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

Student: Destiny Hamman

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)
7/8/2023	1 hour	Live simulation survey	7/10/23 1400

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)**		S	N/A	S	S	N/A	N/A			
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. **(interpreting)**		S	N/A	S	S	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)**		S	N/A	S	S	N/A	N/A			
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care **(noticing)**		S	N/A	S	S	N/A	N/A			
e. Recognize social determinants of health and the relationship to mental health. **(reflecting)**		S	N/A	S	S	N/A	N/A			
f. Develop and implement an appropriate nursing therapy group activity. **(responding)**		N/A	N/A	S	~~S~~ NA	N/A	N/A			
g. Develop a geriatric physical/mental health assessment and education plan. (**Geriatric Assessment**) **(responding)**					N/A					
Faculty Initials	KA	KA	CB	NS	NS	CB	BL			
Clinical Location			No Clinical	1S 6/20 – 6/22, 18 – female/ AA meeting 6/23	Detox center/ Hospice	No Clinical	No Clinical			

* End-of-Program Student Learning Outcomes

Comments:

Week 2 – 1a – Destiny, you did a nice job explaining the pathophysiology behind your patient's admitting diagnosis of major depressive disorder. KA

Week 2 – 1e – Destiny, you were able to explain social determinants of health related to your patient and how they affected her overall mental health. You discussed housing and economic instability being the major SDOH affecting her during this current admission. Your patient's multiple chronic medical conditions also play a part in her SDOH to manage her mental health. KA

Week 4 1(a,b) – Nice job exploring your patient's mental health diagnosis of bipolar disorder this week. You took the opportunity to explore the back unit and identified a patient that provided a unique learning experience. You communicated with the nurses and the patient to learn more about her symptoms. You researched her chart to learn more about her background and precipitating factors. You took the time to read about bipolar 1 disorder and gained a better understanding of the therapies required to treat this mental health disorder. I appreciated the time and effort dedicated to learning more about her and the symptoms she presented with. NS

Week 4 1(f) – Good work with your nursing therapy group activity focused on emotions. You were able to encourage participation with patients in the milieu and explored their thoughts further. Incorporating the color into the activity was a nice touch. I think the patients appreciated your time and effort into helping them improve their mental state. NS

Week 5 1(c) – Nice work discussing the importance of cultural/spiritual care during the detoxification process of recovery. Good insight provided on the lack of spiritual/cultural care at the detox center and how it would be beneficial to the clients. NS

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

Comments:

Week 2 – 2a & 2b – Destiny, you did a nice job describing your patient this week and thoroughly discussing her medical and psychiatric history including her current reason for admission to the inpatient psychiatric unit. KA

Week 2 – 2b – Destiny, you did a nice job discussing the pertinent labs that were drawn on your patient and why. You did a nice job recognizing how her lithium levels were drawn and that the medication was in therapeutic range. KA

Week 2 – 2f – Destiny your discussed how a blame-free environment, encouraging collaboration, having competent nurses, and complying to policies and procedures all contribute to a culture of safety on the inpatient psychiatric unit. KA

* End-of-Program Student Learning Outcomes

Week 4 2(a,b) – You were able to gather great detailed information on your patient in the back unit this week to better understand the reason behind hospitalization. Through communication with the patient and nurses, you observed numerous abnormal assessment findings related to paranoia, delusion thought processes, anxiety, and insomnia. You researched further her history of substance use and made connections with the potential for psychosis. You discussed substance use in mental health with a nurse on the unit and identified how tainted substance can impact psychosis. Lab diagnostics were reviewed to correlate her claims of laced substances. Based on the information gathered you conducted further research on her diagnosis of bipolar I in order to gain a better understanding of the presenting symptoms and treatment methods. Nice work! NS

Week 4 2(d) - You submitted a satisfactory care map for the priority problem of disturbed thought process related to paranoia and delusions. 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)**		S	N/A	S	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)**		S	N/A	S	S	N/A	N/A			
c. Identify barriers to effective communication. **(noticing, interpreting)**		S	N/A	S	S	N/A	N/A			
d. Construct effective therapeutic responses. **(responding)**		S	N/A	S	S	N/A	N/A			
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)**		S	N/A	~~S~~ U	S	N/A	N/A			
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations. **(responding)**		S	N/A	S	S	N/A	N/A			
h. Teach patient/family based on readiness to learn and patient needs. **(responding, reflecting)**		S	N/A	S	S	N/A	N/A			
Faculty Initials	KA	KA	CB	NS	NS	CB	BL			

Comments:

Week 2 – 3f – Destiny, you responded thoughtfully to all of the CDG questions on your 1 South clinical experience this past week. Your responses were well written and thorough. You supported your information with appropriate references and included in-text citations. Remember when in-text citing a direct quotation to include a page number or paragraph number in there are no page numbers in the citation. Nice job. Keep up the great work! KA

* End-of-Program Student Learning Outcomes

Week 4 3(A) – I appreciated your desire and willingness to communicate and connect with patients in the back unit. You stepped out of the comfort zone and went into the special care unit to have therapeutic conversations with a selected patient. You identified important techniques used to promote a trusting relationship and gathered insight into her mental health disorder. I am sure she appreciated you taking the time to talk and comfort her during a difficult time in her life. NS

Week 4 3(f) – I want to preface by saying I appreciate the thought and detail provided in your Sandusky Artisans CDG post. Great thoughts were provided in detail. All criteria were met satisfactorily for that CDG. For 1South day 1, I thought you did a nice job of discussing group therapy and how it pertained to your patient. Good identification of an electronic mental health resource. All criteria were met for satisfactory evaluation of that CDG prompt. According to the CDG grading rubric, a "U" is given due to the second CDG prompt for the week pertaining to the care map not including an in-text citation and a reference. Since this was included as a CDG question, the CDG rubric must be followed in its entirety. A good place to reference and cite a resource on CDGs for care maps is the intervention section since most often a resource is utilized to gather that data. This will be expected in future course so I wanted to give you a heads up. If you have any questions don't hesitate to reach out for further clarification. NS
I recognized I got a U due to the care map. I should of cited my sources for that care map I completed. I did use the Book to help me with the diagnosis. I will hear on out cite my sources for up coming care maps and CDG post. I will look over the rubric this week before I post again to make sure I have completed all details to be Satisfactory. Thanks for addressing, Destiny! NS

Week 5 3(e) – Excellent work with your nursing process recording assignment related to therapeutic communication. 100/100 points were received for a satisfactory evaluation. See my comments provided throughout the document and on the attached grading rubric for more details. NS

Week 5 3(f) – Very nice work with your CDG this week related to your Detox experience. See the private feedback comments sent through Edvance for more details. All criteria were met for a satisfactory evaluation per the CDG grading rubric. NS

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

Comments:

Week 2 – 4a, 4b, & 4e – Destiny, you discussed all of your patient's current medications and the side effects we would assess for. You also were able to discuss appropriate nursing interventions that need to be considered for each medication. You completed medication administration on your patient efficiently and accurately observing the rights of medication administration. You thoroughly researched your medications and were well versed on each one before you administered them. KA

Week 4 4(b,c,e) – Nice job researching your patient's medications this week. You provide good details in your discussion of the medications. You understood the implications of each for your assigned patient. 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)**		S	N/A	S	S	N/A	N/A			
b. Discuss recommendations for referrals to appropriate community resources and agencies. **(reflecting)**		S	N/A	S	S	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	S	N/A	N/A			
d. Attend Narcotics/ Alcoholics Anonymous meeting. **(Alcoholics/Narcotics Anonymous at the Sandusky Artisans Recovery Center (Observation)**		N/A	N/A	S	N/A	N/A	N/A			
Faculty Initials	KA	KA	CB	NS	NS	CB	BL			

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 5(a-c) – Good thoughts provided in your CDG this week related to the importance of identifying community resources and providing education on them for client's in the Detox unit. Appropriate recommendations were discussed with an emphasis on the importance of providing them to a vulnerable population. NS

* End-of-Program Student Learning Outcomes

* 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)**		S	N/A	S	N/A	N/A	N/A			
b. Demonstrate satisfactory documentation of physical and psychiatric assessments and nursing notes utilizing the electronic health record. **(responding)**		S	N/A	S	N/A	N/A	N/A			
c. Demonstrate the use of technology to identify mental health resources. **(responding)**		S	N/A	S	S	N/A	N/A			
Faculty Initials	KA	KA	CB	NS	NS	CB	BL			

Comments:

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

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

Comments:

Week 2

Strengths: One strength I think was being actively communicating with patients even if it was my own patient. I tried to hear everyone's stories to get an idea of all the different people in the hospital. I tried to get everyone to color or do some sort of activity to help clam some anxieties and to occupy minds. Wonderful job interacting with the patients this week and participating in activities and group therapy with the patients. I know your patient did not always participate in therapy groups, but you did a nice job interacting with the patients that did attend. KA

Week 5 7(c) – I appreciated the in-depth level of responses provided in your hospice reflection journal this week. You elaborated on your thoughts and provided good examples to support your discussion. Job well done. See my feedback provided to the reflection journal in the designated dropbox for more details. NS

Firelands Regional Medical Center School of Nursing
Nursing Care Map Rubric

Student Name: Destiny Hamman				**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 13 assessment finding and observations were listed based on the interactions with the patient and chart review. Specific details were sufficiently provided to support the nursing priorities. Five abnormal diagnostic findings were listed. Nine identified risk factors were appropriately included.
	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	A thorough and well-thought out list of nine nursing priorities were listed, all pertinent to the patient's admitting complaints. Most relevant data was appropriately highlighted as being pertinent to the priority problem of disturbed thought process. I would consider how her substance use would potentially put her at risk for disturbed thought process based on what you discovered with her marijuana usage.
	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 list of seven nursing interventions were provided, each pertinent to the patient situation. Specific and individualized medications were identified and included. Consider additional interventions such as seeking clarification to the delusions, using positive reinforcement techniques, offering self, educate on thought stopping techniques, conveying acceptance, etc. Page 164-165 of the psychiatric nursing pocket guide provides great examples. What community resources could we educate on?
	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	

Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	1	For the evaluation section, you are providing your most recent assessment or observation based on your initial assessment findings. This is the nurse's way of determining if she is improving, worsening, or staying the same. Based on the results and intended goals we would adjust out interventions to help achieve our goals. You are simply re-stating the assessment findings based on your last conversation with her. I think you included great goals to achieve, but this section focuses on re-evaluating the initial assessment findings to determine if the plan of care and interventions are working.
	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: 40/42 – Satisfactory** **Faculty/Teaching Assistant Initials:** NS

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 rationale and timeframe. Interventions must be individualized and realistic. Identifies a therapeutic communication goal	6 Points Identifies 4 or less nursing interventions in priority order including a rationale and time frame. Interventions are not individualized and/or realistic. Identifies a therapeutic communication goal.	4 Point Identifies 4 or less nursing interventions but not prioritized and/or no rationale or time frame provided. Interventions are not individualized and /or realistic. Identifies a therapeutic communication goal.	0 Points Identifies less than 4 interventions, not prioritized, individual, realistic, no rationale, no time frame. No therapeutic communication goal.	**10**
Criterion #5 Process Recording	15 Points Provides direct quotes for all interchanges. Nonverbal and Verbal behavior is described for 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 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**
Total Possible Points= 100 points 77-100 points= Satisfactory completion. 76-53 points= Needs Improvement < 53 points= Unsatisfactory Faculty comments: See comments provided throughout the document. Very well done, Destiny. Great job going outside of your comfort zone and interacting with patients in the special care unit. **Faculty Initials:**			**Total Points:**		**100/100** **NS**

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	U	S	
Faculty Initials	KA	NS	NS	CB	CB	
Remediation: Date/Evaluation/Initials	NA	NA	NA	7/10/23 S CB	NA	

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): D. Hamman (M), S. Phillips (A/M), M. Whittaker (A)
GROUP #: 8
SCENARIO: Alcohol/Substance Abuse Scenario
OBSERVATION DATE/TIME(S): 7/6/2023 1230-1345

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)* • Focused Observation: E **A** D B • Recognizing Deviations from Expected Patterns: E A **D** B • Information Seeking: E A **D** B	Did not Introduce self/identify patient when entering the room. Remember to identify patient. Focused observation on vital signs. Sought information on normal BP range. Noticed elevated BP of 152/78. Bruises not noticed or addressed. Recognized the need for CIWA assessment. Enters room. Does not identify self or patient. Begins CIWA assessment. Patient sees spiders and is afraid. Bruises not noticed or addressed. VS reassessed. BP 154/78. Patient CO pain 10/10.
INTERPRETING: (2, 4)* • Prioritizing Data: E **A** D B • Making Sense of Data: E A **D** B	BP interpreted as elevated. Prioritized need for CIWA assessment. Interpreted to be 1. Prioritizes need for brief mental status evaluation. Does not prioritize bruising/loss of friend. Priorities need for CIWA assessment. Determined to be 30. CAGE questions asked. Pain determined to be a priority. Does not prioritize bruising/loss of friend.

RESPONDING: (1, 2, 3, 5)* • 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	Verbalized wanting to clean and dress abrasions. CIWA assessment performed, orientation established Patient identified prior to medication administration. Patient says she is missing a med, (amitriptyline). Amitriptyline administered. Side-effects discussed with patient. Partially performs brief mental status evaluation. Remember patient education/community resources. Patient again complains of spiders. CIWA assessment performed with a score of 30. Lorazepam prepared and administered. Did not identify patient. Call to physician to report pain, CIWA assessment. Order received and read back. Nice job here.
REFLECTING: (6)* • Evaluation/Self-Analysis: E **A** D B • Commitment to Improvement: E **A** D B	Group members actively participated during debriefing. Appropriate questions were asked. Each group member discussed what they felt were strengths and weaknesses in their performance. Alternate choices were discussed for improvement in the future. Each member verbalized something they would do differently if they were to do the scenario again. Discussed the importance of addressing education/resources, bruising, and loss of friend. With your assessments, I would encourage you to try to establish a rapport with your patients and smile. Try not to be businesslike, patients want to feel like you care about them, and this can give the opposite impression.
SUMMARY COMMENTS: * = Course Objectives **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** **Objectives:** 1. **Demonstrate effective therapeutic communication while interacting with patient admitted for an acute mental health crisis. (1, 2,**	Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Identifies obvious patterns and deviations, missing some important information; unsure how to continue 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 Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful 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;. 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

3)* 2. **Utilize the CIWA scale to assess a patient with a history of substance abuse. (1, 2)*** 3. **Determine appropriate medication administration steps utilizing the CIWA scale. (4)*** 4. **Provide patient with appropriate education on community support and resources. (5)*** *** Course Objectives** **You are satisfactory for this scenario. Nice work! BS.**	patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

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: