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

Student: | Erika Gibson |

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

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PERFORMANCE CODE

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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	S	S	S	NA				
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. **(interpreting)**	NA	NA	S	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	NA	S	S	S	S				
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care **(noticing)**	NA	S	S	S	S	S				
e. Recognize social determinants of health and the relationship to mental health. **(reflecting)**	NA	S	S	S	S	NA				
f. Develop and implement an appropriate nursing therapy group activity. **(responding)**	NA	NA	~~S~~ NA	S	S	NA				
g. Develop a geriatric physical/mental health assessment and education plan. (**Geriatric Assessment**) **(responding)**					S					
Faculty Initials	LM	LM	CB	CB	DC	BL				
Clinical Location	No clinical	Sandusky Artisan Recovery Center	1 South	1 South	Simulation	Hospice				

* End-of-Program Student Learning Outcomes

Comments:
Week 3(1e): Erika, great job identifying and discussing your patient's social determinants of health in your CDG and Nursing Care Map. I changed the competency 1f to an NA because you did not develop and implement a nursing therapy group this week. CB
Week 4(1f): Erika, you did a great job with your nursing therapy group "I can cope". CB

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

Comments:
Week 3(2d,f): Erika, great job formulating a prioritized nursing care map for your patient this week utilizing your clinical judgement skills. Please see the Nursing Care Map Rubric at the end of this document for my feedback. CB
Week 4(2f): You did a great job discussing your EBP article titled "The Effect of Mindfulness Meditation Training on Biological Acute Stress Responses in Generalized Anxiety Disorder" during debriefing. Keep up the great work! CB

* 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	NA	S	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	NA	~~S~~ NA	NA	NA	NA				
c. Identify barriers to effective communication. **(noticing, interpreting)**	NA	NA	S	S	S	S				
d. Construct effective therapeutic responses. **(responding)**	NA	S	S	S	S	S				
e. Construct a satisfactory patient-nurse therapeutic communication. (**Nursing Process Study) (responding, reflecting)**					U/S					
f. Posts respectfully and appropriately in clinical discussion groups. **(responding, reflecting)**	NA	S	S	S	S	S				
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations. **(responding)**	NA	S	S	S	S	S				
h. Teach patient/family based on readiness to learn and patient needs. **(responding, reflecting)**	NA	NA	S	S	S	S				
Faculty Initials	LM	LM	CB	CB	DC	BL				

Comments:

Week 2 (3f)- Erika, you did a great job on your CDG post for the Sandusky Artisans recovery clinical experience. You provided substantive responses to each question and provided intext citations along with references. You have satisfactorily met the requirements for this clinical. Great job! LM
Week3 (3a,d,f): Erika, great job therapeutically communicating with all the patients this week. You also did a great job with both of your CDG post, including your Nursing Care Map. Keep up the great work! CB

* End-of-Program Student Learning Outcomes

Week 4(3a,c,d): Erika, you did a great job communicating with your patients this week during clinical! CB

Week 6-3(f) Erica, you did an excellent job with your Hospice Reflection Journal. I'm glad you learned a lot during this experience and enjoyed your time spent there. Thank you so much for sharing your thoughts and feelings about the experience. BL

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

Comments:

Week 3 (4b-e): Great job this week looking up medications that were prescribed to your patient to treat mental illness. CB

Week 4(4b,e): Great job demonstrating knowledge of frequently prescribed medications utilized in treating mental illness through one-on-one discussion with your instructor during clinical. CB

* End-of-Program Student Learning Outcomes

* 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	NA	NA	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	LM	LM	CB	CB	DC	BL				

Comments:

Week 2 – Erika, you satisfactorily met all of the requirements for the Sandusky Artisans recovery clinical experience. LM

* 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	NA	S	S	S	S				
b. Demonstrate satisfactory documentation of physical and psychiatric assessments and nursing notes utilizing the electronic health record. **(responding)**	NA	NA	NA	~~NA~~ S	S	~~S~~ NA				
c. Demonstrate the use of technology to identify mental health resources. **(responding)**	NA	NA	S	S	S	NA				
Faculty Initials	LM	LM	CB	CB	DC	BL				

Comments:

Week 4(6b,c):   Excellent job documenting the Nursing Therapy Group this week. You also did a great job discussing technology resources that are available for mental health patients in your CDG. CB

* End-of-Program Student Learning Outcomes

* 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	NA	S	S	S	S				
b. Demonstrates effective use of strategies to reduce risk of harm to self or others. Create a safe environment for patient care. **(responding)**	NA	NA	S	S	S	S				
c. Illustrate active engagement in self-reflection and debriefing. (**reflecting**)	NA	NA	S	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	S	S	S	S				
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. **(responding)**	NA	S	S	S	S	S				
f. Comply with the standards outlined in the FRMCSN policy, "Student Conduct While Providing Nursing Care." **(responding)**	NA	NA	S	S	S	S				
Faculty Initials	LM	LM	CB	CB	DC	BL				

Comments: 7a: My strengths, would be active listening and using broad-opening communication with the patients. Establishing a good rapport with the patients allowing them to open more and share more with me. **Erika, you did a great job communicating with all of the patient's this week! CB**

7a- Week 4: My strength was active listening to my patient and other patient on the floor. They really opened up and express themselves especially during the therapy group I lead. I really enjoyed myself and this experience. **Erika, you did a great job with your nursing therapy group and your communication with the patients in the clinical setting this week! CB**

7a my strength was identifying the right dose of lorazepam according to CIWA scale and trying to keep patient calm during this simulation

7a my strength this week was showing empathy and giving compassionate care to bed bound pt's **Great job! BL**

<div align="center">Firelands Regional Medical Center School of Nursing</div>
<div align="center">Care Map Grading Rubric</div>

Course Objective: Synthesize concepts related to psycho-pathology, health assessment data, evidence based practice, and the nursing process using clinical judgement skills to plan and care for patients with mental illness.	Student Name: Erika Gibson Date: 06/21/2022-6/22/2022

Top Nursing Priority: Ineffective Coping

		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				
	Identify all risk factors	3				
	Highlight all related/relevant data in the noticing boxes	3				
Interpreting	List all nursing priorities	3				
	Highlight the top mental health nursing priority	3				Ineffective Coping
	Identify all potential complications	3				
	Highlight potential complications relevant to top mental health nursing priority	3				I would also highlight flight of ideas and insomnia, these both related to your patient's current state.
	Identify signs and symptoms to monitor for each complication	3				
Responding	List all nursing interventions relevant to top mental health nursing priority	3				
	Interventions are prioritized	3				Great job assessing your patient's anxiety level as your first intervention.
	All interventions include a frequency	3				
	All interventions are individualized and realistic	3				All interventions were realistic and individualized for your patient, great job!
	An appropriate rationale is included for each intervention	3				
Re	List the reassessment findings for the top mental health nursing priority	3				

| flecting | Reflection includes one of the following statements:
• Continue plan of care
• Modify plan of care
• Terminate plan of care
<mark>Discuss pertinent Social Determinants of Health for your patient</mark> | 3 | | | | |

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

Criteria	Erika Gibson 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. Few grammar, spelling, and spacing mistakes noted. Few grammar mistakes noted.	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.	1/3
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 Recording	15 Points Provides direct quotes for all interchanges. Nonverbal and Verbal behavior is described for	10 Points Direct quotes are not provided. Nonverbal and Verbal behavior is	5 Point Direct quotes are not provided. Nonverbal and Verbal behavior is	0 Points Direct quotes are not provided. Nonverbal and Verbal behavior is	12/15

	all interactions. Students thoughts and feelings concerning each interaction is provided. Updated with quotation marks used at appropriate times.	described for at least 7 interactions. Student thoughts and feelings concerning at least 5 interactions are provided. Started using quotation marks, did not finish or use appropriately.	described for at least 5 interactions. Student thoughts and feelings concerning at least 5 interactions are provided.	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. Updated with technique and examples provided for each interaction.	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. No technique was provided or examples for each interaction.	0 Points Analysis not provided for each interaction	10/20
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. Updated: Great job with very descriptive thorough evaluation of strengths and weaknesses associated with patient 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. Strengths and weaknesses were not reflective of your conversation. This is to be a self-evaluation based off of your conversation.	0 Points No self-evaluation was provided.	4/15
Criterion #9 Evaluation	10 Points Identify at least 3 barriers to	6 Points Identify at least 2 barriers	4 Point Identify at least 2 barriers	0 Points Identify at least 1	2/10

communication including interventions or communication that could have been done differently. Identify all pertinent social determinants of health. Updated: Identification of barriers were provided in detail. Social determinants of health were updated including areas making the patient at risk for re-admission.	to communication including interventions or communication that could have been done differently. Identify all pertinent social determinants of health.	to communication did not include interventions or communication that could have been done differently. Did not identify any pertinent social determinants of health. Barriers were not reflective of barriers to student-patient communication. Social determinants of health did not provide detail into employment, family support, or living conditions.	barrier to communication did not include interventions or communication that could have been done differently. Did not 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: Erica, please provide direct quotes using quotation marks, technique with example, and evaluate based off of your communication with the patient. See page 116 in your textbook for an example. Strengths and weaknesses of the communication should be reflective of the communication you had with your patient. Also include barriers to communication with your patient and interventions you could have implemented to assist with a positive outcome of the conversation. Updated Nursing Process Study: You did a great job with the updated version of the process study and areas of concern in the first attempt. Satisfactory completion of Nursing Process Study. **Total Points:** (right) **Faculty Initials:** FB/FB	64/98

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					OBSERVATION NOTES
COMPONENTS NOTICING:					Attempts to seek out information related to patient's reason for admission
1. Focused Observation:	E	A	D	B	Notices blood pressure is elevated
2. Recognizing Deviations from Expected Patterns:	E	A	D	B	Notices patient is agitated
a. Information Seeking:	E	A	D	B	Seeks out information related to patient's alcohol use
					Notices patient is having visual hallucinations
					Notices patient has a high blood pressure
					Notices patient is agitated
INTERPRETING:					Interprets CIWA score as 8
3. Prioritizing Data:	E	A	D	B	Does not administer Lorazepam per protocol for CIWA score of 8 (Should administer 2 mg PO)
b. Making Sense of Data:	E	A	D	B	
					Prioritizes brief mental health exam and CIWA Scale
					Interprets CIWA score as 39
					Interprets the CIWA protocol appropriately (4 mg of Lorazepam PO)
RESPONDING:					Introduces self to patient
4. Calm, Confident Manner:	E	A	D	B	Obtains vital signs
5. Clear Communication:	E	A	D	B	Performs a brief mental health exam
c. Well-Planned Intervention/ Flexibility:	E	A	D	B	Uses therapeutic communication with the patient
d. Being Skillful:	E	A	D	B	Performs CAGE Assessment
					Performs CIWA Scale
					Remains calm with patient

	Calls physician with assessment information, no orders needed Medication nurse verifies patient Introduces self to patient Performs a brief mental health exam Performs CIWA Scale Attempts to use therapeutic communication with patient Obtains vital signs Medication nurse verifies patient Administers Lorazepam 4 mg PO No education provided to patient
REFLECTING: 6. Evaluation/Self-Analysis: E A D B e. 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. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. **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. **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. **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

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	S	
Faculty Initials	LM	CB	BL	DC	BL	
Remediation: **Date/Evaluation/Initials**	NA	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: