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

Student: Marisol Fick

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)

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.

* End-of-Program Student Learning Outcomes

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: 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	NA				
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. **(interpreting)**	NA	S	NA	S	S	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	NA				
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care **(noticing)**	NA	S	NA	S	S	NA				
e. Recognize social determinants of health and the relationship to mental health. **(reflecting)**	NA	S	NA	S	S	NA				
f. Develop and implement an appropriate nursing therapy group activity. **(responding)**	NA	S	NA	~~S~~ NA	NA	NA				
g. Develop a geriatric physical/mental health assessment and education plan. (**Geriatric Assessment**) **(responding)**					NA					
Faculty Initials	BL	BL	FB	FB	DC	BL				
Clinical Location		AA/NA 1 South	NA	1 South	Hospice	NA				

* End-of-Program Student Learning Outcomes

Comments:

Week 2-1(e,f) Marisol, 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 "Grounding Exercises" activity was engaging and a great way for patients to learn positive coping mechanisms when feeling stressed, anxious, or depressed. BL
Week 4 (1a,e) Great job being able to discuss and identify your patient's mental illness disorder and the relationship to 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. (1f) This competency was changed to a NA because you did not implement a nursing therapy group during this clinical rotation. Make sure to rate yourself based off of the competency completed during the corresponding week. 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	NA				
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	NA				
b. Identify patient's subjective and objective findings including labs, diagnostic tests, and risk factors. **(noticing, recognizing)**	NA	S	NA	S	S	NA				
c. Demonstrate ability to identify the patient's use of coping/defense mechanisms. **(noticing, interpreting)**	NA	S	NA	~~S~~ NA	NA	NA				
d. Formulate a prioritized nursing care map utilizing clinical judgment skills. **(noticing, interpreting, responding, reflecting)**	NA	S	NA	S	S	NA				
e. Apply the principles of asepsis and standard precautions. **(responding)**	NA	S	NA	S	S	NA				
f. Practice use of standardized EBP tools that support safety and quality. **(noticing, responding)**	BL	BL	FB	FB	DC	BL				
Faculty Initials										

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 “Improving the Patient Experience and Decreasing Patient Anxiety with Nursing Bedside Report” during debriefing. Keep up the great work! BL
Week 4 (2b)- Excellent job providing a very thorough list of laboratory list with appropriate rationales. (2d) This competency was completed in week 2 with CDG requirement for day 2, therefore rating changed to a NA. Make sure you are rating each competency appropriately. FB

* End-of-Program Student Learning Outcomes

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	NA				
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	NA				
d. Construct effective therapeutic responses. **(responding)**	NA	S	NA	S	S	NA				
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	NA				
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations. **(responding)**	NA	S	NA	S	S	NA				
h. Teach patient/family based on readiness to learn and patient needs. **(responding, reflecting)**	NA	S	NA	S	S	NA				
Faculty Initials	BL	BL	FB	FB	DC	BL				

Comments:

Week 2-3(a,d,f) Marisol, 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	S	NA				
b. Demonstrate ability to discuss the uses and implication of psychotropic medications. **(responding, reflecting)**	NA	S	NA	S	S	NA				
c. Identify the major classification of psychotropic medications. **(interpreting)**	NA	S	NA	S	S	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	BL				

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	NA	NA	NA				
b. Discuss recommendations for referrals to appropriate community resources and agencies. **(reflecting)**	NA	S	NA	S	S	NA				
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	NA	NA	NA				
d. Attend Narcotics/ Alcoholics Anonymous meeting. **(Alcoholics/Narcotics Anonymous at the Artisans of Sandusky Observation)**	NA	S	NA	NA	NA	NA				
Faculty Initials	BL	BL	FB	FB	DC	BL				

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

* 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: a. Demonstrate competence in navigating the electronic health record. **(responding)**	NA	S	NA	S	NA	NA				
b. Demonstrate satisfactory documentation of physical and psychiatric assessments and nursing notes utilizing the electronic health record. **(responding)**	NA	S	NA	NA	NA	NA				
c. Demonstrate the use of technology to identify mental health resources. (**responding)**	NA	S	NA	S	S	NA				
Faculty Initials	BL	BL	FB	FB	DC	BL				

Comments:

Week 2-6(b) Excellent job documenting on the Nursing Therapy Group 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~~ NI	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	NA				
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	NA				
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. **(responding)**	NA	S	NA	S	S	NA				
f. Comply with the standards outlined in the FRMCSN policy, "Student Conduct While Providing Nursing Care." **(responding)**	NA	S	NA	S	S	NA				
Faculty Initials	BL	BL	FB	FB	DC	BL				

Comments:

Week 2-7(a) This competency has been changed to an "NI" because you did not provide a written comment stating your strengths for this week. I understand this was most likely missed because it is not highlighted. Going forward, please be sure to provide a written comment for your clinical experiences in 1 South, Hospice, and the Detox Center. Please let me know if you have any questions. BL

Week 4: I believe my strength this week was my confidence in delivering therapeutic communication to my patient. Each week I think I improve in knowing what to say next and making good conversation. I also think I did well in observing the admission process and connecting things we learned in class. Marisol, great job with developing and implementing therapeutic communication skills during your clinical rotation this week. Keep up the great work. FB

Week 5: My strengths this week included asking my instructors and the hospice nurses productive questions that helped further my knowledge of patient care. I believe I did well during my mental status assessment and therapeutic communication with the patient in simulation. I did well assisting hospice patients with ADLs.

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:** Marisol Fick **Date:** 06/16-06/17/2022
Top Nursing Priority: Risk for Suicide	

		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! You may also consider including ineffective coping as well.
	Highlight the top mental health nursing priority	3				Risk for suicide
	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				0	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		2			Remember to include a frequency for all interventions (missing one for #5 and #6).
	All interventions are individualized and realistic	3				

	An appropriate rationale is included for each intervention	3				
Reflecting	List the reassessment findings for the top mental health nursing priority			1		There is reassessment data missing. Remember to include reassessment data related to subjective and objective findings, as well as labs and diagnostic tests.
	Reflection includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care Discuss pertinent Social Determinants of Health for your patient	3				

48-33 points = Satisfactory 32-17 points = Needs Improvement ≤ 16 points = Unsatisfactory	Total Points Earned: 42/48 Comments: Satisfactory Nursing Care Map. Excellent job! Faculty Initials: BL

Firelands Regional Medical Center School of Nursing

Psychiatric Nursing-2022

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: M. Fick, D. Green, K. Howard, S. Kopp OBSERVATION DATE/TIME: 07/06/2022 SCENARIO #: 1

CLINICAL JUDGMENT COMPONENTS NOTICING:	OBSERVATION NOTES
• Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Notices the patient is agitated Notices the patient has abrasions Notices the patient is disheveled Notices the patient is seeing bugs Notices the patient has abrasions Notices the patient is disheveled Notices the patient is restless and agitated
INTERPRETING: • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Interprets CIWA score as 2 Interprets patient's history of alcohol abuse as a risk factor for withdrawal symptoms Interprets the patient is having visual hallucinations Interprets a need for the patient to be given medication for symptoms Interprets CIWA score as 29 Interprets correct dose of medication
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	Introduces self to patient and identifies patient Obtains vital signs Performs a brief mental status evaluation Performs CAGE Assessment Performs CIWA Scale Remains calm with patient Attempts to utilize therapeutic communication with the patient Medication nurse verifies patient verbally and with scanner

	Administers ordered morning medication Attempts to educate patient about alcohol abuse Introduces self to patient Obtains vital signs Performs a brief mental status evaluation Performs CIWA Scale Remains calm and confident with patient Performs CAGE Assessment Attempts to utilize therapeutic communication with the patient Medication nurse verifies patient verbally and with scanner Administers Lorazepam 4 mg PO Educates the patient about AA, provides handout
REFLECTING: • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Identified strengths and areas of improvement for performance. Reflected on the importance of providing education to the patient about substance abuse and community resources available. Reflected on the importance of providing education when it is appropriate. Reflected on the importance of therapeutic communication.
SUMMARY COMMENTS: **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning**	*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.* **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. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information. **Interpreting:** Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of

	their likelihood of success. **Responding:** Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. 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. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. **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.

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

Criteria	Marisol Fick Ratings				Points Earned
Criterion #1 Process Recording is organized and neatly completed	5 Points Typed process recording with spelling and grammar correct.	3 Points Typed process recording with 5 or less spelling and grammar mistakes.	1 Points Typed process recording with 5 or more spelling and grammar mistakes.	0 Points Process recording is not typed with 10 or more spelling and grammar mistakes.	5
Criterion #2 Assessment	7 Points Identifies pertinent patient background, current medical and psychiatric history. Provides a self-assessment of thoughts and feelings prior and during therapeutic communication interaction with patient. Identifies the milieu and effects on patient.	5 Points Identifies areas of assessment but incomplete data provided in 2 of the 4 areas. Provides a self-assessment of thoughts and feelings prior and during therapeutic communication interaction with patient. Identifies the milieu and effects on patient.	3 Point Identifies areas of assessment but incomplete data provided in 3 of the 4 areas. Provides a self-assessment of thoughts and feelings prior and during therapeutic communication interaction with patient. Identifies the milieu and effects on patient.	0 Points Missing data in all 4 areas of assessment.	7
Criterion #3 Mental Health Nursing Diagnosis (priority problem)	8 Points Identifies priority mental health problem (not a medical diagnosis) providing at least 5 potential complications.	5 Points Identifies Priority mental health problem provides at least 4 potential complications.	3 Point Identifies priority mental health problem provides at least 3 potential complications.	0 Points Does not provide priority mental health problem and/or less than 3 potential complications.	8
Criterion #4 Nursing Interventions	10 Points Identifies all pertinent nursing interventions (at least 5) in priority order including a rationale and timeframe. Interventions must be individualized and realistic. Identifies a therapeutic communication goal	6 Points Identifies 4 or less nursing interventions in priority order including a rationale and time frame. Interventions are not individualized and/or realistic. Identifies a therapeutic communication goal.	4 Point Identifies 4 or less nursing interventions but not prioritized and/or no rationale or time frame provided. Interventions are not individualized and /or realistic. Identifies a therapeutic communication goal.	0 Points Identifies less than 4 interventions, not prioritized, individual, realistic, no rationale, no time frame. No therapeutic communication goal.	10
Criterion #5 Process	15 Points Provides direct quotes for all	10 Points Direct quotes are not	5 Point Direct quotes are not	0 Points Direct quotes are not	15

Recording	interchanges. Nonverbal and Verbal behavior is described for all interactions. Students thoughts and feelings concerning each interaction is provided.	provided. Nonverbal and Verbal behavior is described for at least 7 interactions. Student thoughts and feelings concerning at least 5 interactions are provided.	provided. Nonverbal and Verbal behavior is described for at least 5 interactions. Student thoughts and feelings concerning at least 5 interactions are provided.	provided. Nonverbal and Verbal behavior is not described for less than half of the interactions. Student thoughts and feelings for less than half of the interactions provided.	
Criterion #6 Process Recording	20 Points Analysis of each interaction providing type of communication (therapeutic or nontherapeutic) and technique (exploring, focusing, reflecting, formulating a plan of action, etc.) and example from interactions.	15 Points Analysis of each interaction providing type of communication (therapeutic or nontherapeutic), and technique (exploring, focusing, reflecting, formulating a plan of action, etc.) and no example from interactions provided.	10 Point Analysis of each interaction providing type of communication (therapeutic or nontherapeutic), no technique (exploring, focusing, reflecting, formulating a plan of action, etc.) and/or no example from interactions provided.	0 Points Analysis not provided for each interaction	20
Criterion #7 Process Recording	10 Points Communication has a natural beginning and ending; the conversation flows from sentence to sentence and has a logical conclusion. There are at least 10 interchanges between patient and student.	6 Points Communication has a natural beginning and ending; the conversation flows from sentence to sentence and has a logical conclusion. There are at least 7 interchanges between patient and student.	4 Points Communication has a natural beginning and ending; the conversation flows from sentence to sentence and has a logical conclusion. There are at least 5 interchanges between patient and student.	0 Points There was less than 5 interchanges between patient and student provided.	10
Criterion #8 Evaluation	15 Points Self-evaluation of communication with patient. Identify at least 3 strengths and 3 weaknesses of therapeutic communication.	10 Points Self-evaluation of communication with patient. Identified 2 strengths and 2 weaknesses of therapeutic communication.	5 Point Self-evaluation of communication with patient. Identified 1 strength and 1 weakness of therapeutic communication.	0 Points No self-evaluation was provided.	15
Criterion #9 Evaluation	10 Points Identify at least 3 barriers to communication including interventions or communication that could have been done differently. Identify all pertinent social determinants of health.	6 Points Identify at least 2 barriers to communication including interventions or communication that could have been done differently. Identify all pertinent social	4 Point Identify at least 2 barriers to communication did not include interventions or communication that could have been done differently. Did not identify any pertinent	0 Points Identify at least 1 barrier to communication did not include interventions or communication that could have been done differently. Did not	10

		determinants of health.	social determinants of health.	identify any pertinent social determinants of health.	
Total Possible Points= 100 points 77-100 points= Satisfactory completion. 76-53 points= Needs Improvement < 53 points= Unsatisfactory Faculty comments: Excellent job! Satisfactory completion of Nursing Process Study. **Faculty Initials:** FB				**Total Points:**	100/100

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)	Live Simulation (Alcohol Substance Use) (*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: 7/6-7/2022**	**Date: 7/8/2022**	**Date: 7/14/2022**	**Date: 7/28/2022**
Evaluation	S	S	S	S		
Faculty Initials	BL	FB	BL	DC		
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA		

* Course Objectives

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: