

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

Student:

Jenna Strayer

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

* End-of-Program Student Learning Outcomes

Comments:

Week 3(1e,f): Jenna, 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 this week. Your “Self-esteem” activity was engaging and a great way for your patients talk about their thoughts and feelings. 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:	NA	NA	S	S	NA	NA	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	NA	S	S	NA	NA	NA			
b. Identify patient’s subjective and objective findings including labs, diagnostic tests, and risk factors. (noticing, recognizing)	NA	NA	S	S	NA	NA	NA			
c. Demonstrate ability to identify the patient’s use of coping/defense mechanisms. (noticing, interpreting)	NA	NA	S	S	S	NA	NA			
d. Formulate a prioritized nursing care map utilizing clinical judgment skills. (noticing, interpreting, responding, reflecting)	NA	NA	S	NA	NA	NA	NA			
e. Apply the principles of asepsis and standard precautions. (responding)	NA	NA	S	S	S	NA	NA			
f. Practice use of standardized EBP tools that support safety and quality. (noticing, responding)	NA	NA	S	S	S	NA	NA			
Faculty Initials	MD	MD	CB	CB	MD	BL	BL			

Comments:

Week 3(2d,f): Jenna, 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. You also did a great job discussing your EBP article titled “The Prevalence of Substance Use and Substance Use Problems in Registered Nurses: Estimates From the Nurse Worklife and Wellness Study” 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	NA	NA	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	NA	S	S	NA	NA	NA			
c. Identify barriers to effective communication. (noticing, interpreting)	NA	NA	S	S	S	NA	NA			
d. Construct effective therapeutic responses. (responding)	NA	NA	S	S	S	NA 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	NA	S	S	NA	NA S	S			
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations. (responding)	NA	NA	S	S	NA	NA S	S			
h. Teach patient/family based on readiness to learn and patient needs. (responding, reflecting)	NA	NA	S	S	S	NA	NA			
Faculty Initials	MD	MD	CB	CB	MD	BL	BL			

Comments:

Week3 (3a,d,f): Jenna, 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

Week 4(3a,c,d): Jenna, you did a great job with therapeutically communicating with your patients this week. Great job on your CDG post for day 3 and 4 on 1south. CB

* End-of-Program Student Learning Outcomes

Week 6-3(f) Jenna, you did an excellent job with your CDG for your Detox and Sandusky Artisans clinical experience this week. Your responses were very thorough and reflected much thought. I am glad you enjoyed your experiences at these sites. Keep up all your great work! BL

Week 7-3(f) Jenna, 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	S	S	S	NA	NA			
b. Demonstrate ability to discuss the uses and implication of psychotropic medications. (responding, reflecting)	NA	NA	S	S	S	NA	NA			
c. Identify the major classification of psychotropic medications. (interpreting)	NA	NA	S	S	S	NA	NA			
d. Identify common barriers to maintaining medication compliance. (reflecting)	NA	NA	S	S	S	NA	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	NA			
Faculty Initials	MD	MD	CB	CB	MD	BL	BL			

Comments:

Week 3 (4a-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

Week 4(4a,b,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	S	S	S	NA S	NA			
b. Discuss recommendations for referrals to appropriate community resources and agencies. (reflecting)	NA	NA	S	S	S	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	S	NA			
d. Attend Narcotics/Alcoholics Anonymous meeting. (Alcoholics/Narcotics Anonymous at the Artisans of Sandusky Observation)	NA	NA	NA	NA	NA	S	NA			
Faculty Initials	MD	MD	CB	CB	MD	BL	BL			

Comments:

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

Comments:

Week 3(6b): Excellent job documenting the Nursing Therapy Group this week. CB

Week 4(6c): You 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	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	NA	NA			
c. Illustrate active engagement in self-reflection and debriefing. (reflecting)	NA	NA	S	S	S	NA	NA			
d. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE” – attitude, commitment, and enthusiasm during all clinical interactions. (responding)	NA	NA	S	S	S	NA S	S			
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (responding)	NA	NA	S	S	S	NA S	S			
f. Comply with the standards outlined in the FRMCSN policy, “Student Conduct While Providing Nursing Care.” (responding)	NA	NA	S	S	S	NA S	S			
Faculty Initials	MD	MD	CB	CB	MD	BL	BL			

Comments:

7a- This week I felt like some of my strengths were being able to lead a group activity as well as communicating with patients. During my group therapy session, I was able to get the patients to understand the concept of the activity and participate in the activity as well. The patients do not always want to participate in discussions or groups but I felt like there were a good amount of patients that partook in my nursing group therapy activity. I learned this week how important communication is to some of these patients. I felt like a good strength was learning to communicate with the patients and being able to connect and bond with this patients while earning their trust. **You did a great job communicating this week, keep up the great work! CB**

7a week 4- This week I felt like my strength was staying involved with the patients. I felt like I did a good job staying busy and talking to the patients. This week we played different card games, colored, and just talked. I felt like the more we did with the patients, the more they opened up and wanted to share with us. I had some really good conversations with patients this week whether that was during a card game, uno, coloring, or watching TV. Being more active with the patients makes them want to be more involved and keeps them out of their rooms. A lot of their goals this week was to stay out of their rooms and to open up more. A few different

patients said that us being there and talking with them really helps them to stay active as well and to help achieve their goals. **I agree, when you are interacting and keeping the patients busy, they look forward to when you are there and don't want to sit in their rooms. I've seen more patient's out and about the second day of clinical, when you tell them that you will be back tomorrow. Great job this week! CB**

7a week 5- This week I felt like my strength was giving medications during simulation. I felt as I did a good job at explaining the medication to the patient as well as figuring out the dosage to give per the scale. I felt that simulation went well all together. I felt that my group did a good job of communicating with the patient and letting the patient know we were there for her and wanted what was best for her. **Awesome! MD**

7a week 6- This week I felt like my strength was being open minded. I tried to stay open minded and to be able to put myself in the shoes of the patients at both detox and Sandusky Artisans. I felt like I was able to listen to their struggles and what they have endured to get to the point that they are at in life. There are things that happen in peoples lives that we can't control and sometimes they can't control. There are things that patient's can try their best to control and being at the detox unit or going to meetings and groups at the Artisans is the first step in taking control and going towards the correct way of recovery. Hearing the individual's stories and struggles made me really look at things outside of what you "see" when you see individuals struggling with addiction, substance abuse, and mental health issues. Not one person is the same in how they got to where they are as well as no one person is the same in their road of recovery. I am thankful I was able to attend these different clinical sites as it gave me a little insight as to what its like on the other side of things. **Excellent job, Jenna! BL**

7a week 7- This week my strength was being getting out of my comfort zone to learn a different side of nursing. Prior to hospice, I just looked at hospice as another nursing home setting where patients go at the end of life. After seeing on the unit firsthand, my view on it is completely different. I am not great with sad situations but seeing how the nurses care for the patients and families and trying to make them as comfortable as possible, I enjoyed my time on the unit. There was not much going on but I was still active in asking the nurses questions and seeing what all they have to chart and seeing the death daisy after the passing of a patient. After forcing myself to be comfortable being uncomfortable on the unit, I learned a lot from the nurses and the way things work on the unit. **I'm glad you enjoyed your experience, Jenna. It is great to have the opportunity to see all areas of nursing. BL**

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 judgement skills to plan and care for patients with mental illness.			Student Name: Jenna Strayer Date: 6/21/2022-6/22/2022			
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				
	Identify all abnormal lab finds/diagnostic tests	3				
	Identify all risk factors	3				
	Highlight all related/relevant data in the noticing boxes	3				I would highlight lack of social support, as it is a risk factor for suicide.
Interpreting	List all nursing priorities	3				
	Highlight the top mental health nursing priority	3				
	Identify all potential complications		2			You would also include potential complications of self-inflicted injuries, low self-esteem, and lack of confidence.
	Highlight potential complications relevant to top mental health nursing priority	3				
	Identify signs and symptoms to monitor for each complication				0	No signs or symptoms were listed with the potential complications.
Responding	List all nursing interventions relevant to top mental health nursing priority	3				I would also add an intervention to assess your patient's anxiety level.
	Interventions are prioritized	3				
	All interventions include a frequency				0	No frequency was included with your interventions.

	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	3				
	Reflection includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care Discuss pertinent Social Determinants of Health for your patient		2			You did not include- Terminate plan of care.
48-33 points = Satisfactory 32-17 points = Needs Improvement ≤ 16 points = Unsatisfactory		Total Points Earned: 39 Comments: Satisfactory Nursing Care Map. Faculty Initials: CB				

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
	S	S	S	S	S	
Evaluation	S	S	S	S	S	
Faculty Initials	MD	CB	BL	MD	BL	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	

* Course Objectives

NURSING PROCESS STUDY

Criteria	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.	4
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.	4
Criterion #5 Process Recording	15 Points Provides direct quotes for all interchanges. Nonverbal and Verbal behavior is described for all interactions. Students thoughts and feelings concerning	10 Points Direct quotes are not provided. Nonverbal and Verbal behavior is described for at least 7 interactions. Student	5 Point Direct quotes are not provided. Nonverbal and Verbal behavior is described for at least 5 interactions. Student	0 Points Direct quotes are not provided. Nonverbal and Verbal behavior is not described for less than half of the	15

	each interaction is provided.	thoughts and feelings concerning at least 5 interactions are provided.	thoughts and feelings concerning at least 5 interactions are provided.	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 determinants of health.	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 social determinants of health.	0 Points Identify at least 1 barrier to communication did not include interventions or communication that could have been done differently. Did not identify any pertinent social determinants of health.	10

<p>Total Possible Points= 100 points 77-100 points= Satisfactory completion. 76-53 points= Needs Improvement < 53 points= Unsatisfactory</p> <p>Faculty comments: Great job on your nursing process recording. Please see the comments below. Criterion #3- You received 4 points because you did not list a nursing diagnosis, but you listed appropriate potential complications. Criterion #4- You received 4 points because you did not include timeframes with your interventions.</p>				<p>Total Points:</p>	<p>90</p>
<p>Faculty Initials:</p>					<p>CB</p>

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **J. Strayer** OBSERVATION DATE/TIME: **07/07/2022** SCENARIO #: **1**

CLINICAL JUDGMENT	OBSERVATION NOTES
<p>COMPONENTS NOTICING:</p> <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 	<p>Notices patient is anxious and agitated</p> <p>Notices patient needs medication based on CIWA scale</p> <p>Does not attempt to seek out information related to patient's substance abuse history</p> <p>Notices patient's blood pressure is elevated</p> <p>Notices patient is having visual hallucinations</p> <p>Does not attempt to seek out information related to patient's substance abuse history</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>Interprets CIWA protocol accurately for Lorazepam dose (2 mg PO)</p> <p>Interprets CIWA score as 24</p> <p>Interprets CIWA protocol accurately for Lorazepam dose (4 mg 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 and identifies patient</p> <p>Obtains vital signs</p> <p>Performs CIWA Scale</p> <p>Performs brief mental health exam</p> <p>Performs CAGE Assessment</p> <p>Medication nurse verifies patient</p> <p>Medication nurse administers Lorazepam 2 mg PO</p> <p>Reassesses blood pressure before administering morning medications</p> <p>Medication nurse administers ordered morning medications and discusses them with patient</p> <p>Introduces self to patient</p> <p>Obtains vital signs</p> <p>Performs CIWA Scale</p>

	<p>Remains calm with the patient</p> <p>Uses therapeutic communication with the patient</p> <p>Medication nurse verifies patient</p> <p>Medication nurse administers Lorazepam 4 mg PO</p> <p>Reassesses patient after Lorazepam is administered</p> <p>Reassesses vital signs</p> <p>Provides education to patient related to alcohol withdrawal and support groups</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 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: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. 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.</p> <p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient’s condition. 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.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Shows mastery of necessary 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</p>

	weaknesses and develops specific plans to eliminate weaknesses.
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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: