: (1, 2, 5)*</b> <ul style="list-style-type: none"> <li>Focused Observation:             E             A             D             B</li> <li>Recognizing Deviations from</li> </ul>	<p>First Scenario: Information seeking in regards to hx of pt.’s illness. Physical assessment completed and reassessment done after intervention.</p> <p>Second Scenario: Reevaluation of pt. condition with focused resp.</p>

<p>Expected Patterns:            E        A        D        B</p> <p>• Information Seeking:        E        A        D        B</p>	assessment and collection of VS.
<p><b>INTERPRETING: (2, 4)*</b></p> <p>• Prioritizing Data:            E        A        D        B</p> <p>• Making Sense of Data:        E        A        D        B</p>	<p>First Scenario: Data prioritized to drive interventions. Made sense of data in that mom lacked knowledge regarding pt.'s illness. Recognized Croup as viral and questioned the antibiotic order.</p> <p>Second Scenario: Data interpreted to drive interventions to support resp. condition. Used pt.'s weight to determine med dosages.</p>
<p><b>RESPONDING: (1, 2, 3, 5)*</b></p> <p>• Calm, Confident Manner:    E        A        D        B</p> <p>• Clear Communication:        E        A        D        B</p> <p>• Well-Planned Intervention/ Flexibility:                    E        A        D        B</p> <p>• Being Skillful:                E        A        D        B</p>	<p>First Scenario: Interaction with each other and parent are calm and confident. Flexibility noted in questioning medication orders due to mismarking of syringe. Once the syringe dose noted to be inaccurate, IVF dosage was clarified and Amoxicillin dose was clarified with a call to HCP. Students worked together to adjust medication orders. However, acetaminophen dose was given too early. Phone HCP to change pill form to liquid.</p> <p>Second Scenario: O2 applied and HOB raised in response to pt. condition. Clarified all med orders and med errors caught. Resp. tx and meds given to improve pt. condition. Terms to describe illness at times to child not age appropriate.</p>
<p><b>REFLECTING: (6)*</b></p> <p>• Evaluation/Self-Analysis:    E        A        D        B</p> <p>• Commitment to Improvement: E        A        D        B</p>	Were able to evaluate med administration and catch error of medication dosage. Medication administration with rationale to mom with use and need.
<p><b>SUMMARY COMMENTS:</b></p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p><b>Developing to accomplished is required for satisfactory completion of this simulation.</b></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: \_\_\_\_\_