

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

Student: Jimmy West

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

* End-of-Program Student Learning Outcomes

Comments: Week 2 (1a,b)- Great job providing an understanding of mental illness and its relationship to an individual's physical health. You also were able to correlate the importance of alternative therapies used in conjunction with medication therapy to increase the chances of mental well-being. (1e). Social determinants of health were recognized and how they affect an individual's mental health. (1f) Great job with heart coloring puzzle related to feelings and coping strategies. FB

Week 3 1 c,d – You did well communicating and respecting patients and their narratives. Proper use of therapeutic communication. DC

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

Comments: Week 2 (2a)- Great job providing a thorough history including past and present issues. (2b) Subjective and objective data including labs, diagnostic testing and associated risk factors were provided. (2d) Satisfactory completion of prioritized nursing care map, see grading rubric attached. FB
Week 3 2 a-c, e,f –You did well communicating the patient's history and reason for admission. DC

* 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)	N/A	S	S	N/A	N/A	N/A	S	N/A	N/A	
b. Demonstrate professional and appropriate communication with the treatment team by using the SBAR format for handoff communication during transition of care. (responding)	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
c. Identify barriers to effective communication. (noticing, interpreting)	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
d. Construct effective therapeutic responses. (responding)	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
e. Construct a satisfactory patient-nurse therapeutic communication. (Nursing Process Study) (responding, reflecting)					S			N/A	N/A	
f. Posts respectfully and appropriately in clinical discussion groups. (responding, reflecting)	N/A	S	S	S	S	N/A	S	N/A	N/A	
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations. (responding)	N/A	S	S	N/A	S	N/A	S	N/A	N/A	
h. Teach patient/family based on readiness to learn and patient needs. (responding, reflecting)	N/A									
Faculty Initials	FB	FB	DC	MD	MD	CB	BL			

Comments: Week 2 (3a) You did a great job communicating while interacting with patients on 1-S this week. (3f)- CDG was done on time and documented in the appropriate section. FB

Week 3 3 a-h – Good job on both of your CDGs for this week. You did well with therapeutic communication and were professional at all times. DC

Week 4 Objective 3F-Great job with your CDG. You met all of the requirements for a satisfactory rating. MD

* End-of-Program Student Learning Outcomes

Week 7-3(f) Jimmy, 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)	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
b. Demonstrate ability to discuss the uses and implication of psychotropic medications. (responding, reflecting)	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
c. Identify the major classification of psychotropic medications. (interpreting)	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
d. Identify common barriers to maintaining medication compliance. (reflecting)	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
e. Explain the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications. (responding, reflecting)	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
Faculty Initials	FB	FB	DC	MD	MD	CB	BL			

Comments: Week 2 (4b)- Good job with discussion of patient's medications and appropriate implications. FB
Week 3 4 a-h – You correlated the medications to the patient's medical needs and easily communicated contraindications/S.E. DC

* 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)	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	
b. Discuss recommendations for referrals to appropriate community resources and agencies. (reflecting)	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	
c. Attend Erie County Health Department Detox Unit observing the care of a patient with mental illness-substance abuse. (Community Agency Observation-Detox Unit)	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	
d. Attend Narcotics/Alcoholics Anonymous meeting. (Alcoholics/Narcotics Anonymous at the Artisans of Sandusky Observation)	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	N/A	
Faculty Initials	FB	FB	DC	MD	MD	CB	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:	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
a. Demonstrate competence in navigating the electronic health record. (responding)	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
b. Demonstrate satisfactory documentation of physical and psychiatric assessments and nursing notes utilizing the electronic health record. (responding)	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
c. Demonstrate the use of technology to identify mental health resources. (responding)	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	
Faculty Initials	FB	FB	DC	MD	MD	CB	BL			

Comments: Week 2 (6a)- Good job charting effectively regarding patient participation in nursing therapy group for the day. FB

* 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)	N/A	S	S	S	S	N/A	S NI	S	N/A	
b. Demonstrates effective use of strategies to reduce risk of harm to self or others. Create a safe environment for patient care. (responding)	N/A	S	S	N/A	N/A	N/A	S	N/A	N/A	
c. Illustrate active engagement in self-reflection and debriefing. (reflecting)	N/A	S	S	N/A	N/A	N/A	S	N/A	N/A	
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE" – attitude, commitment, and enthusiasm during all clinical interactions. (responding)	N/A	S	S	N/A	N/A	N/A	S	N/A	N/A	
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (responding)	N/A	S	S	N/A	N/A	N/A	S	N/A	N/A	
f. Comply with the standards outlined in the FRMCSN policy, "Student Conduct While Providing Nursing Care." (responding)	N/A	S	S	N/A	N/A	N/A	S	N/A	N/A	
Faculty Initials	FB	FB	DC	MD	MD	CB	BL			

Comments:

Week 2 (7a.): I think my strengths this week were being able to walk up to patients in the psychiatric unit and begin conversations and get the patients to interact with me. I think I was also able to build rapport with my patients and get them to interact and talk with me more throughout the day. Great strength, you were able to start conversations with patients, remember to also be an active listener and start conversations slowly so you can build the trusting relationship with patients. You did a great job actively participating with patients. FB

Week 3 (7a.): I think that this week I was very strong in being able to better communicate with my patients, and steer the conversation to a more therapeutic and constructive one rather than superficial. I think I was also able to better research my patients chart and history to better understand my patients mental illness. You did a great job communicating! DC

Week 4 (7a.): I think that I was able to participate well with the group members and share my personal experiences with the group and make them feel comfortable to share, I think I also did well listening. Great! MD

Week 5 (7a.): I think that I did well this week observing and interacting with nursing staff on the detox unit, I asked a lot of questions and received a lot of information about the detox unit and other services provide by the health department related to psychiatric and substance abuse. **Great! MD**

Week 7-7(a) This competency was changed to an “NI” for this week because you did not provide a written response for your strengths of care. **BL**

Week 8 (7a.) – This week I think I did a good job performing my geriatric assessment and developing an education plan for my patient.

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: Jimmy West				
		Date: 6/15/2022				
Top Nursing Priority: Risk for Suicide r/t psychiatric illness or substance abuse aeb suicidal ideation with a plan						
		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				Great job providing all subjective and objective data obtained during your assessment of the patient.
	Identify all abnormal lab finds/diagnostic tests	3				
	Identify all risk factors	3				Very thorough list of all risk factors provided.
	Highlight all related/relevant data in the noticing boxes	3				Data related to the priority problem is highlighted including data provided in the assessment and lab findings.
Interpr	List all nursing priorities	3				
	Highlight the top mental health nursing priority	3				

et in g	Identify all potential complications	3				Nice job presenting potential complications.
	Highlight potential complications relevant to top mental health nursing priority	3				All complications related to the priority nursing problem, have been highlighted.
	Identify signs and symptoms to monitor for each complication		2			For each complication that was listed there should have been signs and symptoms provided.
Responding	List all nursing interventions relevant to top mental health nursing priority	3				
	Interventions are prioritized	3				Great job prioritizing interventions including assessment, safety measures, and medication administration.
	All interventions include a frequency				0	No frequencies were provided for interventions.
	All interventions are individualized and realistic	3				Great job individualizing and all interventions and they were realistic for this patient.
	An appropriate rationale is included for each intervention	3				
Reflecting	List the reassessment findings for the top mental health nursing priority		2			Address all assessment findings individually such as no statements of hopelessness made by patient, no change of clothing or hygiene care requested.
	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	3				Great job providing a list of all your patient's social determinants of health.

48-33 points = Satisfactory
 32-17 points = Needs Improvement
 ≤ 16 points = Unsatisfactory

Total Points Earned: 43/48
Comments: Overall great job, Satisfactory completion.
Faculty Initials: FB

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	FB	MD	CB	MD	CB	
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.	8
Criterion #4 Nursing Interventions	10 Points Identifies all pertinent nursing interventions (at least 5) in priority order including a	6 Points Identifies 4 or less nursing interventions in priority order including a	4 Point Identifies 4 or less nursing interventions but not prioritized and/or no	0 Points Identifies less than 4 interventions, not prioritized, individual,	10

	rationale and timeframe. Interventions must be individualized and realistic. Identifies a therapeutic communication goal	rationale and time frame. Interventions are not individualized and/or realistic. Identifies a therapeutic communication goal.	rationale or time frame provided. Interventions are not individualized and /or realistic. Identifies a therapeutic communication goal.	realistic, no rationale, no time frame. No therapeutic communication goal.	
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 each interaction is provided.	10 Points Direct quotes are not provided. Nonverbal and Verbal behavior is described for at least 7 interactions. Student thoughts and feelings concerning at least 5 interactions are provided.	5 Point Direct quotes are not provided. Nonverbal and Verbal behavior is described for at least 5 interactions. Student thoughts and feelings concerning at least 5 interactions are provided.	0 Points Direct quotes are not 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.	15
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	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.	communication. 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: Jimmy – You did an excellent job on your nursing process recording. You completed each element of the rubric as written. Great job and continue to do well with your therapeutic communication!</p> <p style="text-align: right;">Faculty Initials:</p>				<p>Total Points:</p> <p>100</p> <p>DC</p>	

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **J. West** OBSERVATION DATE/TIME: **07/06/2022** SCENARIO #: **1**

CLINICAL JUDGMENT COMPONENTS NOTICING:	OBSERVATION NOTES
<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 style="color: red;">Attempts to seek out information related to patient's reason for admission</p> <p style="color: red;">Notices blood pressure is elevated</p> <p style="color: red;">Notices patient is agitated</p> <p style="color: red;">Seeks out information related to patient's alcohol use</p> <p style="color: purple;">Notices patient is having visual hallucinations</p> <p style="color: purple;">Notices patient has a high blood pressure</p> <p style="color: purple;">Notices patient is agitated</p>
INTERPRETING: <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p style="color: red;">Interprets CIWA score as 8</p> <p style="color: red;">Does not administer Lorazepam per protocol for CIWA score of 8 (Should administer 2 mg PO)</p> <p style="color: purple;">Prioritizes brief mental health exam and CIWA Scale</p> <p style="color: purple;">Interprets CIWA score as 39</p> <p style="color: purple;">Interprets the CIWA protocol appropriately (4 mg of Lorazepam PO)</p>

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
Obtains vital signs
Performs a brief mental health exam
Uses therapeutic communication with the patient
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:

- 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. 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

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:

