EVALUATION OF CLINICAL PERFORMANCE TOOL
Psychiatric Nursing- 2023
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student:

Briana Busby

Final Grade: Satisfactory/Unsatisfactory

Semester: Summer Session

Date of Completion:

Faculty: Brian Seitz MSN, RN, Fran Brennan MSN, RN, Chandra Barnes MSN, RN,
Nick Simonovich MSN, RN, Brittany Lombardi MSN, RN, Kelly Ammanniti MSN, RN
Teaching Assistants: Rachel Haynes 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
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
BS	Brian Seitz MSN, RN, CNE
FB	Frances Brennan, MSN, RN
KA	Kelly Ammanniti MSN, RN, CHSE
BL	Brittany Lombardi MSN, RN, CNE
NS	Nick Simonovich MSN, RN
CB	Chandra Barnes MSN, RN
RH	Rachel Haynes BSN, RN

* End-of-Program Student Learning Outcomes

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe, accurate each time, efficient, coordinated, confident, focuses on the patient, some expenditure of excess energy, within a reasonable time period, appropriate affective behavior, occasional supporting cues, minimal faculty feedback needed related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe, accurate each time, skillful in parts of behavior, focuses more on the skill and self rather than the patient, inefficient, uncoordinated, anxious, worried, and flustered at times, expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues, faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool.   The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

* End-of-Program Student Learning Outcomes

Objective

	1. Apply the principles of psychiatric theory in the care of adolescent to geriatric patients with a mental illness diagnosis. (1, 2, 3, 5, 6, 7, 8)*

Weeks of Course:	1	2	3	4	5	6	7	8	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)**		n/a	S	S	S	S				
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. **(interpreting)**		n/a	S	S	S	S				
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 S	S				
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care **(noticing)**		n/a	S	S	N/A S	S				
e. Recognize social determinants of health and the relationship to mental health. **(reflecting)**		n/a	S	S	N/A	S				
f. Develop and implement an appropriate nursing therapy group activity. **(responding)**		n/a	N/A	S	N/A	N/A				
g. Develop a geriatric physical/mental health assessment and education plan. (**Geriatric Assessment**) **(responding)**					S					
Faculty Initials		RH	BS	NS	BS					
Clinical Location		No clinical	1S	1S	SARCC	HOSPICE				

* End-of-Program Student Learning Outcomes

Comments:

Week 3- 1a,e- Nice job discussing the pathophysiology of your patients diagnosis and some of its potential contributing factors. Nice job also discussing potential risk factors for depressive disorders. BS

Week 4 1(c) – You provided excellent therapeutic and culturally competent care in your interactions with multiple patients this week. Specifically, you provided a trusting and therapeutic conversation with an individual of the LGTBQ+ community that was initially very fearful of being admitted to the unit with fears of being discriminated. You respected her social diversity and provided her an open ear to discuss her feelings and struggles. You learned a great deal about her and made a positive impact on her stay. Nice work. NS

Week 4 1(f) – Truly nice work with your nursing therapy group this week. You went above and beyond by bringing in three different activities for patients to utilize in their healing. During group, you encouraged participation and continued the conversation for the benefit of the patients. You had great interaction from the patient's and they seemed to appreciate your efforts in helping them improve on their mental health. NS

Week 5- 1a-d- (SARRCC) Nice job explaining the current trends in substance abuse, discussing the need for mental health programs for substance abuse, and discussing characteristics of individuals with substance abuse problems. You also identified risk factors associated with substance abuse and the prevalent family dynamics often present with substance abuse. BS

* End-of-Program Student Learning Outcomes

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	Make Up	Final
a.	**Competencies:** 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	S				
b.	Identify patient's subjective and objective findings including labs, diagnostic tests, and risk factors. **(noticing, recognizing)**		n/a	S	S	N/A	S				
c.	Demonstrate ability to identify the patient's use of coping/defense mechanisms. **(noticing, interpreting)**		n/a	S	S	S	N/A				
d.	Formulate a prioritized nursing care map utilizing clinical judgment skills. **(noticing, interpreting, responding, reflecting)**		n/a	N/A	S	N/A	N/A				
e.	Apply the principles of asepsis and standard precautions. **(responding)**		n/a	S	S	N/A	S				
f.	Practice use of standardized EBP tools that support safety and quality. **(noticing, responding)**		n/a	S	S	N/A	S				
Faculty Initials			RH	BS	NS	BS					

Comments:

Week 3- 2a,b- Good job discussing your patient's medical and psychiatric history. You also provided reasons and circumstances surrounding her current admission. BS

Week 4 2(a,b) – you were able to use communication and observational skills in collecting assessment data on your patient this week. You were very cognizant during your interactions and learned a great deal about multiple patients on the unit. You included excellent descriptive details related to subjective and objective findings in your care map submission. Nice job sharing your observations during debriefing with good discussions. NS

Week 4 2(d) - You submitted a satisfactory care map for the priority problem of risk for suicide based on your patient's admitting diagnosis of MDD with suicidal ideations. See the completed care map grading rubric attached to this document for further comments. NS

* 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	Make Up	Final
a. Illustrate professionally appropriate and therapeutic communication skills in interactions with patients, and families. **(responding)**		n/a	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)**		n/a	S	S	N/A	S				
c. Identify barriers to effective communication. **(noticing, interpreting)**		n/a	S	S	~~N/A~~ S	S				
d. Construct effective therapeutic responses. **(responding)**		n/a	S	S	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)**		n/a	S	S	S	S				
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations. **(responding)**		n/a	S	S	S	S				
h. Teach patient/family based on readiness to learn and patient needs. **(responding, reflecting)**		n/a	S	S	N/A	S				
Faculty Initials		RH	BS	NS	BS					

Comments:

Week 3- 3c- Great job discussing important factors that create a culture of safety specific to the psychiatric setting. BS

Week 5- 3c,f,g- (SARRC) Nice job discussing your feelings and attitudes regarding working with individuals with substance abuse problems. You did a great job on this CDG and provided thorough and detailed responses to the questions. Nice work! BS

* End-of-Program Student Learning Outcomes

Week 4 3(a) – Therapeutic communication was excellent this week. Multiples patients confided in your and felt comfortable sharing their experiences. You remembered great detail of your interactions demonstrating meaningful listening. A positive impact was made on your assigned patient as she felt comfortable interacting and communicating with you. Truly nice job during your clinical experiences this week. NS

Week 4 3(f) – All criteria were met for a satisfactory evaluation of your CDGs this week. See my comments on your post for more detail. NS

Week 5- 3c,f,g- (SARRC) Nice job discussing your feelings and attitudes regarding working with individuals with substance abuse problems. You did a great job on this CDG and provided thorough and detailed responses to the questions. Nice work! BS

* 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	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				
b. Demonstrate ability to discuss the uses and implication of psychotropic medications. **(responding, reflecting)**		n/a	S	S	N/A	N/A				
c. Identify the major classification of psychotropic medications. **(interpreting)**		n/a	S	S	N/A	N/A				
d. Identify common barriers to maintaining medication compliance. **(reflecting)**		n/a	S	S	N/A	S				
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				
Faculty Initials		RH	BS	NS	BS					

Comments:

Week 3- 4a,b,e- Nice work this week administering medications while observing the six rights and of documenting administration. Great job also discussing the uses and implications of psychiatric medications. You also did a nice job discussing the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications. Important lab values for your patient were provided, as were rationales for those values. Nice job! BS

Week 4 4(a-e) - Nice job researching and understanding your patients' medications this week. She was prescribed numerous medications this week, both for physical and mental health conditions. You discussed each medication appropriately identifying the intended use and nursing implications for each. Safety during medication administration was prioritized, ensuring all medications were administered and swallowed appropriately. NS

* 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	Make Up	**Final**
a. Identify the need for the community resources-detox unit available to patients with a mental illness. **(noticing, interpreting)**		n/a	S	S	N/A	N/A				
b. Discuss recommendations for referrals to appropriate community resources and agencies. **(reflecting)**		n/a	S	S	~~N/A~~ S	S				
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	N/A				
d. Attend Narcotics/ Alcoholics Anonymous meeting. **(Alcoholics/Narcotics Anonymous at the Sandusky Artisans Recovery Center (Observation)**		n/a	N/A	N/A	S	N/A				
Faculty Initials		RH	BS	NS	BS					

Comments:

Week 4 5(a,b) – Nice job identifying community resources available through the use of technology in your CDG post this week. NS

Week 5- 5b,d (SARCC)- You did a nice job describing the meeting platform at the Sandusky Artisans Recovery Community Center and its effectiveness as a resource for individuals striving for sobriety. BS

* 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	Make Up	Final
Competencies: a. Demonstrate competence in navigating the electronic health record. **(responding)**		n/a	S	S	N/A	N/A				
b. Demonstrate satisfactory documentation of physical and psychiatric assessments and nursing notes utilizing the electronic health record. **(responding)**		n/a	N/A	S	N/A	N/A				
c. Demonstrate the use of technology to identify mental health resources. **(responding)**		n/a	S	S	N/A	N/A				
Faculty Initials		RH	BS	NS	BS					

Comments:

Week 4 6(a) – All documentation was completed accurately based on the nursing therapy group provided. NS

* 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	Make Up	**Final**
a. Identify your strengths for care delivery of the patient with mental illness. **(reflecting)**		n/a	S	S	N/A	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	S				
c. Illustrate active engagement in self-reflection and debriefing. **(reflecting)**		n/a	S	S	N/A	S				
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	S	S				
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. **(responding)**		n/a	S	S	S	S				
f. Comply with the standards outlined in the FRMCSN policy, "Student Conduct While Providing Nursing Care." **(responding)**		n/a	S	S	S	S				
Faculty Initials		RH	BS	NS	BS					

Comments:
Week 2- 7b- You did a great job discussing the steps taken on the psychiatric unit that promote a culture of safety. BS

Firelands Regional Medical Center School of Nursing
Nursing Care Map Rubric

Student Name: Briana Busby		Course Objective:	2*
Date or Clinical Week: Week 4			

	Criteria	3	2	1	0	Points Earned	Comments
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	A thorough list of assessment findings was provided. This includes both objective and subjective data, including patient statements and observations. Nice work. Twelve assessment findings were listed. Numerous abnormal diagnostic findings were identified and included. Consider including her positive UDS as being relevant to the top priority problem of risk for suicide. As discussed in class, substance use plays a role in the risk of self-harm. A thorough detailed list of risk factors was included, all relevant to her top priority problem.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Five nursing priorities were appropriately identified based on the admitting diagnosis. The top priority of risk for suicide was highlighted. Her specific nature of the suicide plan places this as priority number one. All relevant data was appropriately highlighted to support this identified priority. Five potential complications were listed.
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	A through list of nursing interventions for the priority problem of risk for suicide was provided. The top, pertinent priority interventions were included and prioritized appropriately. Nice job including community resources and encouragement to come to staff with changes in ideation.
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Consider including specific dosages of prescribed medications to make it more individualized to your patient.
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	Nice job evaluating the plan of care to determine the effectiveness of interventions. appropriate determination was made to continue the plan of care until discharge. Good identification and discussion of social determinants of health for your assigned patient.
	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* ***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**	**Total Points: 42/42 – Satisfactory**
	Faculty/Teaching Assistant Initials: NS

Nursing Process Study Grading Rubric

Ratings				Points Earned
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.	3
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.	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.	0 Points Missing data in all 4 areas of assessment.	5

	Identifies the milieu and effects on patient.	Identifies the milieu and effects on patient.		
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
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
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
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
10 Points Communication has a natural beginning and ending; the	6 Points Communication has a natural beginning and	4 Points Communication has a natural beginning and	0 Points There was less than 5 interchanges between	10

conversation flows from sentence to sentence and has a logical conclusion. There are at least 10 interchanges between patient and student.	ending; the conversation flows from sentence to sentence and has a logical conclusion. There are at least 7 interchanges between patient and student.	ending; the conversation flows from sentence to sentence and has a logical conclusion. There are at least 5 interchanges between patient and student.	patient and student provided.	
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
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

Total Possible Points= 100 points
77-100 points= Satisfactory completion.
76-53 points= Needs Improvement
< 53 points= Unsatisfactory

Faculty comments: Great overall job Briana! Just a few points taken off: the answer to question 1 was one really long sentence, and the self-assessment piece should have been your thoughts/feelings prior to initiating the conversation. Other than that, nice work! BS

Briana Busby

Total Points: 90/100

Faculty Initials: BS

Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2023
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)	Sandra Littlefield (Borderline Personality Disorder Scenario) (*1,2,3,4,5)	Live Adult Mental Health Simulation (Alcohol Withdrawal) (*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: **6/9/2023**	**Date:** **6/23/2023**	**Date:** **6/30/2023**	**Date:** **7/5-6/2023**	**Date:** **7/7/2023**	**Date:** **7/21/2023**
Evaluation	S	S	S			
Faculty Initials	RH	NS	BS			
Remediation: **Date/Evaluation/Initials**	N/A	NA	NA			

* Course Objectives

Week 4 – All requirements were met for satisfactory completion of the Sharon Cole vSim assignment. NS

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: