

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

Student: Elaynah Noftz

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.

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:		S	S	n/a	S	S	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)		S	S	n/a	S	S	n/a			
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. (interpreting)		S	S	n/a	S	S	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	S	n/a	S	S	n/a			
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care (noticing)		S	S	n/a	S	S	n/a			
e. Recognize social determinants of health and the relationship to mental health. (reflecting)		S	S	n/a	S	S	n/a			
f. Develop and implement an appropriate nursing therapy group activity. (responding)		n/a	n/a	n/a	n/a	S	n/a			
g. Develop a geriatric physical/mental health assessment and education plan. (Geriatric Assessment) (responding)					S					
Faculty Initials		RH	KA	KA	KA	NS	BL			
Clinical Location		Hospice 6/9/23 Sandusky artisans 6/7/23	Detox Unit 6/16	No clinicals this week	1 South 06/27- 28	1 south 07/06- 07	No clinical this week			

* End-of-Program Student Learning Outcomes

Comments:

Week 3 – 1c – Elaynah, you did a nice job discussing spiritual and cultural care related to the detox center and how lack of childcare can be a huge barrier for parents to take advantage of such services that may be beneficial to them. KA

Week 5 – 1a – Elaynah, you were able to thoroughly explain what bipolar disorder with psychosis is and what symptoms occur. Your patient was having classic textbook signs and symptoms of paranoia along with her diagnosis. KA

Week 5 – 1e – Elaynah, you were able to discuss how your patient's current support system is having an impact on the patient's ability to manage her mental health appropriately. Other social determinants of health that you discussed affecting your patient's overall mental health included her family's conflict with the patient new diagnosis. KA

Week 6 1(b,e) – Nice job discussing the prescribed medications aimed at treating your patient's mental health disorder. You were thorough in describing the medications and identifying the rationale and side effects of each medication. (f) – Good work with your nursing therapy group activity. You were able to encourage participation with patients in the milieu and explored their thoughts further. I think the patients appreciated your time and effort into helping them improve their mental state. NS

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

Comments:

Week 3 – 2c – Elaynah, you were able to discuss and identify ways individuals that utilize the detox center can help achieve self-care related to their addiction and how the facility promotes coping skills. KA

Week 5 – 2a & 2b – Elaynah, you thoroughly researched your patient and was able to connect your patient's medical and psychiatric history to her recent admission for bipolar disorder with psychosis. KA

Week 5 – 2b – Elaynah, you discussed how your patient had minimal lab work at the hospital, but did at the hospital she was previously admitted to. You were able to point out the importance of a toxicology screen related to the patient's statements regarding the drug use causing her symptoms. Great job! KA

Week 5 – 2f – Elaynah, you discussed how trust and respect, established unit rules, limiting possessions from visitors coming into unit, having rounded bathroom doors, and double doored security exit from unit are some elements that work together to develop a culture of safety on the psychiatric unit. KA

* End-of-Program Student Learning Outcomes

Week 6 2(d) - You submitted a satisfactory care map for the priority problem of disturbed thought process related to auditory hallucinations and homicidal thoughts. 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	S	n/a	S	S	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	S	S	n/a			
c. Identify barriers to effective communication. (noticing, interpreting)		S	S	n/a	S	S	n/a			
d. Construct effective therapeutic responses. (responding)		S	S	n/a	S	S	n/a			
e. Construct a satisfactory patient-nurse therapeutic communication. (Nursing Process Study) (responding, reflecting)					n/a					
f. Posts respectfully and appropriately in clinical discussion groups. (responding, reflecting)		S	S	n/a	S	S	n/a			
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations. (responding)		S	S	n/a	S	S	n/a			
h. Teach patient/family based on readiness to learn and patient needs. (responding, reflecting)		S	S	n/a	S	S	n/a			
Faculty Initials		RH	KA	KA	KA	NS	BL			

Comments:

Week 2: 3(b)- This was changed to "S" because you should have used SBAR while in report at Hospice inpatient clinical during report in the morning and when you left for the day. RH

* End-of-Program Student Learning Outcomes

Week 3 – 3f – Elaynah, you responded to all CDG questions related to the detox center with well-written and in-depth responses. You supported your information with a reference and an in-text citation and brought up some terrific points related to the detox center. Remember when in-text citing a direct quotation to include a page number or a paragraph number if there are no page numbers in the in-text citation. Keep up the terrific work! KA

Week 5 – 3f – Elaynah, you responded to all CDG questions related to your 1 South clinical experience with thoughtful and well written responses. You were able to discuss some excellent points and supported the information with a reference and in-text citation. Wonderful job! KA

Week 6 3(a,c,d) – Very nice job this week with your communication and interactions with patients on the unit. On numerous occasions it was noticed that you were offering yourself for therapeutic communication, sat with patients, empathized with them, and made them feel safe and comfortable opening up to you. Nice work making connections and helping the patients during their difficult moments. NS

Week 6 3(f) – Excellent work with your CDGs this week. You provided descriptive details and supported your thoughts with reputable resources. All criteria were met for a satisfactory evaluation based on the CDG grading rubric. Job well done! 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	S NA	n/a	S	S	n/a			
b. Demonstrate ability to discuss the uses and implication of psychotropic medications. (responding, reflecting)		S	S NA	n/a	S	S	n/a			
c. Identify the major classification of psychotropic medications. (interpreting)		S	S NA	n/a	S	S	n/a			
d. Identify common barriers to maintaining medication compliance. (reflecting)		S	S NA	n/a	S	S	n/a			
e. Explain the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications. (responding, reflecting)		S	S NA	n/a	S	S	n/a			
Faculty Initials		RH	KA	KA	KA	NS	BL			

Comments:

Week 3 – 4a, b, c, d, e – I am not sure you have the opportunity to work with medications or discuss them while on clinical at the detox center this week. KA

Week 5 – 2 – 4a, 4b, & 4e – Elaynah, you researched your patient’s medications and were able to discuss the side effects and nursing considerations for each one. It is amazing the number of medications your patient was on that had a psychiatric side effect. You observed medication administration on the patient due to her paranoia. You thoroughly researched your medications and were well versed on each one before you observed the medication process. KA

Week 6 4(b,c,e) – Nice job researching your patient’s medications this week. You provided good details in your discussion of the medications. You understood the implications of each for your assigned patient, identified important side effects to monitor for, and discussed nursing implications and educational topics to discuss with your patient. NS

* End-of-Program Student Learning Outcomes

* End-of-Program Student Learning Outcomes

Objective

5. Develop an awareness of community Mental Health resources and services. (5, 6, 7, 8)*

Weeks of Course:	1	2	3	4	5	6	7	8	Make Up	Final
a. Identify the need for the community resources-detox unit available to patients with a mental illness. (noticing, interpreting)		S	S	n/a	n/a	n/a	n/a			
b. Discuss recommendations for referrals to appropriate community resources and agencies. (reflecting)		n/a	S	n/a	n/a	S	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	S	n/a	n/a	n/a	n/a			
d. Attend Narcotics/Alcoholics Anonymous meeting. (Alcoholics/Narcotics Anonymous at the Sandusky Artisans Recovery Center (Observation))		S	n/a	n/a	n/a	n/a	n/a			
Faculty Initials		RH	KA	KA	KA	NS	BL			

Comments:

Week 2: 5(d)- This week you attended an alcoholics/narcotics anonymous meeting. You turned in all appropriate paperwork as well as posted in the CDG. RH

Week 3 – 5a & 5c – Elaynah, you discussed many aspects about the detox center including the admission process and the different roles of healthcare personnel at the facility. You were insightful when discussing the benefits of this resource to our community. KA

Week 6 5(b) – Good discussion on NAMI and the benefits that this community resource provides to those with mental health disorders. 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:		n/a	n/a	n/a	S	S	n/a			
a. Demonstrate competence in navigating the electronic health record. (responding)		n/a	n/a	n/a	n/a	S	n/a			
b. Demonstrate satisfactory documentation of physical and psychiatric assessments and nursing notes utilizing the electronic health record. (responding)		S	S	n/a	S	S	n/a			
c. Demonstrate the use of technology to identify mental health resources. (responding)		RH	KA	KA	KA	NS	BL			
Faculty Initials										

Comments:

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

Comments:

Week 2: 7(e)- This was changed to “U” due to your tool being turned in late. Please address the “U” and a plan to prevent getting another in the future. If you do not address the “U” this week, you will continue to get a “U” until it is addressed. RH.

Week 3: Last week I received a “U” because I did not submit my clinical tool in time. I will make sure from now on to double check my drop box before closing my computer to make sure my assignments have actually submitted. Great idea for a double check. KA

Week 3 – 7a & 7c – Elaynah, you did a nice job reflecting on your experience at the detox center and where able to openly discuss your feelings about mental health and the benefits of community resources for individuals with substance use disorder and other mental health conditions. Wonderful job! KA

Firelands Regional Medical Center School of Nursing
Nursing Care Map Rubric

Student Name: Elaynah Noftz		Course Objective:					
Date or Clinical Week: 6							
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 eleven assessment findings/observations were listed based on the interactions and care provided and also through researching the EHR. There were no labs or diagnostics in abnormal range for this patient. Seven risk factors for the priority problem were identified.
	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	Four high-priority nursing problems were identified based on the assessment findings listed. Five priority potential complications were identified. A thorough list of signs and symptoms to monitor for each complication were provided. This allows the nurse to be proactive in identifying a problem is occurring. Nice job. No patient data was highlighted to support the priority problem.
	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	0	
	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 thorough list of ten nursing interventions were listed, each individualized and relevant to the patient situation. Specific medications prescribed to the patient were included. Interventions were prioritized appropriately with assessments taking highest priority. Rationale was provided for each. While some interventions included a frequency, most did not include a frequency to be conducted.
	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	1	
	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	3	An appropriate evaluation was completed with re-listing of most recent assessment findings/observations and a plan to continue care.
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>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.</p> <p>Faculty/Teaching Assistant Comments: Nice work with your care map on disturbed thought process, Elaynah. See my comments provided. You included good thought and detail. Be sure to review the grading rubric closely when completing care maps to make sure all points are addressed. Overall well done! NS</p>							Total Points: 38/42 – Satisfactory
							Faculty/Teaching Assistant Initials: NS

Geriatric Assessment Rubric
2023

Student Name: Elaynah Noftz

Date: 6/26/2023

Clinical Assessment Rubric

Mental/Physical Health Status Assessment

	Points Possible	Points Received
Physical Assessment	4	4
Geriatric Depression Scale (short form) Assessment	4	4
Short Portable mental status questionnaire	4	4
Geriatric Health Questionnaire	2	2
Time and change test	4	4
Cognitive Assessment (Clock Drawing)	4	4
Falls Risk Assessment (Get Up and Go)	4	4
Brief Pain inventory (Short form)	2	2
Nutrition Assessment (Determine Your Nutritional Health)	4	4
Instrumental ADL/ Index of Independence in ADL	4	4
Medication Assessment	4	2 <small>(did not include BEERS list information on medication sheet)</small>
Points	40	38

Education Assessment

	Points Possible	Points Received
Learning Needs Identified and Prioritized (3)	10	10
Priorities pertinent to learning needs (3)	5	5
Nursing interventions related to learning needs (5)	10	10
Points	25	25

Education Plan

	Points Possible	Points Received

Education Prioritization and Barriers to Education	5	5
Teaching Content and Methods used for Education	10	10
Evaluation of Education Plan	10	10
Education Resources attached	10	10
Points	35	35

Total Points: 98/100 – Satisfactory

See comments provided throughout the document. 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: 7/6/2023	Date: 7/7/2023	Date: 7/21/2023
	S	S	S	S	S	
Faculty Initials	RH	KA	KA	NS	BL	
Remediation: Date/Evaluation/Initials	N/A	NA	NA	NA	NA	

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse

STUDENT NAME(S): Taylor Fox (M), Elaynah Noftz (A)

GROUP #: 4

SCENARIO: 2

OBSERVATION DATE/TIME(S): 7/5/2023 1230-1345

<p>CLINICAL JUDGMENT</p> <p>COMPONENTS NOTICING: (1, 2, 5) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B 	<p style="text-align: center;">OBSERVATION NOTES</p> <p>Introduces selves and roles when entering the room.</p> <p>Noticed elevated blood pressure.</p> <p>Sought information related to home and supporting environment.</p>
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<ul style="list-style-type: none"> Information Seeking: E A D B 	<p>Noticed bruising and abrasions.</p> <p>Noticed tremoring, anxiety, agitation, diaphoresis, itching, numbness, hallucinations, confusion, etc.</p> <p>Identified patient name and DOB, allergies prior to administering medications.</p> <p>Sought information related to recent loss and stressors.</p>
<p>INTERPRETING: (2, 4) *</p> <ul style="list-style-type: none"> Prioritizing Data: E A D B Making Sense of Data: E A D B 	<p>Prioritized vital sign assessment.</p> <p>Prioritized CIWA assessment based on withdrawal symptoms.</p> <p>Prioritized brief mental health evaluation.</p> <p>Made sense of CIWA assessment interpreting score of 18.</p> <p>Made sense of eMAR for CIWA protocol.</p> <p>Made sense of brief mental health evaluation assessment score.</p>
<p>RESPONDING: (1, 2, 3, 5) *</p> <ul style="list-style-type: none"> Calm, Confident Manner: E A D B Clear Communication: E A D B Well-Planned Intervention/ Flexibility: E A D B Being Skillful: E A D B 	<p>Teamwork and collaboration when entering the room to develop relationship with the patient and streamline communication.</p> <p>Educated on the need to perform a CIWA assessment.</p> <p>Encouraged patient to be open and honest.</p> <p>Explored patient's feelings related to coping mechanisms other than substances.</p> <p>Educated on healthy coping mechanisms such as walking and exercise.</p> <p>Brief mental health evaluation completed in full.</p> <p>Appropriate dosage of Ativan (4mg) administered safely. Education provided.</p> <p>Offered selves to patient and asked open-ended questions.</p> <p>Therapeutic communication provided related to social support, coping mechanisms, etc.</p> <p>Offered self-regarding recent loss.</p>
<p>REFLECTING: (6) *</p> <ul style="list-style-type: none"> Evaluation/Self-Analysis: E A D B Commitment to Improvement: E A D B 	<p>Each member of the group actively participated during debriefing. Appropriate questions were asked. Identified rationale behind decision making. Identified use of clinical judgment during the scenario. Each group member discussed strengths and weaknesses in their performance. Alternate choices were discussed for improvement in the future.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>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. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing</p>

B= Beginning

Objectives:

- 1. Demonstrate effective therapeutic communication while interacting with patient admitted for an acute mental health crisis. (1, 2, 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

knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.

Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. 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.

Satisfactory completion of Mental Health simulation scenario.

**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: