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

Student: Veronica Cromwell **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)**		S	N/A	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	N/A	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	N/A	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	N/A	S	~~N/A~~ S	S	N/A			
e. Recognize social determinants of health and the relationship to mental health. **(reflecting)**		S	N/A	S	N/A	S	N/A			
f. Develop and implement an appropriate nursing therapy group activity. **(responding)**		S	N/A	S	N/A	~~S~~ NA	N/A			
g. Develop a geriatric physical/mental health assessment and education plan. (**Geriatric Assessment**) **(responding)**					N/A					
Faculty Initials	KA	KA	CB	BS	BS	CB				
Clinical Location		1S	NA	1S	Detox/ Artisans	Hospice	N/A			

* End-of-Program Student Learning Outcomes

Comments:

Week 2 – 1a – Roni, you did a great job discussing the pathophysiology behind the patient's admission diagnosis of suicidal ideations. You discussed how your patient had both a plan and previous attempts with overdosing on medication prior to the admission. KA

Week 2 – 1e – Roni, you discussed your patient's multiple social determinants of health affecting her overall ability to manage her mental. Financial instability, lack of a support system, and housing concerns were some of the major SDOH stressors you noted in your assessment affecting your patient's most recent admission. KA

Week 2 – 1f – Roni you did a terrific job planning and implementing a nursing group activity this week. The dice game was a great way to help patients come up with positive aspects about themselves and several patients supported others when they were unable to come up with a response themselves. Terrific job! KA

Week 4- 1e,f- Nice job discussing relevant social determinants of health on your CDG and identifying a community resource (2) that your patient could benefit from. BS

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. (Detox) Nice work describing the Erie County Health Department Detox Unit and their admission process. You also addressed culturally and spiritually competent care. BS

Week 6(1c): Great job providing culturally and spiritually competent care during your hospice clinical experience. CB

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

Comments:

Week 2 – 2a & 2b – Roni you were able to discuss your patient's admission and psychiatric history. You noted her recent admission was due to suicidal ideations with auditory and visual hallucinations. Does the patient have a history of a psychiatric diagnosis that would contribute to the auditory and visual hallucinations? KA

Week 2 – 2b – Roni you did a nice job discussing potential labs that could be drawn on your patient to monitor for potential side effects of medications. What are your thoughts of the need to draw hormone levels related to her use of estradiol? KA

Week 2 – 2f – Roni, you discussed acknowledgement, blame-free environment, collaboration, and organization commitment to resources all contribute to a culture of safety on the psychiatric unit at the hospital. You made some great observations related to

* End-of-Program Student Learning Outcomes

the equipment and environment that is adapted from the average medical unit to promote overall safety of the patients and staff on the medical unit. KA

Week 4- 2a,b,c,d- Great job correlating your assessment data with your patient's medical and psychiatric history and identifying the priority problem and potential complications. Nursing interventions were provided and prioritized with rationales included. You also did a nice job evaluating the plan of care and identified social determinants of health that affect the patient. Nice work! BS

* 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	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)**		S	N/A	S	N/A	S	N/A			
c. Identify barriers to effective communication. **(noticing, interpreting)**		S	N/A	S	~~N/A~~ S	S	N/A			
d. Construct effective therapeutic responses. **(responding)**		NI	N/A	S	N/A	S	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	S	~~N/A~~ S	N/A			
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations. **(responding)**		S	N/A	S	S	S	N/A			
h. Teach patient/family based on readiness to learn and patient needs. **(responding, reflecting)**		S	N/A	S	N/A	S	N/A			
Faculty Initials	KA	KA	CB	BS	BS	CB				

Comments:

Week 2 – 3f – Roni, you did nice job responding to all the CDG questions related to your clinical experience on 1 South this past week. You were thoughtful with your responses and supported your information with appropriate resources. You included in-text citations for both resources utilized. When in-text citing a direct quotation make sure to include a page number or a paragraph

* End-of-Program Student Learning Outcomes

number if there are no page numbers in the citation. Also, in your first reference make sure to include the year in parentheses after the authors and in the second refence you only need the year in the parentheses. Overall nice job. Keep up the great work! KA

Week 4- 3a,b,c,d- Nice job discussing your patient's group participation and the group dynamics. Nice job also describing the ways in which participation in the groups is intended to benefit the patients. You also did a nice job discussing the therapeutic communication techniques you used when interacting with your patient. BS
Week 5- 3c,f,g- (SARRC) Nice job discussing your feelings and attitudes regarding working with individuals with substance abuse problems. Detox- Nice job identifying the roles of the nurses and other staff at the detox center and the ways the center can help the patients achieve self-care. BS

Week 6(3f): Roni, you did an excellent job with your Hospice Reflection Journal. I'm glad you learned a lot during this experience and enjoyed your time spent there. Thank you so much for sharing your thoughts and feelings about the experience. CB

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

Comments:

Week 2 – 4a, 4b, & 4e – Roni, you did a great discussing the multiple medications your patient was on and the side effects and nursing interventions for each. Surprisingly your patient's medications did not have high risk for psychiatric side effects but several on them had major cardiac side effects and your patient is already exhibiting symptoms of chest pain at 27-years-old. You completed medication administration on the 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- 4a,b,c,e- Nice job administering medications this week in the psychiatric department. Medication classifications were determined, uses and implications were discussed, as were side-effects, appropriate nursing interventions, and important safety implications related to the use of psychotropic medications. BS

* 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	N/A	S	S	S	N/A			
b. Discuss recommendations for referrals to appropriate community resources and agencies. **(reflecting)**		S	N/A	S	S	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	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	N/A	S	N/A	N/A			
Faculty Initials	KA	KA	CB	BS	BS	CB				

Comments:

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)**		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	N/A	S	N/A			
Faculty Initials	KA	KA	CB	BS	BS	CB				

Comments:

Week 4- 6c- You were able to utilize technology to identify an important community resource that could help meet the mental health and nutritional needs of your patient. BS

* 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	N/A	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	N/A	S	N/A	S	N/A			
c. Illustrate active engagement in self-reflection and debriefing. **(reflecting)**		S	N/A	S	N/A	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	N/A	S	S	S	N/A			
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. **(responding)**		S	N/A	S	S	S	U			
f. Comply with the standards outlined in the FRMCSN policy, "Student Conduct While Providing Nursing Care." **(responding)**		S	N/A	S	S	S	N/A			
Faculty Initials	KA	KA	CB	BS	BS	CB				

Comments:

Week 4- 7d- Professional behavior observed at all times while on the clinical floor. BS

Week 6(7c,e) Excellent job this week during your hospice clinical experience. You did a great job completing your reflection journal. Comments from the RN you were assigned to in Hospice: Excellent in all areas. Keep up all your great work! CB

Week 7: I exhibited unprofessional behavior and irresponsibility by turning in my assignment past the deadline. It was my own fault and I had waited until the deadline to turn it in. In the future, instead of waiting, I will turn in my clinical tool as soon as I am done with clinical or as soon as I get my graded tool back. Since having the assignment in my calendar was not beneficial for me in getting the assignment turned in on time, I will also be implementing a weekly reminder that will go off two days before the due date and the day before to give me ample time to finish the assignment.

Firelands Regional Medical Center School of Nursing
Nursing Care Map Rubric

Student Name: Veronica Cromwell **Date or Clinical Week:** Week 4				**Course Objective:**	Synthesize concepts related to psycho-pathology, health assessment data, evidence based practice, and the nursing process using clinical judgment skills to plan and care for patients with mental illness.		
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	Nice work identifying all subjective and objective abnormal assessment findings, lab values and diagnostics, and relevant risk factors.
	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	Nice job identifying nursing priorities and correlating it to assessment data. I would just suggest that RR, BP, and HR are not contributing to or associated with his risk for suicide. Nice job also of identifying potential complications and their associated symptoms.
	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	Nice list of prioritized interventions with rationales.
	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**	3	Good, complete evaluation.
	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.**

Faculty/Teaching Assistant Comments:

Total Points: **42/42**
Satisfactory. BS

Faculty/Teaching Assistant Initials:
Nice work Roni! BS

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.	**5**
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**
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.	**10**
15 Points Provides direct quotes for all interchanges. Nonverbal and Verbal behavior is described for all interactions. Students	10 Points Direct quotes are not provided. Nonverbal and Verbal behavior is described for at least 7	5 Point Direct quotes are not provided. Nonverbal and Verbal behavior is described for at least 5	0 Points Direct quotes are not provided. Nonverbal and Verbal behavior is not described for less	**15**

thoughts and feelings concerning each interaction is provided.	interactions. Student thoughts and feelings concerning at least 5 interactions are provided.	interactions. Student thoughts and feelings concerning at least 5 interactions are provided.	than half of the interactions. Student thoughts and feelings for less than half of the interactions provided.	
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	**15**
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**
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: See comments provided throughout the document. Overall very well done. I hope this was a beneficial learning experience for you. Let me know if you have any questions. Veronica Cromwell 6/26/2023 **Faculty Initials:**	**Total Points:** **95/100** **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	S	S	
Faculty Initials	KA	BS	BS	CB	CB	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S): Veronica Cromwell (M) and Madison Taylor (A)
GROUP #: 4
SCENARIO: 1
OBSERVATION DATE/TIME(S): 7/5/2023 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	Introduced self and role when entering the room. Noticed bruises and abrasions. Sought further information related to patient fall at home. Noticed elevated blood pressure Noticed symptoms related to alcohol withdrawal. Noticed anxiety. Noticed restlessness. Sought information related to patient admission and overall feelings/well-bring. Consider exploring and seeking information related to coping mechanisms at home. Med nurse asked about allergies and name/DOB for safety.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Made sense of assessment findings being related to alcohol withdrawal. Prioritized CIWA assessment. Prioritized CAGE assessment. Interpreted CAGE assessment as abnormal and identified problem with substance abuse. Did not prioritize brief mental health evaluation. Interpreted CIWA score of 8 (anxiety and fidgety/restlessness)
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	Good teamwork and collaboration with blood pressure. CIWA assessments completed in full. Teamwork and collaboration noticed to determine appropriate score. Consider communicating with patient about coping mechanisms following the recent loss of a friend and loved ones. Offered self, sat next to patient for therapeutic communication. Good eye-contact, explored feelings. Attempted to formulate therapeutic connection. Teamwork and collaboration performed for medications. 2mg of Ativan administered for symptoms. Discussed CIWA scale

	and protocol. Educated on Ativan and side effects. Full CAGE assessment performed. Consider educating on community resources related to substance use.
REFLECTING: (6)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	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.
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, 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**	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. 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: