

EVALUATION OF CLINICAL PERFORMANCE TOOL
Maternal Child Nursing – 2021

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Madison Belden

Semester: Fall

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

Final Grade: **Satisfactory/Unsatisfactory**

Date of Completion:
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 S	N/A	S	N/A	N/A	N/A	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
b. Provide care using developmentally-appropriate communication.		N/A	N/A	S	N/A	N/A	S	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
c. Use systematic and developmentally appropriate assessment techniques.		N/A	N/A	S	N/A	N/A	N/A	S	S	N/A	S	S	N/A	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	N/A	N/A	N/A	S	S	N/A	S	S	N/A	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	N/A	N/A	S	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
Clinical Location Age of patient		Lactation Clinical	N/A	FTM CER	N/A	N/A	Boys and Girls Club k-6	S	Green Springs Elementary 1 st , 3 rd , 5 th	N/A	FRM C OB 22 yr old	FTM C OB 36 yr old	N/A	N/A	N/A	N/A	N/A	
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS			

Comments:

Week 2- 1a- Nice job providing a summary of your visit with the lactation consultant nurse. It seems as though your patient was provided with some valuable education. BS

Week 4: For the 17-year-old patient that I did my CDG on, her stage of growth and development was identity vs. confusion. I chose this stage because when it comes to 17 year olds they are often confused on who they are or who they want to become. This is the stage where they get to explore their own personal beliefs and feelings towards things. BS

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

Week 4- 1a,e- Nice job discussing a patient you took care of during your ER experience. Nice job also of discussing your patient's development stage using Erikson's Stages of Psychosocial Development. BS

Week 7: For many of the kids that participate in Boys and Girls Club, their stage of growth and development is industry vs. inferiority. I chose this stage because when it comes to children from ages 6-12 they are just starting to figure out how to socially interact and learn how to complete new challenging tasks. While some children may feel inadequate and like they have failed the people around them, many of them flourish with all of these wonderful social interactions of the school aged child. Many of them have the fear of failure and will do what it takes to make sure that failing does not happen.

Week 7- 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 into 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

Week 8: For the elementary students that I did my hearing and vision screenings on, their stage of growth and development is industry vs. inferiority. All of these kids were ages 6-12. This is the stage where the child's sense of worth will be influenced by their environment and peers around them. I chose this stage for them because it is sclera to see that many of these kids were influenced by their schools health promotion as in hearing and vision screenings. Many of the kids realized that they had vision problems and that they would let their parents know to get them in to the eye doctor. This is influencing them all in the long run by showing them that early detection and prevention are key.

Week 8- 1B: You provided appropriate instructions for hearing and vision testing to each age group you encountered. Good job! EW

Week 10: This week my patient was a 22 year old female who falls in the intimacy vs. isolation stage in Erikson's stages of development. Luckily my patient and her boyfriend had a previous child and has welcomed another girl into the world. This is important for my patient for her to connect with someone outside of her family in a deeper context. It is often in this stage where people find themselves searching for deeper and powerful connections so that they are not isolated and lonely. My patient has completed this stage in the sense that she has started a family of her own. BS

Week 11: This week, my patient was a 36 year old female who fall in in the intimacy vs. isolation stage in Erikson's stage of development. I feel as if thought this stage is really important to my patient with the birth of her daughter. Her daughter ended up getting flown out to the NICU because of hyperbilirubinemia. It is really important for my patient to have connections with her family and especially with her husband so she does not feel lonely through this tough time especially with her body trying to regulate her hormones after pregnancy. Yes, it is. Good point Madison. BS

Week 11- 1a,d- Nice job discussing your patient for this week. You also discussed an important safety concern in maternity nursing. We must always remain cognizant of the possibility of post-surgical infections, and take steps to prevent them with proper hygienic care and patient education. 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
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Competencies:		N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
f. Describe psychological changes in response to the expectant mother's pregnancy. Maternal																		
g. Discuss prenatal influences on the pregnancy. Maternal		N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	N/A	S	S	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	N/A	N/A	N/A	N/A	NA	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
i. Discuss family bonding and phases of the puerperium. Maternal		N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	N/A	S	S	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	N/A	N/A	N/A	S	S	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
k. Value patient's perspective, diversity, age and cultural factors that influence their behaviors.		S	N/A	S	N/A	N/A	S	S	S	N/A	S	S	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.		S	N/A	S	N/A	N/A	N/A	S	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS			

Comments:

Week 7- 1j- Thank you for sharing your thoughts on the services provided by the Boys and Girls Club. BS

Week 11- 1i- Good job discussing what phase of postpartum adjustment your patient was in, and also discussing examples of family bonding you witnessed. 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.		S	N/A	S	N/A	N/A	N/A	S	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
b. Perform nursing measures safely using Standard precautions.		S	N/A	S	N/A	N/A	S	S	S	N/A	S	S	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 S	N/A	S	N/A	N/A	N/A	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
d. Practice/observe safe medication administration.		N/A	N/A	S	N/A	N/A	N/A	S	N/A	N/A	S	S	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	N/A	N/A	N/A	S	N/A	N/A	S	S	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	N/A	N/A	N/A	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS			

Comments:

Week 2- 2a,b,c- You were able to witness the baby latch onto the breast and hear the swallow. You also assisted the lactation consultant in providing education that was evidence-based. Good work. BS

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.		S	N/A	S	N/A	N/A	S	S	S	N/A	S	S	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.		S	N/A	S	N/A	N/A	N/A	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
c. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct"		S	N/A	S	N/A	N/A	S	S	S	N/A	S	S	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)*		S	N/A	S	N/A	N/A	S	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS		

Comments:

Week 2: One ethical issue that I observed in the clinical setting is breastfeeding. Breastfeeding is so forced upon women that they feel pressured to do it, and if they do not complete it successfully they fear that they will be looked down upon. One of the consults that I was able to observe today dealt with this issue. The woman wanted to breastfeed her baby, but with her low milk supply she was also needing to supplement with a bottle. She felt as though her husband and mother would think of her differently because of it so she wanted to continue to only breastfeed and was willing to try anything and everything she could to get her milk supply up. The issue with this is that stress can cause tension which will cause the milk ducts to not release their milk as well as a woman who is relaxed. The stigma around breastfeeding is so toxic for not only the mom but the baby who is suffering from this as well. **Thanks for your honest input on this issue. There are definitely mothers who feel pressured to breastfeed. Then when some try it is unsuccessful, then they feel like failures. This is often compounded by all the hormones and emotions surrounding childbirth itself. I get to be a lot to handle, especially with all the new responsibilities associated with having a baby. My feeling is that it should be the mother's choice, and hers alone. BS**

Week 4: One ethical issue that I observed in the clinical setting is refusal of care. When coming into the emergency department for care, you would think people would be willing to do anything to help themselves out. That is not always the case. One of the patients in the emergency department has come in every other day for the past week due to kidney stones in the right ureter. One of the stones measures 6.4 mm. The doctors and nurses have informed the patient that this kidney stone is too big to pass on its own and that she will need surgery to remove it. The patient has refused every single time. The patient does not want surgery but wants meds for nausea and pain instead because she is terrified of going under the knife. The doctors and nurses have stressed about how important it is to get that stone out in a timely and safe manner but yet still the patient refuses. It is stressful to see that same patient time and time again for the same issue with one easy solution yet they don't want treatment but have still showed up in the emergency department. **Good observation Madison. With the size of this stone and the amount of pain it has to be causing, she should get the surgery. It's going to get much worse when that thing starts traveling! BS**

*End-of-Program Student Learning Outcomes

Week 7: One ethical issue that I observed in the clinical setting is the ethic of being fair. When it comes to Boys and Girls Club, there are many different students ranging from grades kindergarten through 6th grade. When we were playing green light red light, I observed one of the older participants who was leading the activity not being fair. As he was the oldest one there, I am assuming he felt superior and was not playing the game fairly. For example, he would say red light instead of green light when they were already stopped and the little kids would move because they did not understand this concept of the game. Because of this, the oldest participant then “knocked out” all of the younger kids so that nobody would win. This happened in multiple games and not just with him, but with most of the older kids taking advantage of the younger ones. *I noticed that also. Not sure what the solution to this is but hopefully the younger ones remember this feeling when they are a little older. Maybe they will try to be fair about it. That is a big maybe though, because they will be at the stage where they are trying to impress their friends. This cycle tends to repeat itself. BS*

Week 8: One ethical issue that I observed was the issue of lack of access to these hearing and vision screenings. A handful of kids had just moved to this school and had not every done these screenings before. This is a big red flag because if they have had issues with hearing and vision it is necessary that these get done. Have early detection and prevention of things is key when it comes to health promotion. Not having access or the proper education on what to look out for if having issues can affect not only this child’s education, but their life as well. *Very good observation Madison. These screenings are mandatory in Ohio; I am not sure about other states. BS*

Week 10: One legal/ ethical issue I observed this week was the idea of Fallopian tube removal. Although the patient went through with the removal during her c-section, it is still a big problem in todays society. Sometimes the women does not want to have more kids, yet the man wants the women to keep her tubes to be able to produce more children. This is an issue because sometimes one person can take advantage of the other and threaten them with a divorce or taking the children and certain things like that. *Good point Madison. Twenty-two seems young to make that decision, but it is, and should be, her decision to make. BS*

Week 11: One legal/ ethical issue I observed this week was the idea of lay midwives. One of the patients on the floor got admitted into the hospital for postpartum hemorrhage after her husband delivered their 10 pound baby all alone. He also ended up delivering the placenta too. The lay midwife then went to the house to finish examine both the mom and baby. After the lay midwife left, the mom ended up bleeding excessively and had to come into the hospital by ambulance. Many of the nurses discussed how not having someone trained to deliver the baby and to do a correct and strong enough fundal massage after the delivery could be detrimental to the moms health. I think all midwives should be trained or thoroughly educated and certified in order to deliver babies and perform the exams after the delivery. *I agree, Madison. So many things could go wrong or unnoticed. Mom and baby could suffer indefinitely. I cannot imagine risking everything to deliver at home. BS*

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	N/A S	N/A	N/A	N/A	S	N/A	N/A	S	S	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	N/A	N/A	N/A	N/A	NA	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
c. Summarize witnessed examples of patient/family advocacy.		N/A S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
d. Provide patient centered and developmentally appropriate teaching.		N/A	N/A	N/A	N/A	N/A	S	S	S	N/A	S	S	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	N/A	N/A	N/A	S	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS			

Week 2- 4d- You did a nice job discussing the education provided by the lactation consultant. BS

Week 4- 4a- Nice job providing the priority nursing diagnosis for your patient, including etiology and defining characteristics. BS

Week 7- 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

Week 8- 4D: You provided teaching to each group of students and were able to modify instruction when you identified a student who did not understand. This was really important to ensure the testing was accurate. Good work! EW

Week 10- 4a- Great job developing a priority care plan utilizing the nursing process and your clinical judgment. BS

Week 11- 4d- Nice job providing discharge education regarding perineal care, breast care, cord care, and car seat safety to your patient. Nice job also of identifying additional education topics that still need to be addressed. BS

Objective # 4a: Develop and implement a priority care plan utilizing the nursing process and clinical judgment. (1,2,6)*	Students Name: Madison Belden Date: 10/29/2021
**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) 1 Etiology (1) 1 Defining Characteristics (1) 1	Total Points 3 Comments: Nice job providing the appropriate nursing diagnosis along with etiology and defining characteristics.
Goal and Outcome (6 points total) Goal Statement (1) 1 Outcome: Specific (1) 1 Measurable (1) 1 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1	Total Points 6 Comments: Good job on goal statement and all outcomes are SMART.
Nursing Interventions: (8 points total) Prioritized (1) 1 What (1) 1 How Often (1) 1 When (1) 1 Individualized (1) 1 Realistic (1) 1 Rationale (1) All pertinent interventions listed (1) 1	Total Points 8 Comments: Very good job here.
Evaluation: (5 points total) Date (1) 1 Goal Met/partially/unmet (1) 1 Defining characteristics (1) 1 Plan to continue/modify/terminate (1) 1 Signature (1) 1	Total Points 5 Comments:
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plan	Total Points for entire care plan = 22/22 Comments: Excellent job! Satisfactory BS

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	S	S	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	N/A	N/A	N/A	S	N/A	N/A	S	S	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	N/A	N/A	N/A	S	N/A	N/A	S	S	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	N/A	N/A	N/A	S	N/A	N/A	S	S	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	N/A	N/A	N/A	S	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS			

Comments:

Week 4- 4g,h- Good work correlating the medications administered and the care provided to your patient and correlating these to the patient's current medical problem. BS

Objective																		
5. Collaborating professionally with members of the health care team, child-bearing and child-rearing families, faculty, and peers through written, verbal and nonverbal methods, and by conferencing, networking, and posting through computer technology. (1,3,5,6,7,8)*																		
Weeks of Clinical	1	2	3	4	5	6	7	Midterm	8	9	10	11	12	13	14	15	Make up	Final
	8/27	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.		S	N/A	S	N/A	N/A	S	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
b. Evaluate own participation in clinical activities.		S	N/A	S	N/A	N/A	S	S	S	N/A	S	S	N/A	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).		S	N/A	S	N/A	N/A	S	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
d. Communicate professionally and collaboratively with members of the healthcare team.		S	N/A	S	N/A	N/A	N/A	S	S	N/A	S	S	N/A	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	N/A	N/A	N/A	N/A	S	N/A	N/A	S	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	N/A	N/A	N/A	N/A	S	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
g. Consistently and appropriately post comments in clinical discussion groups.		S	N/A	S	N/A	N/A	S	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS		

Comments:

Week 4- Per your preceptor: "Student able to experience critical flight patient and stroke alert. Willingness and enthusiastic to learn during situations." BS

Week 7- 5a- You were engaged and actively participated in your team's activity at the Boys and Girls Club. BS

Week 8- 5A,C,D: You enthusiastically participated in clinical and communicated with both students and staff professionally. EW

Madison Belden with Rebecca Smith

9-1-21 – Excellent in all areas.

Week 11- 5a- Good job discussing the double phototherapy you were able to witness this week. 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
	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. Recognize areas for improvement and goals to meet these needs. (List Below)*		S	N/A	S	N/A	N/A	S	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
b. Accept responsibility for decisions and actions.		S	N/A	S	N/A	N/A	S	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
c. Demonstrate evidence of growth and self-confidence.		S	N/A	S	N/A	N/A	S	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
d. Demonstrate evidence of research in being prepared for clinical.		S	N/A	S	N/A	N/A	S	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
e. Exhibits professional behavior i.e. appearance, responsibility, integrity, and respect.		S	N/A	S	N/A	N/A	S	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
f. Describe initiatives in seeking out new learning experiences.		S	N/A	S	N/A	N/A	S	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
g. Demonstrate ability to organize time effectively.		S	N/A	S	N/A	N/A	S	S	S	N/A	S	S	N/A	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.		S	N/A	S	N/A	N/A	S	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
i. Demonstrates growth in clinical judgment.		S	N/A	S	N/A	N/A	S	S	S	N/A	S	S	N/A	N/A	N/A	N/A	N/A	
		BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS			
Comments:																		

*End-of-Program Student Learning Outcomes

Week 2: Areas that I can improve in when it comes to the lactation clinical is the overall process of knowing how to hand-express milk and how to get a baby to latch on correctly. I will meet these goals by continuing my education in these subjects by watching YouTube videos that demonstrate the correct techniques to do these things. **Good plan Madison. BS**

Week 4: Areas that I can improve in are just basic clinical skills like drawing up meds in a vial, administering IM medications, hanging IV fluids, etc. I feel as if though I am a bit rusty from not participating in “medical based” clinical since the spring. Thankfully for muscle memory I remembered almost everything, but a way that I can brush up my skills are watching the skill videos that are provided to us and by participating in open lab days , simulation labs, or labs in general. **Good reflection Madison. You will become very proficient at these skills with some practice. BS**

Week 7: Areas that I can improve in when it comes to the Boys and Girls Club clinical are learning how to effectively communicate with the younger kids. I can do this by talking to all of my nieces and nephews more often, or even babysitting some younger kids in my neighborhood. **Good idea Madison, but I thought you did very well. BS**

Week 8: Areas that I can improve on when it comes to hearing and vision screenings would be how to properly do them. Before clinical I could have looked up some informational videos on how to properly do them and what the results mean. If I ever get to do this again I will make sure to follow up on the education that I have received in order to complete the next set of screenings properly also. **Yes, it always helps to be prepared. BS**

Week 10: Areas that I can improve on when it comes to caring for patients is understanding the different feelings of a newborn head like suture lines, fontanel, molding, etc. I can do this by reading and understanding on what to look out for. I can also watch YouTube videos on the proper newborn assessment and how they describe the head and what it should feel and look like. **Yes, feeling the things you describe make you aware of just how vulnerable a newborn is. BS**

Week 11: Areas that I can improve on when it comes to caring for patients is the discharge portion of education. Though I thought I did very well during my first time, I still felt like I wasn’t able to fully answer questions that the parents had due to being nervous and not thoroughly knowing the information before hand. I can improve on this by looking at the education that I need to provide before hand to make sure I am able to answer any questions that my patients and their support people may have. **Good point Madison, but keep in mind that this will come natural with more experience. BS**

***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: 8/24	Date: 8/25	Date: 8/25	Date: 8/25	Date: 8/25	Date: 8/25	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
Evaluation	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS
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: 8/26	Date: 8/26	Date: 8/26	Date: 8/26	Date: 8/26	Date: 8/26	Date: 8/26	Date: 8/26	Date: 8/27	
Evaluation	S	S	S	S	S	S	S	S	S	
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	
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 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! BS

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

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: 9/16	Date: 9/27	Date: 10/7	Date: 10/11	Date: 10/11	Date: 10/12	Date: 10/28	Date: 11/8	Date: 11/11	Date: 11/22	Date: 11/29	Date: 12/1
Evaluation	S	S	S	S	S	S	S	S	S	S	S		
Faculty Initials	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS	BS		
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: M. Belden

OBSERVATION DATE/TIME: 916/21

SCENARIO #: PPH

CLINICAL JUDGMENT						OBSERVATION NOTES	
COMPONENTS NOTICING:						1st half: info seeking for vs, patient complaint, fetal monitoring; recognized bleeding. Information seeking about history, diet, etc.. incomplete throughout scenario. 2nd half: report received and PP assessment initiated. Recognized deviation from normal. Did not stay on fundus until firm, interruptions in massages. Late seeking in information until after HCP called.	
• Focused Observation:	E	A	D	B			
• Recognizing Deviations from Expected Patterns:	E	A	D	B			
• Information Seeking:	E	A	D	B			
INTERPRETING:						1st half: interpreted need for add'l fetal monitoring, prioritized pt. data and interpreted need for UA and positioning to left side with rationale given to pt.; * interpreted blood found as abnormal. **pt. states she is	
• Prioritizing Data:	E	A	D	B			

• Making Sense of Data: E A D B	thirsty and no diet is available. Data not prioritized. 2nd half: report info processed and assessment. Interpreted dizziness and b/p as out of range. Did not prioritize the need for fundal massage with bleeding noticed until HCP told to massage. Interpreted pt. condition as not able to get up to urinate.
RESPONDING: • 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	1st half: calm, confident with care; communicated to pt. and partner clearly; UA collected and pt. repositioned with rationale given to pt. *responded to blood by calling HCP, incomplete SBAR as situation, background, and complete assessment were not obtained before call, orders received and initiated. **responds to pt. stating she is thirsty and called for diet orders; not aware of pt.'s current diet at home; incomplete SBAR. ***pt. asked if the fluids would help stop her contractions and was told no, but the purpose of the fluids was to aid dehydration and stop contractions. Procardia given with rationale <i>abruptly</i> to pt. and partner. 2nd half: Responds with not all assessment info by calling HCP. Incomplete SBAR when initially called. SBA not available. When asked for words of encouragement, nurse stated, "you're not the first person to go through this". Medication given as ordered. When pt. stated she had to pee, HCP called.
REFLECTING: • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Reflection not seen consistently t/o scenario. Was able to evaluate self-performance but lacked team congruency. Committed to improving and providing safe, patient care.

SUMMARY COMMENTS:	Summarized medical events accurately. Each member of the group was able to recognize area for improvement and what could have been done better or differently. Great job in Noticing and Interpreting data. This is an important process in clinical judgment and you nailed it! Very good job. From here on out continue to develop these skills and work on the response. Gather all necessary information and proceed. Good job overall! Keep up the learning attitude and willingness to work! EW
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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: **M. Belden**

OBSERVATION DATE/TIME: 9/20/21

SCENARIO #: **EFM**

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					At the end of the simulation you were able to notice various fetal heart rate patterns. You were able to notice fetal heart rate patterns that were deviations that could potentially be harmful to the fetus. You were able to notice reasons for use of internal fetal monitoring, forceps, and vacuum assisted delivery.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (2, 4)*					Based on the fetal heart rate patterns you were able to interpret the appropriate treatment measures to correct the deviations. Through class discussion you were able to interpret any additional steps your group may have missed and the appropriate order to perform all actions.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	

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	Able to prioritize care of patient using information from EFM. Able to identify different categories for heart rate patterns. Identified accelerations, late decelerations, variable decelerations, and early decelerations. Performed vaginal exam using sterile technique. Demonstrated ability to apply internal fetal monitor to fetus.
REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Reflection of the simulation shows retention and identification of materials and areas that need additional practice. Reflected on putting all areas of simulation together through a case study.
SUMMARY COMMENTS: E= Exemplary A= Accomplished D= Developing B= Beginning Developing or higher is required for satisfactory completion of this simulation.	Comments You are satisfactory for this simulation. KA 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.

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **M. Belden**

OBSERVATION DATE/TIME: **10/7/2021**

SCENARIO #: **Shoulder Dystocia**

CLINICAL JUDGMENT						OBSERVATION NOTES	
COMPONENTS NOTICING: (1, 2, 5)*						Team introduces members and begins assessment. Inquires about pain. VS. 5cm/90%. Asks about contractions. Assesses contractions. Mona expresses desire to push. Pt encouraged to take deep breaths. Crowning noticed. Newborn assessment. Following birth, patient pain reassessed.	
• Focused Observation:	E	A	D	B			
• Recognizing Deviations from Expected Patterns:	E	A	D	B			
• Information Seeking:	E	A	D	B			
INTERPRETING: (2, 4)*						Pain interpreted to require pain medication. Baby is crowning. Placenta delivered, determined to be normal. APGAR determined to be 9 (good job) When baby begins crowning, team recognized that delivery was imminent. Baby gets stuck in birth canal and the team interprets this to be shoulder dystocia.	
• Prioritizing Data:	E	A	D	B			
• Making Sense of Data:	E	A	D	B			
RESPONDING: (1, 2, 3, 5)*						Nubain prepared, asks about allergies, VS. Nubain administered. (Remember to identify patient, z-track) Call to provider (remember to identify yourself). Mona assisted with stirrups, wants to push. McRoberts, suprapubic pressure, internal rotation, evaluated for episiotomy, call for help, rotational maneuvers, posterior arm, patient rolled. HELPER mnemonic complete, baby is delivered, removed to warmer. APGAR score obtained. Erythromycin and Vit K administered. Baby returned to mom for skin to skin. Call to provider to update on delivery, condition of mom and baby. Post-delivery assessment to check for bleeding. 5-minute APGAR obtained.	
• Calm, Confident Manner:	E	A	D	B			
• Clear Communication:	E	A	D	B			
• Well-Planned Intervention/Flexibility:	E	A	D	B			
• Being Skillful:	E	A	D	B			
REFLECTING: (6)*						Team members all participated during debriefing, discussing aspects of the case, what went well and areas they feel they may change in the future. Objectives of the scenario were identified and discussed. Risk factors for shoulder dystocia were identified and discussed. Discussed components of the HELPER mnemonic and the importance of thermoregulation in newborns. Identified ways in which infants lose heat. A strength that the team identified for this scenario was their teamwork	
• Evaluation/Self-Analysis:	E	A	D	B			
• Commitment to Improvement:	E	A	D	B			

	and communication, and they felt more confident in this scenario than the previous one.
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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Lasater Clinical Judgment Rubric Scoring Sheet: SCENARIO: Empathy Belly

STUDENT NAME: M. Belden

OBSERVATION DATE/TIME: 10/12/2021

REFLECTING: (6)* - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	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. Great job. I enjoyed seeing your pregnancy photo!
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.	Comments You are satisfactory for this simulation. BS

*Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **M. Belden**

OBSERVATION DATE/TIME: **10/11/2021**

SCENARIO: **Escape Room**

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	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 math problems in the box and recognized the need to solve. Noticed the assessment findings in the patient assessment supporting the need for a breathing treatment. Noticed some boxes needed a code and one needed a key.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	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 administer meds and the need to call HCP to administer the correct doses. Interpreted the need to complete the dosage calculation to administer the correct amount of IV fluids.
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	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 patients respiratory distress by providing the patient with the ordered breathing treatment. Responded to the healthcare providers order, programed the IV to the correct rate, and administered the prescribed IV fluids.

REFLECTING: (6)* - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	Worked together with communication and idea sharing. Collaborated and provided suggestions to one another to make sense of riddles, math formulas, medications, and treatments.
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 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

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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **M. Belden** OBSERVATION DATE/TIME: **10/28/2021** SCENARIO #: **Pediatric Respiratory**

CLINICAL JUDGMENT 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	OBSERVATION NOTES Team enters and begins assessment, VS. Temp 101.5. Items noted in bed. Draining noted in right ear. Assessment began. Patient CO cough and is questioned about cough production, ears assessed, nasal drainage.
INTERPRETING: (2, 4)* - Prioritizing Data: E A D B - Making Sense of Data: E A D B	Items in bed interpreted to be safety hazards. Temp 101.5 interpreted to be in need of medication. Lung sounds/cough interpreted to need breathing treatment. Lungs reassessed and stridor in interpreted.

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	Good job explaining assessment components to patient. 5.3 ml (160 ml) ibuprofen prepared and administered. Nurse encourages patient to sit-up to help with cough. Cetirizine administered and amoxicillin (250 mg, 5 ml- should be 3 ml) (Remember to check for recommended doses. Call to RT to request breathing treatment. This is communicated to patient. Call to provider, remember to identify patient. With update of symptoms. Amoxicillin order corrected to recommended dosage. Bulb suction provided and drainage assessed. Juice offered. Oxygen is applied via simple mask- 2L) Bulb suction. Call to provider to report new symptoms. Order received and read back. Call to RT to request breathing treatment. O2 increased to 4L. Dexamethasone prepared and administered. Acetaminophen prepared 3.7 ml (check recommended range) Call to mom to update. 3 ml amoxicillin prepared and administered.
REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Team reflected on the scenario. Discussed aspects of the case that the team felt went well, such as developmentally appropriate communication with the patient and also among team members. Also discussed the importance of double-checking medication doses so as not to under- or over-medicate a patient. Also discussed being prepared when calling provider and/or family members and not rushing communication. Each member verbalized an important takeaway point from the scenario.
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: **M. Belden**

OBSERVATION DATE/TIME: **11/11/2021**

SCENARIO #: **GI**

CLINICAL JUDGMENT						OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*						Team enters and introduces assessment nurses, begins assessment. VS. Temp 103.5, mucous membranes. Patient reluctantly agrees to allow access under the gown. Asks about pain, which is present. Appropriate pain assessment tool utilized. Patient CO pain in belly, vomits. VS reassessed.
• Focused Observation:	E	A	D	B		
• Recognizing Deviations from Expected Patterns:	E	A	D	B		
• Information Seeking:	E	A	D	B		
INTERPRETING: (2, 4)*						Temp of 103.5 interpreted as being in need of medication. Bruises interpreted to be signs of potential abuse. Signs of dehydration interpreted.
• Prioritizing Data:	E	A	D	B		
• Making Sense of Data:	E	A	D	B		
RESPONDING: (1, 2, 3, 5)*						Team asking appropriate questions to mother. Call to provider. Acetaminophen order received, recommends contact precautions. Questions to patient about bathroom routine. Patient CO pain in abdomen. Mom says she fell out of bed. Acetaminophen and cetirizine prepared and administered. Call to Social Work to report suspected abuse regarding bruises. (good job). Stool sample sent to lab. Pain reassessed with improvement. Amount of vomit assessed. Explains to mom that they will call to provider for fluids. Call to lab- + rotavirus. Assessment nurses give report to charge. Call to provider, (good SBAR with recommendation). New orders received. Mom asking questions regarding rotavirus. Call to patient's daycare to report rotavirus. Fluid bolus infused, maintenance rate initiated. Call to provider to question acetaminophen route (good idea).
• Calm, Confident Manner:	E	A	D	B		
• Clear Communication:	E	A	D	B		
• Well-Planned Intervention/Flexibility:	E	A	D	B		
• Being Skillful:	E	A	D	B		
REFLECTING: (6)*						Team discussed the scenario. Talked about the importance of changing medication routes in response to vomiting/diarrhea. Team had good interactions with patient, mom, and among themselves. Communication with provider was good, good SBAR reports. Team did well at adjusting communication strategies between mom and patient. Child abuse situation was handled well, discreetly. Members worked well as a team and interacted well among themselves
• Evaluation/Self-Analysis:	E	A	D	B		
• Commitment to Improvement:	E	A	D	B		

	and kept each other informed.
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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EVALUATION OF CLINICAL PERFORMANCE TOOL
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: **Madison Belden 11/30/21**