

EVALUATION OF CLINICAL PERFORMANCE TOOL
Psychiatric Nursing- 2022
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Julia Fide

Final Grade: Satisfactory/Unsatisfactory

Semester: Summer Session

Date of Completion:

Faculty: Fran Brennan MSN, RN, Monica Dunbar MSN, RN,
 Lora Malfara MSN, RN, Brittany Lombardi MSN, RN
 Teaching Assistants: Chandra Barnes BSN, RN, Devon Cutnaw BSN, 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:

- Clinical Patient Profile
- Meditech Documentation
- Evaluation of Clinical Performance Tool
- Onsite Clinical Debriefing
- Online Discussion Rubric
- Nursing Process Recording Rubric
- Geriatric Assessment Rubric
- Lasater Clinical Judgment Rubric
- Virtual Simulation scenarios
- Participation in adjunctive therapies (N.A./A.A.; Erie County Detox Unit, Hospice inpatient care)
- EBP Presentations Rubric
- Hospice Reflection Journal
- Observation of Clinical Performance
- Clinical Nursing Therapy Group
- Nursing Care Map Rubric

ABSENCE (Refer to Attendance Policy)

| Date | Number of Hours | Comments | Make Up (Date/Time) |
|----------|---------------------------|----------|---------------------|
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| Initials | Faculty Name | | |
| FB | Frances Brennan, MSN, RN | | |
| MD | Monica Dunbar MSN, RN | | |
| BL | Brittany Lombardi MSN, RN | | |
| LM | Lora Malfara MSN, RN | | |
| CB | Chandra Barnes BSN, RN | | |
| DC | Devon Cutnaw BSN, RN | | |

* End-of-Program Student Learning Outcomes

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 needed 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, and 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 faculty 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. Apply the principles of psychiatric theory in the care of adolescent to geriatric patients with a mental illness diagnosis. (1, 2, 3, 5, 6, 7, 8)* | | | | | | | | | |
| Weeks of Course: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9//Make Up | Final |
| Competencies: | NA | S | NA | S | S | S | | | | |
| a. Demonstrate an understanding of the relationship between mental health, physical health, and environment for those patients diagnosed with a mental disorder. (noticing) | NA | S | NA | S | S | S | | | | |
| b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. (interpreting) | NA | S | NA | S | NA | NA | | | | |
| c. Provide culturally and spiritually competent care within the scope of nursing that meets the needs of assigned patients from diverse cultural, racial and ethnic backgrounds. (responding) | NA | S | NA | S | S | S | | | | |
| d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care (noticing) | NA | S | NA | S | NA | NA | | | | |
| e. Recognize social determinants of health and the relationship to mental health. (reflecting) | NA | S | NA | S | S | S | | | | |
| f. Develop and implement an appropriate nursing therapy group activity. (responding) | NA | S | NA | NA | NA | S | | | | |
| g. Develop a geriatric physical/mental health assessment and education plan. (Geriatric Assessment) (responding) | | | | | NA | | | | | |
| Faculty Initials | BL | BL | FB | FB | DC | | | | | |
| Clinical Location | No clinical | NA/AA 1S | No clinical | 1S | No clinical/Simulation | Hospice | | | | |

* End-of-Program Student Learning Outcomes

Comments:

Week 2-1(e,f) Julia, great job identifying and discussing your patient’s social determinants of health in your CDG and Nursing Care Map. You also did an excellent job facilitating nursing therapy group for the patients this week. Your beach ball activity was engaging and a great way for patients to learn positive coping mechanisms and discuss their feelings. BL

Week 4 (1a,e) Great job being able to discuss and identify your patient’s mental illness disorder and the relationship to the patient’s physical health and an appropriate environment for your patient. You also understand the patient’s social determinants of health and how that affects the mental health of this patient. FB

| Objective | | | | | | | | | | |
|---|----|----|----|----|----|----|---|---|------------|--------------|
| 2. Synthesize concepts related to psychopathology, health assessment data, evidenced based practice and the nursing process using clinical judgment skills to plan and care for patients with mental illness. (1, 2, 3, 4, 5, 6, 7, 8)* | | | | | | | | | | |
| Weeks of Course: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9//Make Up | Final |
| Competencies: | NA | S | NA | S | S | S | | | | |
| a. Assemble a health history which includes past and current history of mental and medical health issues and chief reason for hospitalization. (noticing) | NA | S | NA | S | S | S | | | | |
| b. Identify patient’s subjective and objective findings including labs, diagnostic tests, and risk factors. (noticing, recognizing) | NA | S | NA | S | S | S | | | | |
| c. Demonstrate ability to identify the patient’s use of coping/defense mechanisms. (noticing, interpreting) | NA | S | NA | S | S | NA | | | | |
| d. Formulate a prioritized nursing care map utilizing clinical judgment skills. (noticing, interpreting, responding, reflecting) | NA | S | NA | NA | NA | NA | | | | |
| e. Apply the principles of asepsis and standard precautions. (responding) | NA | S | NA | S | S | S | | | | |
| f. Practice use of standardized EBP tools that support safety and quality. (noticing, responding) | NA | S | NA | S | S | S | | | | |
| Faculty Initials | BL | BL | FB | FB | DC | | | | | |

Comments:

* End-of-Program Student Learning Outcomes

Week 2-2(d,f) Excellent job formulating a prioritized nursing care map for your patient this week utilizing your clinical judgment skills. Please see the Nursing Care Map Rubric at the end of this document for my feedback. You also did a great job discussing your EBP article titled “The Relationship between Nomophobia and Anxiety Levels in Healthy Young Individuals” during debriefing. Keep up the great work! BL

Week 4 (2b)- Excellent job providing a very thorough list of laboratory results, there significance, and appropriate rationales. FB

| Objective | | | | | | | | | | |
|---|----|---------|----|----|----|----|---|---|------------|-------|
| 3. Refine basic verbal and nonverbal therapeutic communication skills when interacting with patients, families, and members of the health care team. (1, 2, 3, 5, 7, 8)* | | | | | | | | | | |
| Weeks of Course: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9//Make Up | Final |
| a. Illustrate professionally appropriate and therapeutic communication skills in interactions with patients, and families. (responding) | NA | S | NA | S | S | S | | | | |
| b. Demonstrate professional and appropriate communication with the treatment team by using the SBAR format for handoff communication during transition of care. (responding) | NA | S NA | NA | NA | NA | NA | | | | |
| c. Identify barriers to effective communication. (noticing, interpreting) | NA | S | NA | S | S | S | | | | |
| d. Construct effective therapeutic responses. (responding) | NA | S | NA | S | S | S | | | | |
| e. Construct a satisfactory patient-nurse therapeutic communication. (Nursing Process Study) (responding, reflecting) | | | | | S | | | | | |
| f. Posts respectfully and appropriately in clinical discussion groups. (responding, reflecting) | NA | S | NA | S | NA | S | | | | |
| g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations. (responding) | NA | S | NA | S | S | S | | | | |
| h. Teach patient/family based on readiness to learn and patient needs. (responding, reflecting) | NA | S | NA | S | S | S | | | | |
| Faculty Initials | BL | BL | FB | FB | DC | | | | | |

Comments:

Week 2-3(a,d,f) Julia, you did an excellent job therapeutically communicating with all the patients this week. You also did an excellent job with all of your CDG posts, including your Nursing Care Map. Keep up all your hard work! BL

Week 4 (3f)- CDG was posted on time following CDG grading guidelines. FB

* End-of-Program Student Learning Outcomes

| Objective | | | | | | | | | | |
|---|----|----|----|----|----|----|---|---|------------|--------------|
| 4. Demonstrate knowledge of frequently prescribed medications utilized in treating mental illness. (1, 4, 5, 6, 7)* | | | | | | | | | | |
| Weeks of Course: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9//Make Up | Final |
| a. Discuss the safe administration of medication while observing the six rights of medication administration. (responding) | NA | S | NA | S | NA | NA | | | | |
| b. Demonstrate ability to discuss the uses and implication of psychotropic medications. (responding, reflecting) | NA | S | NA | S | NA | NA | | | | |
| c. Identify the major classification of psychotropic medications. (interpreting) | NA | S | NA | S | NA | NA | | | | |
| d. Identify common barriers to maintaining medication compliance. (reflecting) | NA | S | NA | S | S | NA | | | | |
| e. Explain the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications. (responding, reflecting) | Na | S | NA | S | S | NA | | | | |
| Faculty Initials | BL | BL | FB | FB | DC | | | | | |

Comments:

Week 2-4(a-e) Excellent job demonstrating knowledge of frequently prescribed medications utilized in treating mental illness through one-on-one discussion with your instructor during clinical. BL

Week 4 (4a-e) Great job identifying implications for use of medications for your assigned patient. You also demonstrated knowledge of classification, side effects, nursing interventions, and barriers to medication compliance. FB

* End-of-Program Student Learning Outcomes

| Objective | | | | | | | | | | |
|--|----|--------------------|----|--------------------|----|----|---|---|------------|--------------|
| 5. Develop an awareness of community Mental Health resources and services. (5, 6, 7, 8)* | | | | | | | | | | |
| Weeks of Course: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9//Make Up | Final |
| a. Identify the need for the community resources-detox unit available to patients with a mental illness. (noticing, interpreting) | NA | NA | NA | S | NA | NA | | | | |
| b. Discuss recommendations for referrals to appropriate community resources and agencies. (reflecting) | NA | NA S | NA | S | NA | S | | | | |
| c. Attend Erie County Health Department Detox Unit observing the care of a patient with mental illness-substance abuse. (Community Agency Observation-Detox Unit) | NA | NA | NA | S NA | NA | NA | | | | |
| d. Attend Narcotics/Alcoholics Anonymous meeting. (Alcoholics/Narcotics Anonymous at the Artisans of Sandusky Observation) | NA | S | NA | S NA | NA | NA | | | | |
| Faculty Initials | BL | BL | FB | FB | DC | | | | | |

Comments:

Week 2-5(d) Excellent job with your CDG for your NA/AA clinical experience. Your responses were very detailed and reflected much thought. I am glad you enjoyed this experience and learned a lot. BL

Week 4 (5c,d)- These competencies were changed to a NA because you did not attend either of these experiences this week. Detox unit is scheduled 7/20 and Sandusky Artisans Recovery Center was 6/13. Make sure you are addressing the correct competency the week completed. FB

* End-of-Program Student Learning Outcomes

| Objective | | | | | | | | | | |
|--|----|----|----|----|----|----|---|---|------------|--------------|
| 6. Demonstrate satisfactory proficiency when using informatics and techniques in the assessment of patients with a mental illness diagnosis. (1, 2, 3, 4, 6, 8)* | | | | | | | | | | |
| Weeks of Course: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9//Make Up | Final |
| Competencies: | NA | S | NA | S | NA | S | | | | |
| a. Demonstrate competence in navigating the electronic health record. (responding) | NA | S | NA | S | NA | S | | | | |
| b. Demonstrate satisfactory documentation of physical and psychiatric assessments and nursing notes utilizing the electronic health record. (responding) | NA | S | NA | S | S | NA | | | | |
| c. Demonstrate the use of technology to identify mental health resources. (responding) | NA | S | NA | S | NA | NA | | | | |
| Faculty Initials | BL | BL | FB | FB | DC | | | | | |

Comments:

Week 2-6(b) Excellent job documenting on the Nursing Therapy Group in Meditech this week. BL

* End-of-Program Student Learning Outcomes

| Objective | | | | | | | | | | |
|--|----|----|----|----|----|----|---|---|------------|-------|
| 7. Evaluate self-participation in patient care experiences with the focus on safety, ethical, legal, and professional responsibilities. (7)* | | | | | | | | | | |
| Weeks of Course: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9//Make Up | Final |
| a. Identify your strengths for care delivery of the patient with mental illness. (reflecting) | NA | S | NA | S | S | NA | | | | |
| b. Demonstrates effective use of strategies to reduce risk of harm to self or others. Create a safe environment for patient care. (responding) | NA | S | NA | S | S | NA | | | | |
| c. Illustrate active engagement in self-reflection and debriefing. (reflecting) | NA | S | NA | S | S | S | | | | |
| d. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE” – attitude, commitment, and enthusiasm during all clinical interactions. (responding) | NA | S | NA | S | S | S | | | | |
| e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (responding) | NA | S | NA | S | S | S | | | | |
| f. Comply with the standards outlined in the FRMCSN policy, “Student Conduct While Providing Nursing Care.” (responding) | NA | S | NA | S | S | S | | | | |
| Faculty Initials | BL | BL | FB | FB | DC | | | | | |

Comments:

Week 2 7A: My strength for this week is I was able to care for these patients with holistic care. I was able to piece together my patient’s socioeconomic status and social determinants of health as well as barriers that could interfere with my patient’s care. I was able to respond to the patient’s needs and notice manifestations and symptoms of her mental disorder. **Excellent job, Julia! You did a great job interacting with the patients this week and utilizing therapeutic communication. BL**

Week 4 7A: My strength for this week was I was able to connect the medical diagnosis and treatment for my patient with the behaviors my patient was experiencing. My patient was slow to respond and tired at times. I was able to attribute this to her treatment of her psychiatric medications as well as the Electroconvulsive therapy. I am able to see the bigger picture for her and in providing her care. **Great job being able to identify and use critical thinking skills to assess your patient, the patient’s needs, and implement interventions appropriately. FB**

* End-of-Program Student Learning Outcomes

Week 5 7A: This week was my week for simulation. I was able to assess my patient during her withdrawals using the appropriate CIWA scale. I was able to use therapeutic communication of offering self as well as presenting reality while my patient was experiencing some visual hallucinations. I was able to piece together her agitation, hallucinations, irritability, high blood pressure with her withdrawal symptoms and effectively communicate with the medication nurse so that the patient was medicated appropriately based on her CIWA score.

Week 6 7A: This week was my Stein Hospice Inpatient experience. For this week I felt a strength was I was able to identify the patient was having Cheyne–Stokes breathing and how to make sure the patient was comfortable and calm him for his agitation and restlessness. I assured the patient he wasn't alone and that he was safe. The patient seemed to calm down after all this until his family could come and be with him.

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

| | |
|--|--|
| Course Objective: Synthesize concepts related to psycho-pathology, health assessment data, evidence based practice, and the nursing process using clinical judgment skills to plan and care for patients with mental illness. | Student Name: Julia Fide Date: 06/16-06/17/2022 |
|--|--|

Top Nursing Priority: Disturbed Thought Process

| | | 3 Points >75% Complete | 2 Points 50-75% Complete | 1 Point <50% Complete | 0 Points 0% Complete | Comments |
|--------------|---|------------------------------|--------------------------------|-----------------------------|----------------------------|--|
| Noticing | Identify all abnormal assessment findings, subjective and objective | 3 | | | | Excellent job including all abnormal subjective and objective assessment findings for your patient. |
| | Identify all abnormal lab finds/diagnostic tests | 3 | | | | Great job including the patient's low valproic acid level. This is definitely important to consider related to medication effectiveness. |
| | Identify all risk factors | 3 | | | | |
| | Highlight all related/relevant data in the noticing boxes | 3 | | | | |
| Interpreting | List all nursing priorities | 3 | | | | Great job listing all your nursing priorities! |
| | Highlight the top mental health nursing priority | 3 | | | | Disturbed thought process |
| | Identify all potential complications | 3 | | | | |
| | Highlight potential complications relevant to top mental health nursing priority | 3 | | | | |
| | Identify signs and symptoms to monitor for each complication | | | 1 | | Remember to identify signs and symptoms to monitor for each complication. This would include new symptoms that you would monitor for to ensure early detection of a developing complication. |
| Responding | List all nursing interventions relevant to top mental health nursing priority | 3 | | | | |
| | Interventions are prioritized | 3 | | | | |
| | All interventions include a frequency | 3 | | | | |
| | All interventions are individualized and realistic | 3 | | | | |
| | An appropriate rationale is included for each intervention | 3 | | | | Excellent job with all of your nursing interventions! |
| Reflectin | List the reassessment findings for the top mental health nursing priority | 3 | | | | Great job with your reassessment and evaluation. |
| | Reflection includes one of the following statements: | 3 | | | | |

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|---|--|--|--|--|--|--|
| g | <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care <p>Discuss pertinent Social Determinants of Health for your patient</p> | | | | | |
| 48-33 points = Satisfactory 32-17 points = Needs Improvement ≤ 16 points = Unsatisfactory | | Total Points Earned: 46/48 Comments: Satisfactory Nursing Care Map. Excellent job! BL Faculty Initials: BL | | | | |

Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2022
Simulation Evaluations

| | | | | | |
|--|--|---|---|---|--|
| vSim Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory | Linda Waterfall (Anxiety/Cultural Scenario) (*1,2,3,4,5) | Sharon Cole (Bipolar Scenario) (*1,2,3,4,5) | Sandra Littlefield (Borderline Personality Disorder Scenario) (*1,2,3,4,5) | George Palo (Alzheimer's Disorder) (*1,2,3,4,5) | Randy Adams (PTSD Scenario) (*1,2,3,4,5) |
| | Date: 6/16/2022 | Date: 6/30/2022 | Date: 7/8/2022 | Date: 7/14/2022 | Date: 7/28/2022 |
| Evaluation | S | S | S | | |
| Faculty Initials | BL | FB | DC | | |
| Remediation: Date/Evaluation/Initials | NA | NA | NA | | |

* Course Objectives

Firelands Regional Medical Center School of Nursing
Psychiatric Nursing-2022

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: J. Fide, E. Gibson, H. Giles, J. West OBSERVATION DATE/TIME: 07/06/2022 SCENARIO #: 1

| | |
|--|---|
| CLINICAL JUDGMENT COMPONENTS NOTICING: <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 | OBSERVATION NOTES Attempts to seek out information related to patient's reason for admission Notices blood pressure is elevated Notices patient is agitated Seeks out information related to patient's alcohol use Notices patient is having visual hallucinations Notices patient has a high blood pressure |
|--|---|

| | |
|---|---|
| | <p>Notices patient is agitated</p> |
| <p>INTERPRETING:</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B | <p>Interprets CIWA score as 8</p> <p>Does not administer Lorazepam per protocol for CIWA score of 8 (Should administer 2 mg PO)</p> <p>Prioritizes brief mental health exam and CIWA Scale</p> <p>Interprets CIWA score as 39</p> <p>Interprets the CIWA protocol appropriately (4 mg of Lorazepam PO)</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>Introduces self to patient</p> <p>Obtains vital signs</p> <p>Performs a brief mental health exam</p> <p>Uses therapeutic communication with the patient</p> <p>Performs CAGE Assessment</p> <p>Performs CIWA Scale</p> <p>Remains calm with patient</p> <p>Calls physician with assessment information, no orders needed</p> <p>Medication nurse verifies patient</p> <p>Introduces self to patient</p> <p>Performs a brief mental health exam</p> <p>Performs CIWA Scale</p> <p>Attempts to use therapeutic communication with patient</p> <p>Obtains vital signs</p> <p>Medication nurse verifies patient</p> <p>Administers Lorazepam 4 mg PO</p> <p>No education provided to patient</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>Identified strengths and areas of improvement for performance.</p> <p>Reflected on the importance of providing education to the patient about substance abuse and community resources available.</p> <p>Reflected on the importance of providing education when it is</p> |

| | |
|---|--|
| | <p>appropriate.</p> <p>Reflected on the importance of therapeutic communication.</p> |
| <p>SUMMARY COMMENTS:</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> | <p><i>Lasater Clinical Judgement Rubric: Information provided relates to the Clinical Judgement Rubric based on comments listed above from student performance. Refer to Lasater’s Clinical Judgement Rubric for more detailed information.</i></p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In simple, common, or familiar situations, is able to compare the patient’s data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance.</p> <p>Responding: Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p> |

E = exemplary, A = accomplished, D = developing, B = Beginning

Based off of Lasater’s Clinical Judgment Rubric

EVALUATION OF CLINICAL PERFORMANCE TOOL
Psychiatric Nursing

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:

