

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2021**

**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
Elizabeth Woodyard, MSN, RN

Faculty eSignature:

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

5/11/2021 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
	8/27	9/3	9/10	9/17	9/24	10/1	10/8		10/15	10/22	10/29	11/5	11/12	11/19	11/26	12/3		
Competencies:																		
a. Provide care utilizing techniques and diversions appropriate to the patient's level of development.		N/A	N/A	S	S	N/A	N/A	S	S	N/A	S	N/A	N/A	N/A	N/A			
b. Provide care using developmentally-appropriate communication.		N/A	N/A	S	S	N/A	N/A	S	S	N/A	S	N/A	N/A	N/A	N/A			
c. Use systematic and developmentally appropriate assessment techniques.		N/A	N/A	S	S	N/A	N/A	S	S	N/A	S	N/A	N/A	N/A	N/A			
d. Describe safety measures for various stages of development. (i.e. monitoring fall risks, restraints, and DVT assessment)		N/A	N/A	S	S	N/A	N/A	S	S	N/A	S	N/A	N/A	N/A	N/A			
e. Identify stage of growth and development (Erikson's Stages)(List Below and explain reason for choice)*		N/A	N/A	S NI	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A			
Clinical Location Age of patient		N/A	N/A	26 year old post-partum	31 year old L&D	N/A	Lactation observation		ER-5 m.o Empathy	N/A	Boys and Gils Club (K-6 th grade) Clyde High School (9 th and 11 th grade)	N/A	N/A	N/A	N/A			

*End-of-Program Student Learning Outcomes

MD	MD	EW															
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Comments:

1E 9/16/2021-I felt my patient was in the “Letting-Go Phase”- The mother was fully ready to go home with her newborn and accepts her role as a new mother. The mother seemed very connected with her baby and had no complaints of feeling tired, problems with breast feeding, or feeling sore. The mother seemed very natural in her new role as a mother.

WK4 1E You are receiving NI for this competency as you described the phase she was in not the stage of growth and development per Erikson’s. Even for adults, you must list and explain your reasoning for choosing this stage. Please let me know if you have any questions. EW

WK 4 1E- To correct this NI, I now know that the 26 year old patient from week 4 was in the Erikson’s stage of Intimacy vs Isolation with important events including relationships and outcomes including love. I chose this stage because the patient is 26 and she has a relationship with her husband and now they have their first baby together. EW

Week 5-1E 9/24/2021- This week, my patient was in the Intimacy vs Isolation Erikson stage. I chose this stage because the patient is 31 and has a husband, two small children, and now a new baby. For this stage relationships and love are important. EW

Week 7- 1E- This clinical experience was at a lactation visit. The newborn is in the Erikson stage of trust vs mistrust. The baby’s number one priority at this time is to have warmth, nutrition, and elimination needs. EW

Week 8-1E- For my ER clinical, the patient was a 5 month old and was in the Erikson stage of trust vs. mistrust. Priorities include providing warmth, nutrition, and elimination needs. EW

Week 10 1E- For the Boys and Girls Club clinical these children are identified as the “School-Aged Child” and the stage of development in this group is identified as **industry**. Industry is defined as the child’s sense of worth and it is important for adults and educators to give children tasks that make them feel that they are “needed” and making a difference in order to achieve this stage of development. For the Clyde High-School clinical rotations, these students are in the group identified as “Adolescent” and in the development stage of **identity versus role confusion**. During this stage the children are developing confidence in their self-identity and optimism about their future. If the child is unsuccessful they may enter role confusion and some turn to substance abuse, depression, and delinquency behaviors. It is important for adults and educators to educate the teen on self-care and help them achieve self-concept and self-esteem. EW

WK10 1b,e- Nice job recognizing the need to adapt your communication strategy when interacting with children of different ages. Each group comes with unique challenges that must be taken onto account. You recognized that the younger children were eager to make you happy and the older children were more concerned with how their peers reacted to their behavior. BS

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
	8/27	9/3	9/10	9/17	9/24	10/1	10/8		10/15	10/22	10/29	11/5	11/12	11/19	11/26	12/3		
Competencies:		N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal		N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
g. Discuss prenatal influences on the pregnancy. Maternal		N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
h. Identify the stage and progression of a woman in labor. Maternal		N/A	N/A	S NA	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
i. Discuss family bonding and phases of the puerperium. Maternal		N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
j. Identify various resources available for children and the childbearing family.		N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		N/A	N/A	S	S	N/A	N/A S	S	S	N/A	N/A	N/A	N/A	N/A	N/A			
l. Respect the centrality of the patient/family as core members of the health team.		N/A	N/A	S	S	N/A	N/A S	S	S	N/A	N/A	N/A	N/A	N/A	N/A			
	MD	MD	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW			

Comments:

WK4 1 F-L: Katie you did a great job valuing this pt's perspective and honoring her privacy while also recognizing and providing for her needs. EW

WK5 1F-L: Katie you were able to be an integral part of the labor process and identifying the stage and progression of labor as well as practice monitor strips. EW

WK7 1K,L: Katie you are receiving a S in these competencies for having participated in care of lactation patient. EW

WK10 1j- Thank you for sharing your thoughts on the services provided by the Boys and Girls Club. 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 encompassing cultural sensitivity and diversity. (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
	8/27	9/3	9/10	9/17	9/24	10/1	10/8		10/15	10/22	10/29	11/5	11/12	11/19	11/26	12/3		
a. Engage in discussions of evidenced-based nursing practice.		N/A	N/A	S	S	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A			
b. Perform nursing measures safely using Standard precautions.		N/A	N/A	S	S	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A			
c. Perform nursing care in an organized manner recognizing the need for assistance.		N/A	N/A	S	S	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A			
d. Practice/observe safe medication administration.		N/A	N/A	S	S	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A			
e. Calculate pediatric and adult drug dosages correctly and determine appropriateness of the dose.		N/A	N/A	S	S	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A			
f. Utilize information obtained from patients/families as a basis for decision-making.		N/A	N/A	S	S	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A			
	MD	MD	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW			

Comments:

WK4 2 A-F: Katie you participated in conversations regarding evidence- based practice and policies. You successfully gave medications which included oral and IM and also successfully took out a peripheral IV. EW

WK5 2A-F: Katie, you were able to perform nursing measures such as catheter placement and medication administration to a woman in labor. EW

WK8 2A-F: During your ER clinical you were able to flush a saline lock as well as hang IVF and give oral medications. You also worked with the nurse in obtaining a history of the patient as well assessment to determine plan of care. Good job! EW

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
	8/27	9/3	9/10	9/17	9/24	10/1	10/8		10/15	10/22	10/29	11/5	11/12	11/19	11/26	12/3		
a. Act with integrity, consistency, and respect for differing views.		N/A	N/A	S	S	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A			
b. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		N/A	N/A	S	S	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A			
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		N/A	N/A	S	S	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A			
d. Critique examples of legal or ethical issues observed in the clinical setting. (List Below)*		N/A	N/A	S	S	N/A	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A			
	MD	MD	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW			

Comments:

3D 9/16/2021- The mother was GBS positive and therefore it is an automatic 48 hour stay after the baby is born so the baby can be monitored closely. After the first one night stay, the mother and father really wanted to be discharged home. When they were denied to be discharged after 24 hours they were thinking about leaving AMA. The RN had to explain to the parents that if they left AMA there could be a possibility CPS could be called. I feel like this situation could have turned into a legal issue. **This is a good example of a legal/ethical issue. I wonder if the patient was made aware of this requirement before she gave birth? Sometimes if patients know information potential ahead of time they are more prepared and less likely to be upset. Good job identifying this. EW**

Week 5- 3D 9/24/2021-The mother was Rh negative. A possible ethical issue would be if the patient refuses RhoGAM after delivery even if the baby's blood is Rh positive. If the patient refuses RhoGAM and delivers a baby in the future, the mother's blood will attack the fetus blood, possibly leading to fatality. **This example demonstrates your clinical judgment. Recognizing the potential for harm in the future is just as important as the potential for harm in the present. Nice work! EW**

Week 7 3D- A possible ethical/legal issue that could occur would be car seat safety. This mother had a safe car seat for her infant but there was lots of extra unnecessary padding. The lactation nurse told the mother which padding the mother should remove and assessed the buckle across the baby's chest. This baby was safe but I could see how car seat safety could be a legal issue for some uneducated family member such how to strap them in correctly, how the car seat is positioned in the vehicle, and items that are in the car seat. Most local health departments are willing to do a safety car seat check is a parent is concerned. **This is a good observation that can be overlooked. The baby's safety is important and by identifying the risks, you were able to prevent harm. Good job. EW**

Week 8 3D- My 5 month old patient was involved in a MVA that was hit by another vehicle traveling at 60 miles an hour. The baby was not evaluated by the hospital team until almost 24 hours later. By the nature of the accident, I feel that ethically it should have been recommended or in nature by a family member to get the baby evaluated

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

by a physician sooner. The mother of the baby was life-flighted from the scene and the baby's father went to be with the mother so I understand that there may have been some obstacles for the baby to be seen. **This is a very good thought. EW**

Week 10 3D- An example of a possible legal issue that I witnessed at the Boys and Girls Club was one of the children in the 4th-6th grade group said to one of the other students that he attends the Boys and Girls Club because his mom says she needs some extra personal time. He also mentioned that his mom often forgets to pick him up and the staff will have to call her. If the staff of the Boys and Girls Club start witnessing signs of neglect with the child from his mother than they maybe be obligated to get law enforcement or children services involved. **Awe that is so sad. I hope the staff is keeping up with this child. EW**

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
	8/27	9/3	9/10	9/17	9/24	10/1	10/8		10/15	10/22	10/29	11/5	11/12	11/19	11/26	12/3		
a. Develop and implement a priority care plan utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)		N/A	N/A	S	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
b. Document assessment findings, interventions, and outcomes accurately on appropriate forms. (Including risk assessment and monitoring of wound care)		N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
c. Summarize witnessed examples of patient/family advocacy.		N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
d. Provide patient centered and developmentally appropriate teaching.		N/A	N/A	S	S	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A			
e. Analyze the involved pathophysiology of the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	S	S	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A			
	MD	MD	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW			

WK4 4A: Noticed, interpreted, and responded to patient's perineum pain and provided ice packs as needed. You did a good job taking initiative on this and also in the examination of the perineum area. Great work Katie! EW

WK5 4D: Provided education regarding RhoGam administration to the patient. EW

WK10 4d- As you noticed at the Boys and Girls Club, children of different ages are motivated by different things, so it is important to provide teaching that is developmentally appropriate. BS

Objective # 4a: Develop and implement a priority care plan utilizing the nursing process and clinical judgment. (1,2,6)*	Students Name: Katie McCoy Date: 9/14/21
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Acute pain
Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points 3 Comments: The problem statement, etiology, and defining characteristics were accurate and well described to identify outcomes.
Goal and Outcome (6 points total) Goal Statement (1) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)	Total Points 6 Comments: The goal statement was easily identified and clear. The outcomes listed met each requirement of the SMART acronym and were patient appropriate.
Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)	Total Points 8 Comments: Nursing interventions are appropriately identified and prioritized with description of the rationale and useful in meeting each outcome. The only suggestion would be the inclusion of a sitz bath. Good job!
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: The goal was partially met and with discharge impending, the care plan included instructions to continue the plan of care at home.
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plan	Total Points for entire care plan = 22 Comments: Very well done Katie!!

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
	8/27	9/3	9/10	9/17	9/24	10/1	10/8		10/15	10/22	10/29	11/5	11/12	11/19	11/26	12/3		
f. Correlate the diagnostic tests with the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	S	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A			
g. Correlate the pharmacotherapy in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	S	S	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A			
h. Correlate the medical treatment in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	S	S	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A			
i. Correlate the nutritional needs/diet in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
j. Correlate the patient's growth and developmental level in relation to the patient's disease process. (noticing, interpreting, responding)		N/A	N/A	S	S	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A			
	MD	MD	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW			

Comments:

WK8 4J: You were able to correlate the patient's age with the assessment noting elevated B/P and eye rolling. Understanding this was not normal for the age assessed, you interpreted the deviation from normal and worked with the nurse and responded by calling a trauma alert and getting the patient for a CT. Nice job! EW

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
	8/27	9/3	9/10	9/17	9/24	10/1	10/8		10/15	10/22	10/29	11/5	11/12	11/19	11/26	12/3		
a. Demonstrate interest and enthusiasm in clinical activities.		N/A	N/A	S	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A			
b. Evaluate own participation in clinical activities.		N/A	N/A	S	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A			
c. Present at all clinical sites neatly groomed and with appropriate identification and attire (according to school uniform policy).		N/A	N/A	S	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A			
d. Communicate professionally and collaboratively with members of the healthcare team.		N/A	N/A	S	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A			
e. Document assessment findings, interventions, and outcomes accurately in the electronic health record.		N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
f. Clearly communicate care provided and needed at each transition in care using hand off communication techniques. (I-SBAR-R)		N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
g. Consistently and appropriately post comments in clinical discussion groups.		N/A	N/A	S	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A			
	MD	MD	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW			

Comments:

WK4 5A,D,E: Katie you communicated professionally with the healthcare team in providing information regarding your patient's care. You were enthusiastic in answering call lights and assisting other patients, students, and nurses in patient care. Good work! EW

WK6 5A: Kathryn McCoy with Rebecca Smith 10-1-21 – Excellent in all areas. “Fantastic patient interaction!”

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

WK8 5A : Per your nurse at FTMC, “ Very helpful and eager to learn!”. AG RN

WK10 5a- You were engaged and actively participated in your team’s activity at the Boys and Girls Club. BS

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
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a. Recognize areas for improvement and goals to meet these needs. (List Below)*		N/A	N/A	S	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A			
b. Accept responsibility for decisions and actions.		N/A	N/A	S	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A			
c. Demonstrate evidence of growth and self-confidence.		N/A	N/A	S	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A			
d. Demonstrate evidence of research in being prepared for clinical.		N/A	N/A	S	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A			
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		N/A	N/A	S	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A			
f. Describe initiatives in seeking out new learning experiences.		N/A	N/A	S	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A			
g. Demonstrate ability to organize time effectively.		N/A	N/A	S	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A			
h. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions.		N/A	N/A	S	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A			
i. Demonstrates growth in clinical judgment.		N/A	N/A	S	S	N/A	S	S	S	N/A	S	N/A	N/A	N/A	N/A			
	MD	MD	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW			

Comments:

6a 9/16/2021- An area I felt like I could improve on would be the newborn assessment. I feel that I naturally focused more on the mother during this clinical rotation because I am more familiar with taking care of adult patients. To improve on this, at my next clinical rotation I will make sure I make my top priority focusing on the newborn. **Katie this is a good goal. I hope you are able to complete this in your next rotation. EW**

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

6a 9/24/2021- An area I felt I could improve one would be to continue to get familiar with labor medications. The RN at FT did a good job at explaining to me why we give LR first because you need a bolus for Epidural and how D5 is good to give after because the sugar helps with contractions. She also educated me on how to titrate up Pitocin only by 1 unit at a time. I learned that for the Epidural you need 3 medications, Naropin for placing the Epidural, Fetynol for the drip, and a hypertensive medication in case the patient's blood pressure drops after the Epidural is initiated. To continue to improve with medication skills I will write out potential medications that may need to be given the night before to be better prepared. **Great goal in being prepared and learning about new medications and why they are given. EW**

6a Week 7-This week I attended a lactation visit at FRMC. One area of improvement would be to understand and research more on bilirubin levels. I asked the lactation nurse many questions about bilirubin levels such as what exactly is the cause of a high level, are bottle-fed babies at risk as well, and what the outcome could be if the bilirubin were not treated. The nurse was able to answer all of my questions successfully and I feel more confident in able to successfully educate someone on high bilirubin levels. In the future, I would like to be better prepared and think ahead of time what the clinical experience could entail. I was just thinking to myself that a lactation visit is all about breast-feeding not taking into account the bilirubin education. **This is good to think about going forward to keep an open mind and prepare. EW**

6a Week 8- An area of improvement for this week would be how to comfort a distressed parent. After the physician came into the patient's room and told the dad that his baby had a small brain bleed and would be transferred to St. Vincent he immediately bursts into tears. The dad had been up all night in Toledo with the baby's mother as she had a ruptured spleen and several other injuries. The dad was the driver in the accident and was at fault for pulling out in front of the other vehicle so I can't imagine the guilt he must have been feeling. I didn't quite know how to respond right away so I put my hand on his shoulder and I said, "Hey, it's going to be alright and I'm glad everyone is stable and doing ok right now, is there anything I can do for you?" The dad said he wanted to step outside. I felt awkward with the statement I made and I just wanted to be more personal but didn't really know how at that moment. To improve on this, I can continue to practice therapeutic communication and research ways to provide comfort in emergency situations when it involves a child. **Katie, I like your willingness to want to improve in this area. This is something that is hard and you will most likely feel awkward about. The good news is that you communicated what was important such as the stability of his child and offering self. Nice work! EW**

6a Week 10- An area I would like to improve on would be to continue to work on how to effectively provide education to children based on their age group. When I put together my education topics prior to the Boys and Girls Club I assumed with being ages 6 to 12 they would be able to comprehend my education topics would be able to sit down and talk about it. What I realized during my clinical at the Boys and Girls Club was that the topic was too difficult for the younger groups and they were a little distracted to just sit there and talk about it. In the future, with education topics among school-aged kids I might try to incorporate more "play-based" education to help the younger children better understand certain education topics. **EW**

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

Firelands Regional Medical Center School of Nursing
Maternal Child Nursing 2021
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)	Pregnancy History (*1, 2, 3, 4, 5, 6)	Newborn Thermo. (*1, 2, 3, 4, 5, 6)	EDD (*1, 2, 3, 4, 5, 6)	Breastfeeding and Bottle Feeding (*1, 2, 3, 6)	Breast Assessment (*1, 2, 3, 4, 5, 6)	Circumcision Care (*1, 2, 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: 8/31	Date: 8/25	Date: 8/25	Date: 8/25	Date: 8/25	Date: 8/25	Date: 8/25	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD
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)	Meditach (*1, 2, 3, 5, 6)
	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/31	Date: 8/27
Evaluation	S	S	S	S	S	S	S	S	S
Faculty Initials	MD	MD	MD	MD	MD	MD	MD	MD	MD
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:

Week 1 and 2 – You completed the online self-study portion of lab satisfactorily and actively participated in all in person lab components. You were able to demonstrate your knowledge and skills related to the Maternal Child Nursing lab areas covered. Keep up the good work! MD

Week 2-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 2021
Simulation Evaluations

Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation												
	EMF 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)	Patient Care Safety Escape Room (*1, 2, 3, 5, 6)	vSim Maternity Case 4 (*1, 2, 3, 5, 6)	Empathy Belly Simulation (*1, 2, 3, 5, 6)	Pediatric Respiratory Simulation (*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: 9/20	Date: 9/23	Date: 9/27	Date: 10/14	Date: 10/25	Date: 10/11	Date: 10/7	Date: 11/4	Date: 11/8	Date: 11/18	Date: 11/22	Date: 11/29	Date: 12/1
Evaluation	S	S	S	S	S	S	S	S	S	S	S		
Faculty Initials	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW	EW		
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		

* Course Objectives

Firelands Regional Medical Center School of Nursing
Faculty Manual

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: GROUP 7

OBSERVATION DATE/TIME: 9/16/21

SCENARIO #: PPH

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING:					<p>1st half: Information seeking regarding pain, contractions, VS, bleeding, gestational diabetes. Recognized deviation of pain and contractions from normal expectations of 33 weeks. Noticed the lack of prenatal care. Observed partner at bedside and need to ask private questions.</p> <p>2nd half: Assessment initiated and noted HR elevated, noticed bleeding, and assessed fundus, noticed boggy, and questioned last void.</p>
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	

<p>INTERPRETING:</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>1st half: Able to interpret pt. cues of premature labor, interpreted premature bleeding related to sexual intercourse. Gestational diabetes noted and interpreted need for FSBS. Interpreted the lack of prenatal care as putting the fetus at risk and that education was needed. Due to the desire to ask private questions, interpreted the need to have partner leave the room.</p> <p>2nd half: Interpreted data and made sense of pt. complaint to assess for PPH. Prioritized and gave PRN medications and reassessed pt. accordingly including fundal assessment and vital signs assessment.</p>
<p>RESPONDING:</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>1st half: responded to pt. complain with VS, UA, EFM, and positioning to left side; responded to data regarding bleeding and sexual intercourse by noting internal monitoring would not be done. FSBS done. Calm and clear in communication with each other and collaborated with care and interpretation of strips. SBAR with HCP and RB including asking questions as to why the meds were ordered. Explained orders to pt. and the rationale and provided education and importance of prenatal care. Calmly and clearly asked the partner to leave the room to ask private questions including living situation, need for baby box, postpartum depression, and prenatal care. IVF initiated, Procardia given, and pt. reassessed.</p> <p>2nd half: Fundal massage initiated after data interpreted. VS obtained, pad weighed, skin assessed. Decision to call HCP made. Medications being prepared before doctor called as its noted they are PRN for bleeding. Methergine given with z track as HCP was called but without aspiration. Hemabate given with z track but without aspiration. LOC assessed.</p>
<p>REFLECTING:</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Reflection on patient data produced education regarding diet, drug use, and prenatal care as well as assessment of pt. living condition.</p> <p>All areas must be evaluated as developing or higher to be satisfactory for the simulation.</p>

SUMMARY COMMENTS:	Very nice job with the education and interventions! You were timely.
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E = exemplary, A = accomplished, D = developing, B = Beginning
 Based off of Lasater's Clinical Judgment Rubric
 FDC/fb/5/2021 Reviewed
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Lasater Clinical Judgment Rubric Scoring Sheet

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

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* <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 notice various fetal heart rate patterns.</p> <p>You were able to notice fetal heart rate patterns that were deviations that could potentially be harmful to the fetus.</p> <p>You were able to notice reasons for use of internal fetal monitoring, forceps, and vacuum assisted delivery.</p>
INTERPRETING: (2, 4)* <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 interpret the appropriate treatment measures to correct the deviations.</p> <p>Through class discussion you were able to interpret any additional steps your group 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.</p> <p>Identified accelerations, late decelerations, variable decelerations, and early decelerations.</p> <p>Performed vaginal exam using sterile technique.</p> <p>Demonstrated ability to apply internal fetal monitor to fetus.</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 a case study.</p>
<p>SUMMARY COMMENTS:</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Developing or higher is required for satisfactory completion of this simulation.</p>	<p>Comments</p> <p>You are satisfactory for this simulation. KA</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 well on your way.</p>

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Group 7

OBSERVATION DATE/TIME: 10/14/2021

SCENARIO #: Shoulder Dystocia

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>Assessment nurse identifies self, begins assessment. VS (remember to ask about pain). Mona CO pain 8/10.</p> <p>Patient identified prior to obtaining FSBS. Cervical exam- 5cm/90%. Baby position assessed. Mona assisted to lay on her side.</p> <p>Mona begins to moan end expresses desire to push. Head begins to crown. Mona's pain reassessed following delivery.</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>Pain level interpreted to be in need of medication.</p> <p>Labor determined to be progressing. Baby is stuck, determined to be shoulder dystocia</p> <p>APGAR interpreted, determined to be 9.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Mona is offered pain medication. Pain medication prepared and explained to patient. Patient identified, medication administered with correct technique. Call to lab.</p> <p>Call to provider, who is unavailable.</p> <p>Call for help, McRoberts, evaluate for episiotomy. Attempt rotation, remove posterior arm, hands and knees</p> <p>Baby is delivered, suctioned, begin drying, cord clamped and cut. Placenta delivered. Baby removed to warmer for further drying and assessment. APGAR obtained- 9. Returned to mom for skin to skin.</p> <p>Call to provider with update on delivery. Fundus assessed. 5-minute APGAR. Reflexes assessed. Baby re-wrapped, cap applied.</p> <p>Vitamin k and erythromycin ointment explained to Mona. Medications prepared and administered</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 						<p>Team discussion of the scenario objectives; identified the risk factors for shoulder dystocia; implement interventions of the HELPER mnemonic; identifying ways in which heat loss occurs in infants; and implementing interventions to support thermoregulation.</p> <p>Discussed aspects of the scenario that the team felt went well, and identified aspects that they would maybe change in the future.</p>

	Team discussed the importance of teamwork and communication in an emergent situation.
<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>You are satisfactory for this scenario. Good Job! BS</p>

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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Belly

STUDENT NAME: Katie McCoy

OBSERVATION DATE/TIME: 10/7/21

<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>You reflected on many aspects of your time wearing the empathy belly. Your responses were thoughtful and reflective on how you felt and you compared your experience to a real pregnancy.</p> <p>Great job.</p> <p>I enjoyed seeing your pregnancy photo!</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>Comments</p> <p>You are satisfactory for this simulation.</p>

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: MCN

OBSERVATION DATE/TIME:

10/18/2021

SCENARIO: Escape Room

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>Noticed patient safety issues throughout the room. These included sharps container on bed, patient hanging off the bed, bed not locked, armband not on patient, urine specimen left and not labeled, syringe, battery in the patient's mouth, and side rails not up. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed math problems in the box and recognized the need to solve. Noticed some boxes needed a code and one needed a key.</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>Interpreted the risk in the safety issues for the patient and recognized the need to be fixed. Interpreted the need to work as a group to solve problems and find clues. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids. Interpreted the need to administer meds and the need to call HCP to administer the correct doses.</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 safety issues by correcting each of them to provide a safe environment for the patient's care. Responded to instructor cues regarding environment and problem solving. Responded to HCP orders and picked the correct dosage of medication for the patient. Flexible with plan of care and looking for clues as well as communicating with one another effectively. Responded to the patient's respiratory distress by providing the patient with the ordered breathing treatment.</p> <p>Responded to the healthcare providers order and programed the IV to the correct rate and administered the prescribed IV fluids.</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>Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.</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>You are successful in this simulation as you were able to provide a safe environment for the patient. You were also able to work together as a team to solve the math formulas and give appropriate dosages of medications. Good job! EW</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Group 7 OBSERVATION DATE/TIME: 11/4/2021 SCENARIO #: Pediatric Respiratory

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>Items noticed in bed. Begins assessment. Lung sounds. Lung sounds reassessed. Temp 101.5.</p> <p>Reassessed following medications.</p> <p>Back for assessment, patient coughing. Lung sounds assessed.</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>Items in bed interpreted as safety hazards. Lung sounds interpreted to be crackles. Re-interpreted as crackles/stridor. (rhonchi)</p> <p>Temp of 101.5 interpreted as needing medication.</p> <p>Lung sounds checked again and interpreted to be crackles/stridor (should be normal).</p> <p>Lung sounds identified as stridor. Subcostal retractions noted.</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 	<p>Safety hazards removed from bed. Good communication with patient, developmentally appropriate.</p> <p>Call to provider, good SBAR but remember recommendation.</p> <p>Cetirizine and amoxicillin 250mg, ibuprofen 5 mL prepared and administered. (Amoxicillin and ibuprofen incorrect doses).</p> <p>Chest percussion explained to patient. Call to physician to update on</p>

<ul style="list-style-type: none"> • Being Skillful: E A D B 	<p>crackles (normal). Call to mom with update. Chest percussion initiated.</p> <p>2L NC applied. Call to RT for breathing treatment. Assessment pieces gathered prior to calling provider. Patient head elevated. Call to provider, order received (remember to read back orders).</p> <p>0.8 mL dexamethasone prepared, patient identified, dexamethasone administered.</p> <p>Call to update mom, who asks about temp (100.9). Acetaminophen prepared, patient identified, administered (3.7 ml- should be 3.0 ml.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Team described the scenario and discussed the importance of communication and of working as a team, which were both identified as team strengths. Developmentally appropriate communication was utilized throughout the scenario.</p> <p>Team discussion about checking ordered dosages against recommended dosages, and that it is ok to question an order that you feel may be incorrect.</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>You are Satisfactory for this scenario. Good job! BS</p>

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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Group 7

OBSERVATION DATE/TIME: 11/18/2021

SCENARIO #: GI

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>Mom questioned about patient’s dietary habits, history. Temp 103.5. Patient CO of belly pain, pain scale used. Remove gown to listen to BS, lung sounds. Mucus membranes assessed. Patient CO LUQ pain.</p> <p>Pain reassessed following acetaminophen. Temp 99.2.</p> <p>Patient vomits x 2. Temp 102.1.</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>Temp, pain interpreted to be in need of medication.</p> <p>Bruising interpreted to be sign of potential abuse.</p> <p>Signs of dehydration noted.</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>Call to provider for orders (already in chart). Medication nurse identifies patient. Patient questions route.</p> <p>Contact precautions initiated. Call to provider to question acetaminophen route. New order received, not read back. Patient identified, acetaminophen administered. Patient CO LUQ pain. Mom/Hannah differing stories about cause of pain.</p> <p>Call to lab- + rotavirus. Droplet precautions (?)</p> <p>Hannah questioned about pain. She explains she was hit. Abdomen exposed, bruising noted. Call to provider to report potential abuse. Call to case management to notify of potential abuse.</p> <p>Call to provider to clarify cetirizine order. Cetirizine prepared, patient identified, medication administered. Mom is notified of case management involvement.</p> <p>Call to provider to report signs of dehydration. Orders received for bolus and maintenance fluid, not read back.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 						<p>Team discussed the scenario. Discussed the importance of checking the chart prior to beginning the scenario. Important to expose abdomen and chest when assessing bowel sounds. Also talked about SBAR communication and the importance of reading back orders.</p> <p>Also discussed the importance of working as a team and the importance of team communication.</p>

SUMMARY COMMENTS:

E = exemplary, A = accomplished, D = developing, B = Beginning
Based off of Lasater's Clinical Judgment Rubric

Developing to accomplished is required for satisfactory completion of this simulation.

You are satisfactory for this scenario. Good job. BS

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**Maternal Child Nursing – 2021
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: _____