EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2020

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Josee Brown   **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: a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		NA	NA	S	S	S NA	NA	S	S	NA	NA	NA	NA	NA	NA			
b. Provide care using developmentally-appropriate communication.		NA	NA	S	S	S NA	NA	S	S	NA	NA	NA	NA	NA	NA			
c. Use systematic and developmentally appropriate assessment techniques.		NA	NA	S	S	S NA	**NA**	S	**NA**	NA	NA	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	S NA	NA	S	NA	NA	NA	NA	NA	NA	NA			
e. Identify stage of growth and development (**Erikson's Stages**)(**List Below**)*		NA	NA	S	S	S NA	NA	S	S	NA	NA	NA	NA	NA	NA			
		KA	MD	EW	BS	BS	BS	BS	KA	KA	KA	KA	KA	KA				
Clinical Location Age of patient		NA	NA	FT 23	FR MC 33	VSI M 5	NA		LC	NA	NA	NA	NA	NA	NA			

Comments:

Week 4- intimacy vs. isolation
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

Week 5-   intimacy vs. isolation

Week 8- intimacy vs. isolation KA

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

*End-of-Program Student Learning Outcomes

Objective

2.   Integrate principles of decision-making in utilizing evidenced-based practice in the nursing process in providing care for the childbearing family and children. (1,2,3,4,5)*

Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/28	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	NA	NA	NA	NA	NA			
b. Perform nursing measures safely using Standard precautions.		NA	NA	S	S	S NA	NA	S	NA	NA	NA	NA	NA	NA	NA			
c. Perform nursing care in an organized manner recognizing the need for assistance.		NA	NA	S	S	S NA	NA	S	NA	NA	NA	NA	NA	NA	NA			
d. Practice/observe safe medication administration.		NA	NA	S	S	S NA	NA	S	NA	NA	NA	NA	NA	NA	NA			
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		NA	NA	S	S	S NA	NA	S	NA	NA	NA	NA	NA	NA	NA			
f. Utilize information obtained from patients/families as a basis for decision-making.		NA	NA	S	S	S NA	NA	S	NA	N A	NA	NA	NA	NA	NA			
		KA	MD	EW	BS	BS	BS	BS	KA	KA	KA	KA	KA	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. 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

*End-of-Program Student Learning Outcomes

Objective

3. Summarize the legal, moral and ethical issues related to care of children and the child-bearing family. (2,6,7)*

Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/28	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	S	NA	NA	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	NA	S	S	NA	NA	NA	NA	NA	NA			
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		NA	NA	S	S	NA	NA	S	S	NA	NA	NA	NA	NA	NA			
d. Critique examples of legal or ethical issues observed in the clinical setting.		NA	NA	S	S	NA	NA	S	S	NA	NA	NA	NA	NA	NA			
		KA	MD	EW	BS	BS	BS	BS	KA	KA	KA	KA	KA	KA				

Comments:

*End-of-Program Student Learning Outcomes

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Objective

4. Construct nursing care plans and clinical reports that demonstrate mastery of clinical judgement skills through holistic, age-appropriate nursing care of the childbearing family and children. (1,2,6)*

Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/28	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	NA	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	S	S NA	NA	S	NA	NA	NA	NA	NA	NA	NA			
c. Summarize witnessed examples of patient/family advocacy.		NA	NA	S	S	S NA	NA	S	S	NA	NA	NA	N A	NA	NA			
d. Provide patient centered and developmentally appropriate teaching.		NA	NA	S	S	S NA	NA	S	NA	NA	NA	NA	NA	NA	NA			
e. Analyze the involved pathophysiology of the patient's disease process. **(noticing, interpreting, responding)**		NA	NA	S	S	S NA	NA	S	S	NA	NA	NA	NA	NA	NA			
		KA	MD	EW	BS	BS	BS	BS	KA	KA	KA	KA	KA	KA				

*End-of-Program Student Learning Outcomes

Objective # 4a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (1,2,4,5)*	**Students Name:** J. Brown, SN FRMC **Date:** 9/18/20
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	**Nursing Diagnosis:** Acute pain related to effects of labor and delivery process AEB: **Defining Characteristics** • **Pt verbalizes pain (10/10** • **Pt experiences uterine cramping** • **Pt experiences nausea and vomiting** • **Pt states burning with urination** • **Pt shows facial grimace**

Nursing Diagnosis: (3 points total)
  Problem Statement (1)
  Etiology (1)
  Defining Characteristics (1)
	Total Points 3
	Comments: Pain descriptors with 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 5
	Comments:
	One point deducted due to not listing the measurement of pain before verbalizing need for pain meds. Pts should be taught to ask for pain when their pain gets to a 2 or 3 to make the medication timing more effective in long term control of pain. 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:
	Each intervention was appropriate and prioritized. 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 = 21 Overall good work. Please let me know if you have any questions. EW 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	S NA	NA	S	NA	NA	NA	NA	NA	NA	NA			
g. Correlate the pharmacotherapy in relation to the patient's disease process. **(noticing, interpreting, responding)**		NA	NA	S	S	S NA	NA	S	S	NA	NA	NA	NA	NA	NA			
h. Correlate the medical treatment in relation to the patient's disease process. **(noticing, interpreting, responding)**		NA	NA	S	S	S NA	NA	S	S	NA	NA	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	S NA	NA	S	S	NA	NA	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	S NA	NA	S	S	NA	NA	NA	NA	NA	NA			
		KA	MD	EW	BS	BS	BS	BS	KA	KA	KA	KA	KA	KA				

Comments:

Week 5- 4g(d)- Nice job discussing the education provided to your patient. BS

*End-of-Program Student Learning Outcomes

Objective

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

Weeks of Clinical		1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
		8/28	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	S NA	NA	S	S	NA	NA	NA	NA	NA	NA			
b.	Evaluate own participation in clinical activities.		NA	NA	S	S	S NA	NA	S	S	NA	NA	NA	N A	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	S	NA	NA	NA	NA	NA	NA			
d.	Communicate professionally and collaboratively with members of the healthcare team.		NA	NA	S	S	NA	NA	S	S	NA	NA	NA	NA	NA	NA			
e.	Document assessment findings, interventions, and outcomes accurately in the electronic health record.		NA	NA	S	S	S NA	NA	S	NA	NA	NA	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	S NA	NA	S	NA	NA	NA	NA	NA	NA	NA			
g.	Consistently and appropriately post comments in clinical discussion groups.		NA	NA	S	S	NA	NA	S	NA	NA	NA	NA	NA	NA	NA			
			KA	MD	EW	BS	BS	BS	BS		KA	KA	KA	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. 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. 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

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

*End-of-Program Student Learning Outcomes

Week 8 – 5a
<u>Joselyn Brown with Jacqulyn Lerch</u>
10-13-20 – Excellent in all areas.   "Fantastic job!"

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

Comments:

Week 4- I think that I can improve on my skills when giving injections. I will do this by taking every opportunity I can in clinical to give any injections.

Week 5- I can improve with my newborn assessment skills by watching the newborn assessment video once before each clinical this semester. BS

Week 6- This week during my make-up clinical(vsim), I think I could improve with my medication administration by making sure to administer the correct dose. I can do this by practicing 5 dosage calculation problems before my next clinical/SIM.

 *End-of-Program Student Learning Outcomes

Week 8- This week during my lactation consultant clinical, I think I could have asked more questions. I can get better at this by asking a nurse one question each time I come to clinical.   What a great goal. Knowledge is power! KA

*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,)	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: 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
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: 8/27	Date: 8/27	Date: 8/27	Date: 8/27	Date: 8/27	Date: 8/27	Date: 8/27	Date: 8/27	Date: 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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Simulation**													
	EMF Simulation (*1, 2, 3, 5, 6)	Pregnancy and PP	vSim Maternity Case 1	Shoulder Dystocia and Newborn Care (*1, 2, 3, 5, 6)	vSim Maternity Case 4	vSim Pediatric Case 3	Empathy Simulation	Pediatric Respiratory Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 2	vSim Pediatric Case 5	Pediatric GI Simulation (*1, 2, 3, 5, 6)	vSim Pediatric Case 4	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: 11/12	Date: 11/23	Date: 11/30	Date: 12/2
Evaluation	S	S	S	S	S	S	S	S	S	S	S			
Faculty Initials	BS	BS	BS	BS	KA	KA	KA	KA	BS	KA	KA			
Remediation: **Date/Evaluation/Initials**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA			

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: J. Brown   OBSERVATION DATE/TIME: 9/17/20   SCENARIO #: PPH

CLINICAL JUDGMENT	**OBSERVATION NOTES**
COMPONENTS NOTICING: (1, 2, 5)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Interventions initiated before assessing pt. Pt. pain then assessed. Head to toe assessment performed. Information regarding pt's history and prenatal care not sought. VS taken, asked about recent void. Information seeking regarding pt. condition. VS not retaken without prompting from HCP.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	UA collected, EFM placed, VS taken. Patient placed to left side. HCP phoned, SBAR with readback. IVF initiated and Procardia given without patient identification. Did not further investigate patient history to offer education. Fundus assessed after pt. stated not feeling well. Looked for signs of

					bleeding. Fundal massage initiated and stopped then initiated again. Peripad weighed.
RESPONDING: (1, 2, 3, 5)*					Communication between pt. and nursing appropriate. Care before interventions explained. Reevaluated contractions and pain. Med given with explanation. Checked for bleeding and began fundal massage. HCP called with SBAR. Prompted for recheck of VS. IV med changed first then IM given. Med given but not explained what it was for. Reassurance provided to patient.
• 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)*					Did not recognize pt's educational needs. Delegation and teamwork not at forefront. Worked to meet patient care goals.
• Evaluation/Self-Analysis:	E	A	D	B	
• Commitment to Improvement:	E	A	D	B	
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 utilizing team work and communication in patient care to meet the five required objectives. You are satisfactory for this scenario. EW

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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: OBSERVATION DATE/TIME: 9/21/20   SCENARIO #: EFM

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					At the end of the simulation you were able to identify various fetal heart rate patterns.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	You were able to identify fetal heart rate patterns that were deviations that could potentially be harmful to the fetus.
• Information Seeking:	E	A	D	B	
INTERPRETING: (2, 4)*					Based on the fetal heart rate patterns you were able to identify the appropriate treatment measures to correct the deviations.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	Through class discussion you were able to identify any additional steps you may have missed and the appropriate order to perform all actions.
RESPONDING: (1, 2, 3, 5)*					Able to prioritize care of patient using information from EFM.
• Calm, Confident Manner:	E	A	D	B	Able to identify different categories for heart rate patterns. Identified accelerations, late decelerations, variable decelerations, and early decelerations.
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/ Flexibility:	E	A	D	B	
• Being Skillful:	E	A	D	B	
REFLECTING: (6)*					Reflection of the simulation shows retention and identification of materials and areas that need additional practice.
• Evaluation/Self-Analysis:	E	A	D	B	
• Commitment to Improvement:	E	A	D	B	Reflected on putting all areas of simulation together through case studies.
SUMMARY COMMENTS:					**Comments**
E= Exemplary					**You are satisfactory for this simulation. MD**
A= Accomplished					Great job participating in this multiple staged simulation. Reading, identifying, and applying the correct techniques in fetal heart rate patterns is a skill that can take time to develop. You are
D= Developing					
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: J. Brown   OBSERVATION DATE/TIME: 10/8/2020   SCENARIO #: Shoulder Dystocia/Newborn Care

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					Nurse enters room, introduces self and identifies patient, inquires about pain, gets a rating. VS obtained. EFM strip checked. Cervix 5 cm/80% effaced, water intact.
• Focused Observation:	E	**A**	D	B	
• Recognizing Deviations from					VS rechecked following Nubain. EFM rechecked. Rechecks dilation 6 cm/90% effaced. Patient begins moaning.
Expected Patterns:	E	A	**D**	B	
• Information Seeking:	E	**A**	D	B	APGAR components assessed- 1 min- 9, 5 min-?
					Following birth, Mona reassessed for pain- 1/10.
INTERPRETING: (2, 4)*					Interprets pain level as needing medicated.
• Prioritizing Data:	E	A	**D**	B	Pain intensifies, recheck- complete, water breaks.
• Making Sense of Data:	E	**A**	D	B	
RESPONDING: (1, 2, 3, 5)*					Call to physician regarding safety of medication. Nubain prepared, patient educated, medication administered (remember to identify patient).
• Calm, Confident Manner:	E	**A**	D	B	Called physician to report water breaking, pain. Mona verbalizes the need to push. Head is delivered, baby gets stuck. McRoberts, suprapubic pressure, evaluate for episiotomy, rotation, attempt to remove posterior arm, hands and knees, baby is delivered. Baby removed to warmer, dried. Baby wrapped, hat applied, skin to skin.
• Clear Communication:	E	A	**D**	B	
• Well-Planned Intervention/					
Flexibility:	E	**A**	D	B	
• Being Skillful:	E	**A**	D	B	
					Placenta is delivered. Call to physician to report baby is born. New VS obtained. Nurse explains shoulder dystocia to patient. Breastfeeding encouraged. Medications prepared, mom educated. Vitamin K,

	OBSERVATION NOTES
	erythromycin, baby scanned, medication administered.
	Suture lines examined, fontanels, reflexes assessed, baby swaddled and returned to mother.
	Mother educated about meconium stool, not to sleep with baby, and to keep baby warm.
	When phoning physician remember to identify yourself and provide an SBAR report.
REFLECTING: (6)*	Team discussed scenario, identifying aspects that went well and some that they would change for next time. Discussed the importance of SBAR communication and providing patient education.
• Evaluation/Self-Analysis: E **A** D B • Commitment to Improvement: E **A** D B	
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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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Group 2 OBSERVATION DATE/TIME: 10/23/2020 SCENARIO #: Empathy Simulation

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*	Introduction, VS obtained. Name and DOB verified. Inquires about pain – 5/10. Medication mentioned. Mona questioned about BP history, explains she is living in her car. FHM applied. Edema and urination assessed.
• Focused Observation: E **A** D B • Recognizing Deviations from Expected Patterns: E **A** D B • Information Seeking: E **A** D B	Mona returns with headache and blurred vision. Pain assessed- 8/10. Monitor applied. BP elevated at 172/111. Team recognizes significant weight gain since last visit. BP reassessed following labetalol.

INTERPRETING: (2, 4)* • Pri. Team also discussed aspects of the case that they felt went oritizing Data: E **A** D B • Making Sense of Data: E **A** D B	Recognizes educational needs regarding BP and prenatal care. Educated about laying on left side to promote blood flow to baby. Need to implement seizure precautions realized. Edema noted, education provided on ways to diminish it.
RESPONDING: (1, 2, 3, 5)* • Calm, Confident Manner: E **A** D B • Clear Communication: E **A** D B • Well-Planned Intervention/ Flexibility: E **A** D B • Being Skillful: E **A** D B	Call to HCP, orders received (remember to read orders back to physician). Patient asked about allergies. Procardia and acetaminophen prepared and administered (remember to identify patient). With prompting, alternate living arrangements discussed, sodium intake. Mona questioned about alcohol/drugs, admits to marijuana use. Educated about ways to control BP and resources related to prenatal care. With prompting, IV fluid initiated. Patient verified. Seizure precautions initiated. Call to HCP, good SBAR report. Orders received and read back. Allergies assessed. Seizure cautions explained. Mona reassured that she is now making good choices. Acetaminophen and labetalol administered. Education provided regarding labetalol. Mona encouraged to lay on left side.
REFLECTING: (6)* • Evaluation/Self-Analysis: E **A** D B • Commitment to Improvement: E **A** D B	Team discussed the scenario, summarized the case, and discussed interventions done for the patient. Team also discussed aspects of the case that they felt went well and things they would change in the future. The importance of empathy was discussed, related to the patients social situation.
SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing to accomplished is required for satisfactory completion of this simulation.**	**You are satisfactory for this scenario, good job! KA, MD, EW, BS.**

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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Group #5   OBSERVATION DATE/TIME: 10/29/20   SCENARIO #:   Respiratory
Joselyn Brown, Jillian Hess, Sydney Cmar

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					**First Scenario:** Physical assessment completed first, VS taken. Safety concerns addressed. Information seeking regarding illness duration, patient and family history. Investigated skin, mucous membranes. Sought info regarding use of humidifier.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from					
Expected Patterns:	E	A	D	B	**Second Scenario:** Assessment done; deviations from normal noted: retractions, cyanosis, adventitious lung sounds. VS retaken.
• Information Seeking:	E	A	D	B	
INTERPRETING: (2, 4)*					**First Scenario:** Interpreted collected data as need to call HCP. Data interpreted as dehydration and respiratory illness. Prioritized treatments to manage temp and fluid volume deficit.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	**Second Scenario:** Pulse ox deviated from normal. Interpreted the need for a breathing treatment. O2 applied.
RESPONDING: (1, 2, 3, 5)*					**First Scenario:** Safety issues discussed with parent. Communicated assessment findings with parent. Responded to dehydration with parent education and course of treatment. Treatment of temp and dehydration with meds. Utilized non-invasive treatment including coughing and deep breathing. Meds and side effects given.
• Calm, Confident Manner:	E	A	D	B	
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/					
Flexibility:	E	A	D	B	**Second Scenario:** Communicated the patient's condition to parent. Verbalized the need for interventions. SBAR given to HCP with read back. Breathing treatment and O2 given after pulse ox noted to be decreased.
• Being Skillful:	E	A	D	B	
					Medication errors in chart not recognized.
REFLECTING: (6)*					Analyzing data done and interpreted. Did not double check meds and weight. Improvement made on interventions and information seeking.
• Evaluation/Self-Analysis:	E	A	D	B	
• Commitment to Improvement:	E	A	D	B	

SUMMARY COMMENTS:	**Good job, you are satisfactory for this scenario. EW**
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 5   OBSERVATION DATE/TIME: 11/12/2020 SCENARIO #: Pediatric GI

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					Contact precautions initiated. Nurse identifies self and identifies patient, inquires about allergies. VS, temp 103.5. Inquires about pain, rated at 4/10. Mucous membranes, skin turgor assessed. Bruises noted arms and abdomen upon skin assessment. Heart and lung sounds. Inquires about urination/BM. Abdomen distended.
• Focused Observation:	E	**A**	D	B	
• Recognizing Deviations from Expected Patterns:	**E**	A	D	B	Patient reassessed, pain 8/10. Hannah vomits. Mom CO oral route for acetaminophen.
• Information Seeking:	E	**A**	D	B	Following void, new VS obtained, temp 101.1
INTERPRETING: (2, 4)*					Temp interpreted to be in need of medication. Bruises interpreted to be sign of possible abuse.
• Prioritizing Data:	E	**A**	D	B	Notified by lab- + for rotavirus. Suction is made available due to vomiting.
• Making Sense of Data:	E	**A**	D	B	
RESPONDING: (1, 2, 3, 5)*					Call to HCP, gives report and makes recommendations and reports bruising suspicious of abuse. Medication error identified. Orders read back. Call to case management to report bruises. Medications prepared, patient identified, and medications administered. Patient educated about possible side-effects of medications.
• Calm, Confident Manner:	**E**	A	D	B	
• Clear Communication:	E	**A**	D	B	
• Well-Planned Intervention/ Flexibility:	E	**A**	D	B	Call to HCP with recommendation for fluids. Orders received and read

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• Being Skillful:	**E**	A	D	B		back to provider. Oral care provided to patient following vomit. Fluid bolus initiated. Mom educated regarding rotavirus. Nurse inquires about if anyone at home or school has been sick. (Good job). Following bolus, Hannah voids. Maintenance fluid initiated. Wet cloth applied to forehead. Acetaminophen administered
REFLECTING: (6)* • Evaluation/Self-Analysis: E **A** D B • Commitment to Improvement: E **A** D B						Team discussion of the case. Discussed interventions for a patient with gastroenteritis, the need to assess hydration status and double check medications for safe dosage ranges. Also discussed how to handle communication when it comes to a potential abusive situation, that it would be OK to take mom to a separate room to talk while another team member questioned the patient
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: _____