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

Student: Madison Whittaker

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

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)**		NA	S	S	S	NA	S	NA	NA	
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. **(interpreting)**		NA	S	S	S	NA	S	NA	NA	
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)**		NA	S	S	S	NA	S	NA	NA	
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care **(noticing)**		NA	S	S	S	NA	S	NA	NA	
e. Recognize social determinants of health and the relationship to mental health. **(reflecting)**		NA	S	S	S	NA	S	NA	NA	
f. Develop and implement an appropriate nursing therapy group activity. **(responding)**		NA	NA	NA	S	NA	S	NA	NA	
g. Develop a geriatric physical/mental health assessment and education plan. (**Geriatric Assessment**) **(responding)**					S			NA	NA	
Faculty Initials		BL	CB	KA	RH	CB	KA			
Clinical Location		No Clinical	Detox Center	Hospice and Sandusky Artisans	1S	Sim no clinical	1S			

* End-of-Program Student Learning Outcomes

Comments:

Week 3(1a,c,d): Excellent job attending and actively participating in your Erie County Health Department Detox Unit clinical. You did a great job discussing barriers to cultural and spiritual competent care and appropriate methods for patients to achieve self-care in your CDG. Keep up all the hard work! CB

Week 4 – 1a & 1d – Madison, you did a great job discussing substance use disorder and how it relates to mental health and other physical and environmental aspects regarding the patient's health. You explained the importance of community services such as the Sandusky Artisans Center as well as other types of group therapy that would be beneficial for patients with substance use disorder. KA

Week 5: 1(a)- great job discussing the pathophysiology of your patient's diagnosis this week in your CDG. RH

Week 7 – 1a – Madi, you were able to discuss your patient's diagnosis and the reason for her admission for the patient you cared for this week.   KA
Week 7 – 1e – Madi, you were able to discuss how your patient's current financial situation and lack of support system are affecting her ability to manage her mental health appropriately. KA

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

Comments:

Week 5: 2(a, b)- you did a great job gathering a health history on your patient as well as connecting their lab work and diagnostic testing related to their 1 south admission. RH

Week 7 – 2d – Nursing Care Map needs improvement. See rubric for comments. KA

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

Comments:
Week 3(3f): Madi, you did a great job answering the CDG questions for the Erie County Health Department Detox Unit but you are receiving a "U" due to your CDG not including an intext citation and a reference. Please refer to your CDG rubric when completing all CDGs. 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. CB

* End-of-Program Student Learning Outcomes

Week 3 3f- To prevent myself from getting another U I will be sure to make a note regarding citations for my CDG posts. I have made sure to use the proper citations in my CDG's for this week and I will reread all of my CDG posts in the future to be sure my citations are present and correct. KA

Week 4 – 3f – Madison, you responded to all CDG questions on the Sandusky Artisans Center with thoughtful responses and discussed some excellent points about addiction and recovery. Your responses were well-written. You supported your CDG post information with an appropriate reference and in-text citation. Keep up the nice work Madison! KA

Week 5: 3(e)- I changed this to "NA" because your nursing process is not done yet. RH

Week 7 – 3 a, c, d – Madi, you did a nice job discussing your patients group attendance and how she was more participative on day two compared to day one. You also shared how you utilized the therapeutic communication techniques of active listening, offering self, and reflecting to interact with your patient. KA

Week 7 – 3f –Madi, you responded to all the CDG questions on your 1 South clinical experience with thoughtful responses. You supported your information with a refer4ence and an in-text citation. Keep up the nice work! KA

* End-of-Program Student Learning Outcomes

Objective

4. Demonstrate knowledge of frequently prescribed medications utilized in treating mental illness. (1, 4, 5, 6, 7)*											

Weeks of Course:	1	2	3	4	5	6	7	8	Make Up	Final
a. Discuss the safe administration of medication while observing the six rights of medication administration. **(responding)**		NA	NA	NA	S	NA	NA	NA	NA	
b. Demonstrate ability to discuss the uses and implication of psychotropic medications. **(responding, reflecting)**		NA	NA	NA	S	NA	NA	NA	NA	
c. Identify the major classification of psychotropic medications. **(interpreting)**		NA	NA	NA	S	NA	NA	NA	NA	
d. Identify common barriers to maintaining medication compliance. **(reflecting)**		NA	NA	NA	S	NA	NA	NA	NA	
e. Explain the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications. **(responding, reflecting)**		NA	NA	NA	S	NA	NA	NA	NA	
Faculty Initials		BL	CB	KA	RH	CB	KA			

Comments:

Week 5: 4(a, b, c, e)- you did great with medication administration this week. You were able to look up all medications for your patient, discussed them with me as well as your patient prior to administration. RH

* 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)**		NA	S	~~NA~~ S	S	NA	S	NA	NA	
b. Discuss recommendations for referrals to appropriate community resources and agencies. **(reflecting)**		NA	S	S	S	NA	S	NA	NA	
c. Attend Erie County Health Department Detox Unit observing the care of a patient with mental illness-substance abuse. **(Community Agency Observation-Detox Unit)**		NA	S	NA	NA	NA	NA	NA	NA	
d. Attend Narcotics/ Alcoholics Anonymous meeting. **(Alcoholics/Narcotics Anonymous at the Sandusky Artisans Recovery Center (Observation)**		NA	NA	S	NA	NA	NA	NA	NA	
Faculty Initials		BL	CB	KA	RH	CB	KA			

Comments:

Week 3(5b,c) You did a great job attending and actively participating in your Erie County Health Department Detox Unit clinical experience this week. You were able to explain the process of admission into the detox and ways the healthcare professionals assist patients with their sobriety. Great job! CB

Week 4 – 5a, 5b, & 5d – Madison, you did a great job discussing the importance of community resources like the Sandusky Artisans and how they help individuals with addiction find support through recovery. KA

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

Comments:
week 5: 6(a, b, c)- you used the EHR to look up background information on your patient as well as used the EMAR to administer medications this week with little to no assistance. Great job! RH

Week 7 – 6c – Madi, you did a nice job researching the benefits of Ohio Guidestone and sharing the resource with your classmates. KA

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

Comments:

Week 4 – 7c – Madison, you did a great job reflecting on your hospice experience and how it impacted you and your nursing care. I am glad you had this opportunity to see hospice and experience the many benefits on the in-patient unit. I am glad you were able to learn about medication administration through the subcutaneous button route. KA

Week 5: 7(c)- You were an active participant in debriefing this week. You were able to reflect on your experience on 1 south and suggest some changes or improvements you would make for your next clinical day. RH

Firelands Regional Medical Center School of Nursing
Nursing Care Map Rubric

Student Name: Madison Whittaker	**Course Objective:**					
Date or Clinical Week: Week 7						

	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	Madi, you did a nice job completing the noticing section for your assigned patient and including relevant assessment findings, lab/diagnostic findings, and risk factors. Did your patient have an anxiety score? This would be an appropriate addition to the assessment section if she did. Overall nice job! KA
	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	Madi, you identified several nursing priorities and selected the highest priority and highlighted it. You identified 2 complications. When writing your signs and symptoms remember to write them as things a nurse would assess for related to identified complication. Organ damge and increased financial trouble would not be things a nurse would necessarily assess the patient for to determine if they are experience that specific complication of substance abuse. Things such as a positive toxicology screening, withdrawal tremors, needle tracks, and pupil constriction would be more appropriate signs and symptoms to assess for related to substance abuse. For self-harm findings such as injury, verbalizing a plan, and increased agitation/depression would be more appropriate signs and symptoms. Also, what are your thoughts about highlighting
	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)**	2	
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	0	

				 			flight of ideas in the assessment findings
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	Madi, please review the guidelines related to this section. Your nursing interventions were not prioritized appropriately. Remember all assessment should be first and all education should be last. Outside on the first intervention, none of the interventions had frequencies. When time education you could time them upon admission or before discharge. Also, none of your interventions included rationale. You may want to consider adding interventions such as encouraging group therapy attendance, assessing vital signs, assessing safety every 15 minutes, and any prn medication the patient may be taking for anxiety and depression. KA
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	1	
	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**	0	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	1	Madi, when evaluating your care map, you should go back to the highlighted sections in the assessment findings and reevaluate them. You included outcomes for each, but did not truly evaluate any of them. You did report you would continue your plan of care. KA
	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: Madi, you are receiving a needs improvement for your care map. Please see above comments for areas to improve before resubmitting your care map. If you have any questions please contact me. KA

Total Points: 28/42

Faculty/Teaching Assistant Initials: KA

<div align="center">Geriatric Assessment Rubric
2023</div>

Student Name: _Madison Whittaker_   Date: __6/26/2023____

Clinical Assessment Rubric

Mental/Physical Health Status Assessment

	Points Possible	Points Received
Physical Assessment– A few minor sections not fully answered.	4	3
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 – Medications on the BEERS List not identified on medication list.	4	3
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 – Minimal detail provided on this section. You should list a few topics covered under each education priority.	10	2
Evaluation of Education Plan	10	10
Education Resources attached – No handouts attached but specific websites utilized listed on education plan.	10	5
Points	35	22

Total Points _85/100_____

Madison, you satisfactorily completed your Geriatric Assessment. Overall you did a nice job completing the assessment on your patient. You could have spelled out your education a little more to make it easier to see what you taught. See comments above on areas for improvement. Overall nice job! KA

You must receive a total of 77 out of 100 points to receive a "S" grade on the Evaluation of Clinical Performance tool. Due date can be located on the clinical schedule.

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	BL	KA	RH	CB	CB	
Remediation: Date/Evaluation/Initials	NA	NA	N/A	NA	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)*					Verbalized wanting to clean and dress abrasions.

RESPONDING: (1, 2, 3, 5)*						Verbalized wanting to clean and dress abrasions.
• Calm, Confident Manner:	E	A	**D**	B		CIWA assessment performed, orientation established
• Clear Communication:	E	**A**	D	B		Patient identified prior to medication administration. Patient says she is missing a med, (amitriptyline).
• Well-Planned Intervention/ Flexibility:	E	A	**D**	B		Amitriptyline administered. Side-effects discussed with patient.
• Being Skillful:	E	**A**	D	B		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)*						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.
• Evaluation/Self-Analysis:	E	**A**	D	B		Discussed the importance of addressing education/resources, bruising, and loss of friend.
• Commitment to Improvement:	E	**A**	D	B		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: