

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

**Student:**

Lauren Jenks

**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.

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
<b>Competencies:</b>	NA	NA	S	S	NA	NA				
a. Demonstrate an understanding of the relationship between mental health, physical health, and environment for those patients diagnosed with a mental disorder. <b>(noticing)</b>	NA	NA	S	S	NA	NA				
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. <b>(interpreting)</b>	NA	NA	NA	NA	NA	NA				
c. <b>Provide culturally and spiritually competent care</b> within the scope of nursing that meets the needs of assigned patients from diverse cultural, racial and ethnic backgrounds. <b>(responding)</b>	NA	NA	NA	S	NA	NA				
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care <b>(noticing)</b>	NA	NA	S	S	S	NA				
e. Recognize social determinants of health and the relationship to mental health. <b>(reflecting)</b>	NA	NA	S	S	S	NA				
f. Develop and implement an appropriate nursing therapy group activity. <b>(responding)</b>	NA	NA	NA	NA	NA	NA				
g. Develop a geriatric physical/mental health assessment and education plan. <b>(Geriatric Assessment) (responding)</b>					S					
Faculty Initials	LM	LM	FB	LM	DC	BL				
Clinical Location	NA	No clinical	Erie County Detox Unit, Sandusky Artisans	Stein Hospice	Simulation	No clinical				

\* End-of-Program Student Learning Outcomes

**Comments:**

<b>Objective</b>										
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	<b>Final</b>
<b>Competencies:</b>	NA	NA	NA	NA	S	NA				
a. Assemble a health history which includes past and current history of mental and medical health issues and chief reason for hospitalization. <b>(noticing)</b>	NA	NA	NA	NA	S	NA				
b. Identify patient’s subjective and objective findings including labs, diagnostic tests, and risk factors. <b>(noticing, recognizing)</b>	NA	NA	NA	NA	S	NA				
c. Demonstrate ability to identify the patient’s use of coping/defense mechanisms. <b>(noticing, interpreting)</b>	NA	NA	S	S	S	NA				
d. Formulate a prioritized nursing care map utilizing clinical judgment skills. <b>(noticing, interpreting, responding, reflecting)</b>	NA	NA	NA	NA	NA	NA				
e. Apply the principles of asepsis and standard precautions. <b>(responding)</b>	NA	NA	S	S	S	NA				
f. Practice use of standardized EBP tools that support safety and quality. <b>(noticing, responding)</b>	NA	NA	S	S	S	NA				
Faculty Initials	LM	LM	FB	LM	DC	BL				

**Comments:**

\* End-of-Program Student Learning Outcomes

<b>Objective</b>										
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	<b>Final</b>
a. Illustrate professionally appropriate and therapeutic communication skills in interactions with patients, and families. <b>(responding)</b>	NA	NA	S	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. <b>(responding)</b>	NA	NA	NA	NA	S	NA				
c. Identify barriers to effective communication. <b>(noticing, interpreting)</b>	NA	NA	S	S	S	NA				
d. Construct effective therapeutic responses. <b>(responding)</b>	NA	NA	S	S	S	NA				
e. Construct a satisfactory patient-nurse therapeutic communication. <b>(Nursing Process Study) (responding, reflecting)</b>					NA					
f. Posts respectfully and appropriately in clinical discussion groups. <b>(responding, reflecting)</b>	NA	NA	S	S	NA	NA				
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations. <b>(responding)</b>	NA	NA	S	S	S	NA				
h. Teach patient/family based on readiness to learn and patient needs. <b>(responding, reflecting)</b>	NA	NA	NA	S	S	NA				
Faculty Initials	LM	LM	FB	LM	DC	BL				

**Comments:** Week 3 (3f)- CDG posts regarding clinical experiences for Sandusky Artisans and Erie County Health Department Detox Unit were completed on time and following all requirements provided on CDG rubric, great job! FB

Week 4 (3f)- Lauren, you did a great job on your reflection responses for the Hospice clinical experience. You provided substantive responses to each question. You have satisfactorily met the requirements for this clinical. Great job! LM

\* End-of-Program Student Learning Outcomes

\* 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. <b>(responding)</b>	NA	NA	NA	NA	S	NA				
b. Demonstrate ability to discuss the uses and implication of psychotropic medications. <b>(responding, reflecting)</b>	NA	NA	NA	NA	S	NA				
c. Identify the major classification of psychotropic medications. <b>(interpreting)</b>	NA	NA	NA	NA	S	NA				
d. Identify common barriers to maintaining medication compliance. <b>(reflecting)</b>	NA	NA	NA	NA	S	NA				
e. Explain the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications. <b>(responding, reflecting)</b>	NA	NA	NA	NA	NA	NA				
Faculty Initials	LM	LM	FB	LM	DC	BL				

Comments:

\* 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. <b>(noticing, interpreting)</b>	NA	NA	S	NA	NA	NA				
b. Discuss recommendations for referrals to appropriate community resources and agencies. <b>(reflecting)</b>	NA	NA	NA	NA	NA	NA				
c. Attend Erie County Health Department Detox Unit observing the care of a patient with mental illness-substance abuse. <b>(Community Agency Observation-Detox Unit)</b>	NA	NA	S	NA	NA	NA				
d. Attend Narcotics/Alcoholics Anonymous meeting. <b>(Alcoholics/Narcotics Anonymous at the Artisans of Sandusky Observation)</b>	NA	NA	S	NA	NA	NA				
Faculty Initials	LM	LM	FB	LM	DC	BL				

**Comments:** Week 3 (5c,d)- Great job with CDG post related to clinical experience at Sandusky Artisans and the Erie County Health Department Detox Unit. These clinical experiences are great learning experiences and provides you with knowledge regarding resources available for patients. 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
<b>Competencies:</b>	NA	NA	NA	NA	NA	NA				
a. Demonstrate competence in navigating the electronic health record. <b>(responding)</b>	NA	NA	NA	NA	NA	NA				
b. Demonstrate satisfactory documentation of physical and psychiatric assessments and nursing notes utilizing the electronic health record. <b>(responding)</b>	NA	NA	NA	NA	NA	NA				
c. Demonstrate the use of technology to identify mental health resources. <b>(responding)</b>	NA	NA	NA	NA	NA	NA				
Faculty Initials	LM	LM	FB	LM	DC	BL				

**Comments:**

\* 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. <b>(reflecting)</b>	NA	NA	S	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. <b>(responding)</b>	NA	NA	S	S	S	NA				
c. Illustrate active engagement in self-reflection and debriefing. <b>(reflecting)</b>	NA	NA	NA	S	S	NA				
d. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE” – attitude, commitment, and enthusiasm during all clinical interactions. <b>(responding)</b>	NA	NA	S	S	S	NA				
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. <b>(responding)</b>	NA	NA	S	S	S	NA				
f. Comply with the standards outlined in the FRMCSN policy, “Student Conduct While Providing Nursing Care.” <b>(responding)</b>	NA	NA	S	S	S	NA				
Faculty Initials	LM	LM	FB	LM	DC	BL				

### Comments:

#### 7a.

**Week 3:** A few of my strengths during the Sandusky Artisans clinical rotation was active listening, making eye contact while the client was explaining their struggles within the past week, showing acceptance as they listed their personal strengths, and voicing respect as I was very thankful everyone allowed me to be a part of sharing their stories and attending the meeting with them. **Great job with participation, acting in a professional manner, and exhibiting ACE during your clinical experiences this week. FB**

**Week 4:** My strengths during the Stein Hospice clinical were overall sufficient as I used therapeutic communication techniques when having a conversation with the patients and I provided palliative care allowing the patient to be as comfortable as possible during their stay at Stein Hospice. **You did an excellent job encouraging your patient to go out and enjoy the sunshine! Excellent care, Lauren! LM**

Week 5: My strength during the simulation was administering Lorazepam to during decrease my patient’s anxiety levels through the withdraw process.

Firelands Regional Medical Center School of Nursing  
Care Map Grading Rubric

Course Objective:		Student Name:				
		Date:				
<b>Top Nursing Priority:</b>						
		3 Points >75% Complete	2 Points 50-75% Complete	1 Point <50% Complete	0 Points 0% Complete	Comments
Noticing	Identify all abnormal assessment findings, <b>subjective and objective</b>					
	Identify all abnormal lab finds/diagnostic tests					
	Identify all risk factors					
	Highlight all related/relevant data in the noticing boxes					
Interpreting	List all nursing priorities					
	Highlight the top <b>mental health</b> nursing priority					
	Identify all potential complications					
	Highlight potential complications relevant to top <b>mental health</b> nursing priority					
	Identify signs and symptoms to monitor for each complication					
Responding	List all nursing interventions relevant to top <b>mental health</b> nursing priority					
	Interventions are prioritized					
	All interventions include a frequency					
	All interventions are individualized and realistic					
	An appropriate rationale is included for each intervention					
Reflectin	List the reassessment findings for the top <b>mental health</b> nursing priority					
	Reflection includes one of the following statements:					

g	<ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul> <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: Comments: Faculty Initials:				

Geriatric Assessment Rubric  
2022

Student Name: Lauren Jenks

Date: 07/05/2022

## Clinical Assessment Rubric

### Mental/Physical Health Status Assessment

	Points Possible	Points Received
Physical Assessment	4	4
Geriatric Depression Scale (short form) Assessment	4	4
Short Portable mental status questionnaire	4	4
Geriatric Health Questionnaire	2	2
Time and change test	4	4
Cognitive Assessment (Clock Drawing)	4	4
Falls Risk Assessment (Get Up and Go)	4	4
Brief Pain inventory (Short form)	2	2
Nutrition Assessment (Determine Your Nutritional Health)	4	4
Instrumental ADL/ Index of Independence in ADL	4	4
Medication Assessment	4	4
Points	40	40

### Education Assessment

	Points Possible	Points Received
Learning Needs Identified and Prioritized (3)	10	10
Priorities pertinent to learning needs (3)	5	5
Nursing interventions related to learning needs (5)	10	10
Points	25	25

**Education Plan**

	Points Possible	Points Received
Education Prioritization and Barriers to Education	5	5
Teaching Content and Methods used for Education	10	10
Evaluation of Education Plan	10	10
Education Resources attached	10	10
Points	35	35

Total Points 100/100

Lauren, excellent job with your Geriatric Assessment! You have been graded as satisfactory. Keep up all your hard work! BL

Firelands Regional Medical Center School of Nursing  
Psychiatric Nursing-2022

**Lasater Clinical Judgment Rubric Scoring Sheet**

STUDENT NAME: P. Gregg, J. Guseman, T. Ivey, L. Jenks OBSERVATION DATE/TIME: 07/06/2022 SCENARIO #: 1

CLINICAL JUDGMENT					OBSERVATION NOTES
<b>COMPONENTS NOTICING:</b>					
1. Focused Observation:	E	A	D	B	Notices abrasions on patient
2. Recognizing Deviations from Expected Patterns:	E	A	D	B	Notices patient's blood pressure is elevated
a. Information Seeking:	E	A	D	B	Seeks out information from patient regarding reason for admission and home life
					Notices patient is agitated
					Notices patient complaining of auditory hallucinations
					Notices patient needs medication for withdrawal symptoms
<b>INTERPRETING:</b>					
3. Prioritizing Data:	E	A	D	B	Interprets CIWA score as 4
b. Making Sense of Data:	E	A	D	B	Interprets CIWA score accurately as 20
					Does not prioritize giving Lorazepam after CIWA Scale is performed
					Interprets CIWA protocol correctly for medication administration
<b>RESPONDING:</b>					
4. Calm, Confident Manner:	E	A	D	B	Introduces self to patient
5. Clear Communication:	E	A	D	B	Obtains vital signs
c. Well-Planned Intervention/ Flexibility:	E	A	D	B	Discusses patient's reason for admission with her
d. Being Skillful:	E	A	D	B	Utilizes therapeutic communication with the patient
					Medication nurse verifies patient
					Medication nurse discusses medications with patient
					Performs brief mental status evaluation
					Performs CAGE Assessment
					Medication nurse performs CIWA Scale

	<p>Introduces self to patient</p> <p>Obtains vital signs</p> <p>Performs CIWA Scale</p> <p>Performs brief mental health exam</p> <p>Administers Lorazepam 4 mg PO</p> <p>Reassesses patient after administration of Lorazepam</p> <p>Does not provide any education to patient related to substance abuse or support groups</p> <p>Utilizes therapeutic communication with patient</p>
<p><b>REFLECTING:</b></p> <p>6. Evaluation/Self-Analysis: <b>E</b>    <b>A</b>    <b>D</b>    <b>B</b></p> <p>e. Commitment to Improvement: <b>E</b>    <b>A</b>    <b>D</b>    <b>B</b></p>	<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 appropriate.</p> <p>Reflected on the importance of therapeutic communication.</p>
<p><b>SUMMARY COMMENTS:</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></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><b>Noticing:</b> 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><b>Interpreting:</b> Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p><b>Responding:</b> Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to</p>

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

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

<b>vSim Evaluation</b>  Performance Codes:  <b>S:</b> Satisfactory  <b>U:</b> 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)
	<b>Date:</b> 6/16/2022	<b>Date:</b> 6/30/2022	<b>Date:</b> 7/6-7/2022	<b>Date:</b> 7/8/2022	<b>Date:</b> 7/14/2022	<b>Date:</b> 7/28/2022
	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	
<b>Faculty Initials</b>	<b>LM</b>	<b>LM</b>	<b>BL</b>	<b><u>DC</u></b>	<b>BL</b>	
<b>Remediation: Date/Evaluation/Initials</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	

\* 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: