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

Student: Kenneth Seibold

Final Grade: Satisfactory

Semester: Summer Session

Date of Completion: 7/21/23

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: Rachel Haynes BSN, RN

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	S	NA	NA	S	S	NA	NA	S
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. **(interpreting)**		S	S	NA	NA	S	S	NA	NA	S
c. Provide culturally and spiritually competent care within the scope of nursing that meets the needs of assigned patients from diverse cultural, racial and ethnic backgrounds. **(responding)**		S	S	NA	NA	S	S	NA	NA	S
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care **(noticing)**		S	S	NA	NA	S	S	NA	NA	S
e. Recognize social determinants of health and the relationship to mental health. **(reflecting)**		S	S	NA	NA	S	S	NA	NA	S
f. Develop and implement an appropriate nursing therapy group activity. **(responding)**		NA	NA	NA	NA	S	S	NA	NA	S
g. Develop a geriatric physical/mental health assessment and education plan. **(Geriatric Assessment)** **(responding)**					S			NA	NA	S
Faculty Initials		BL	KA	KA	BS	NS	KA	RH	RH	RH
Clinical Location		Erie County Detox Unit	Sandusky artisans, Stein Hospice	No Clinical	No Clinical	1 South	1 South	No Clinical	No clinical	

* End-of-Program Student Learning Outcomes

Comments:

Week 2-1(a-d) Kenny, great job during your Erie County Health Department Detox Unit clinical experience this week. You did an excellent job with your CDG discussing the services that are provided, process for admission, barriers to culturally and spiritually competent care at the agency, the role of the nurse, and methods that are used to assist the patient to achieve self-care. Keep up all your great work! BL

Week 3 – 1a & 1d – Kenny, 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 counseling and services that would be beneficial for patients with substance use disorder. 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 medication and identifying the rationale and side effects of each medication. You noticed the uncomfortable side effects that your patient was experiencing and noted the potential of non-compliance due to his increased fatigue. Good discussion on SDOH that have an impact on your patient's overall mental health. You identified social/family stressors as well as his homelessness and how that could negatively impact his healing. NS

Week 7 – 1a – Kenny, you were able to discuss your patient's diagnosis and the reason for his admission for the patient you cared for this week. KA
Week 7 – 1f – Kelly, you did a nice job developing a nursing therapy group for the inpatient psychiatric unit. The spinner game where the patients answer different questions based on the color they landed on was well received by the patient on the unit. Terrific job! 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
a.	**Competencies:** Assemble a health history which includes past and current history of mental and medical health issues and chief reason for hospitalization. **(noticing)**		~~S~~ NA	S	NA	NA	S	S	NA	NA		S
b.	Identify patient's subjective and objective findings including labs, diagnostic tests, and risk factors. **(noticing, recognizing)**		~~S~~ NA	NA	NA	NA	S	S	NA	NA		S
c.	Demonstrate ability to identify the patient's use of coping/defense mechanisms. **(noticing, interpreting)**		S	S	NA	NA	S	S	NA	NA		S
d.	Formulate a prioritized nursing care map utilizing clinical judgment skills. **(noticing, interpreting, responding, reflecting)**		NA	NA	NA	NA	~~S~~ NA	S	NA	NA		S
e.	Apply the principles of asepsis and standard precautions. **(responding)**		S	S	NA	NA	S	S	NA	NA		S
f.	Practice use of standardized EBP tools that support safety and quality. **(noticing, responding)**		~~S~~ NA	S	NA	NA	S	S	NA	NA		S
Faculty Initials			BL	KA	KA	BS	NS	KA	RH	RH		RH

Comments:

Week 6 2(a,c) – You were thorough in describing your patient's background history and how it played a role in his current admission. Good identification of history of substance misuse and how it relates to his mental health disorder and lack of coping skills. 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	NA	NA	S	S	NA	NA	S
b. Demonstrate professional and appropriate communication with the treatment team by using the SBAR format for handoff communication during transition of care. **(responding)**		~~S~~ NA	S	NA	NA	S	S	NA	NA	S
c. Identify barriers to effective communication. **(noticing, interpreting)**		S	S	NA	NA	S	S	NA	NA	S
d. Construct effective therapeutic responses. **(responding)**		S	S	NA	NA	S	S	NA	NA	S
e. Construct a satisfactory patient-nurse therapeutic communication. **(Nursing Process Study) (responding, reflecting)**					NA			S	NA	S
f. Posts respectfully and appropriately in clinical discussion groups. **(responding, reflecting)**		~~S~~ NI	S	NA	NA	S	S	NA	NA	S
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations. **(responding)**		S	S	NA	NA	S	S	NA	NA	S
h. Teach patient/family based on readiness to learn and patient needs. **(responding, reflecting)**		S	S	NA	NA	S	S	NA	NA	S
Faculty Initials		BL	KA	KA	BS	NS	KA	RH	RH	RH

Comments:

Week 2-3(f) You did a nice job answering all your CDG questions this week, but there were numerous grammar, punctuation and spelling errors throughout which made it very difficult to read at times. Going forward, I would encourage you to proof read your responses to ensure that all grammar, punctuation and spelling are correct. Please let me know if you have any questions. BL

* End-of-Program Student Learning Outcomes

Week 3 – 3f – Kenny, you responded to all CDG questions with thoughtfulness and some very insightful points about addiction and recovery. Your responses were thorough and well-written. You supported your CDG post information with an appropriate reference and in-text citation. Remember to include the year and page number or paragraph number if there are no page numbers when in-text citing a direct quotation. Keep up the terrific work! KA

Week 3 – 3g – Kenny, You were able to discuss the anonymity of groups like AA and NA and the overall group dynamic of being thoughtful and respectful to others and what they have to share regarding their addiction and concerns. 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) – Good 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

Week 7 – 3 a, c, d – Kenny, you did a nice job discussing your patient's participation in group therapy and the purpose of it. You also discussed your utilization of therapeutic communication with the patient and how you use the techniques of active listening, reflective responses, and open-ended questions. Nice job! KA

Week 7 – 3f – Kenny, you did a nice job responding to all the CDG question related to your 1 South clinical experience this week. You discussed how you effectively communicated with your patient using different therapeutic communication techniques. You supported your information with a reference and in-text citation. Keep up the excellent 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	NA	S	S	NA	NA	S
b. Demonstrate ability to discuss the uses and implication of psychotropic medications. (responding, reflecting)		NA	NA	NA	NA	S	S	NA	NA	S
c. Identify the major classification of psychotropic medications. (interpreting)		NA	NA	NA	NA	S	S	NA	NA	S
d. Identify common barriers to maintaining medication compliance. (reflecting)		NA	NA	NA	NA	S	S	NA	NA	S
e. Explain the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications. (responding, reflecting)		NA	NA	NA	NA	S	S	NA	NA	S
Faculty Initials		BL	KA	KA	BS	NS	KA	RH	RH	RH

Comments:

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

Week 7 – 4a, 4b, & 4e – Kenny, you researched your patient's medications and were able to discuss the side effects and nursing considerations for each one. You completed medication administration on the patient efficiently and accurately observing the rights of medication administration. KA

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

Comments:

Week 2-5(a-c) Great job attending the Erie County Health Department Detox Unit and completing your CDG for the experience. BL

Week 3 – 5a, 5b, & 5d – Kenny, 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	NA	S	S	NA	NA	S
b. Demonstrate satisfactory documentation of physical and psychiatric assessments and nursing notes utilizing the electronic health record. **(responding)**		NA	NA	NA	NA	~~S~~ NA	S	NA	NA	S
c. Demonstrate the use of technology to identify mental health resources. (**responding**)		NA	NA	NA	NA	S	S	NA	NA	S
Faculty Initials		BL	KA	KA	BS	NS	KA	RH	RH	RH

Comments:

Week 6 6(a) – you made good use of your time on the unit, navigating the EHR during appropriate down times to gather important health care related information on your patient this week. NS

Week 7 – 6c – Thank you for researching and sharing such a great resource. Psychology Today sounds like a great reference for individuals trying to locate providers in their area. Great job! KA

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

Comments:

Week2 strength: I was able to help administer urine drug tests to the male clients of the clinic. They responded to my presents comfortably and opened up to me about their addictions. Great job! BL

Week 3 – 7c – Kenny, 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. KA

Firelands Regional Medical Center School of Nursing
Nursing Care Map Rubric

Student Name: Kenny Seibold	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)	2	Kenny, you did a nice job completing the noticing section. You did not have 7 documented assessment findings. You could have included the patient's CIWA score, anxiety/depression score, affect, or dietary intake to help meet this criteria. The patient's BAC of 0.33 is more appropriately in the lab/diagnostic section. Also, a a risk factor in you new the number of years he has been drinking you could add this to your risk section. Overall you did a nice job with this section and including pertinent information regarding your patient.
	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	Kenny, you did a nice job listing all related nursing diagnosis and choosing a pertinent nursing priority. You highlighted related data in the noticing section. You included three appropriate complications for your chosen priority and identified related signs and symptoms for each. KA
	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	
Res	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	Kenny, you did a nice job individualizing your nursing interventions related to your nursing priority. What are your thoughts

		> 75% complete	50-75% complete	< 50% complete	0% complete		on including interventions related to the assessment on alcohol usage and the readiness for to seek substance abuse intervention? Also, including interventions related to encouraging group therapy participation, assisting patient to identify appropriate support people to assist with recovery, and assessing patient for signs and symptoms of depression would be appropriate. I think maybe the frequency of the CIWA assessment needs to be adjusted. I think it is a minimum of once a shift but I might be wrong. All interventions were timed except the education intervention. When timing education you can state on admission, before discharge, daily, or prn. KA
ponding	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	2	Kenny, when evaluating your care map, you should go back to the assessment findings in the noticing section and reevaluation all of these findings. I am not sure about the reevaluation of LOC, tremors, extra pyramidal symptoms, and ammonia levels because none of them are listed in the assessment section. Also in your assessment section you have depression and amount of alcohol listed but not reevaluated. You did identify you would continue the 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: Kenny, you satisfactorily completed your care map. Please see comments above for areas to improve on in the future. Overall you did a very nice job with the care map for your assigned patient. KA**	**Total Points: 39/42** **Faculty/Teaching Assistant Initials: KA**

Geriatric Assessment Rubric
2023

Student Name: _Kenny Seibold_____   Date: __6/26/23_____

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
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_____

Good job on your geriatric assessment. You lost points due to not providing dose and route on the medication list. RH

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.

Nursing Process Rubric

Criteria	Ratings				Points Earned
Criterion #1 Process Recording is organized and neatly completed	5 Points Typed process recording with spelling and grammar correct.	3 Points Typed process recording with 5 or less spelling and grammar mistakes.	1 Points Typed process recording with 5 or more spelling and grammar mistakes.	0 Points Process recording is not typed with 10 or more spelling and grammar mistakes.	5
Criterion #2 Assessment	7 Points Identifies pertinent patient background, current medical and psychiatric history. Provides a self-assessment of thoughts and feelings prior and during therapeutic communication interaction with patient. Identifies the milieu and effects on patient.	5 Points Identifies areas of assessment but incomplete data provided in 2 of the 4 areas. Provides a self-assessment of thoughts and feelings prior and during therapeutic communication interaction with patient. Identifies the milieu and effects on patient.	3 Point Identifies areas of assessment but incomplete data provided in 3 of the 4 areas. Provides a self-assessment of thoughts and feelings prior and during therapeutic communication interaction with patient. Identifies the milieu and effects on patient.	0 Points Missing data in all 4 areas of assessment.	7
Criterion #3 Mental Health Nursing Diagnosis (priority problem)	8 Points Identifies priority mental health problem (not a medical diagnosis) providing at least 5 potential complications.	5 Points Identifies Priority mental health problem provides at least 4 potential complications.	3 Point Identifies priority mental health problem provides at least 3 potential complications.	0 Points Does not provide priority mental health problem and/or less than 3 potential complications.	8

Criterion #4 Nursing Interventions	10 Points Identifies all pertinent nursing interventions (at least 5) in priority order including a rationale and timeframe. Interventions must be individualized and realistic. Identifies a therapeutic communication goal	6 Points Identifies 4 or less nursing interventions in priority order including a rationale and time frame. Interventions are not individualized and/or realistic. Identifies a therapeutic communication goal.	4 Point Identifies 4 or less nursing interventions but not prioritized and/or no rationale or time frame provided. Interventions are not individualized and /or realistic. Identifies a therapeutic communication goal.	0 Points Identifies less than 4 interventions, not prioritized, individual, realistic, no rationale, no time frame. No therapeutic communication goal.	10
Criterion #5 Process Recording	15 Points Provides direct quotes for all interchanges. Nonverbal and Verbal behavior is described for all interactions. Students thoughts and feelings concerning each interaction is provided.	10 Points Direct quotes are not provided. Nonverbal and Verbal behavior is described for at least 7 interactions. Student thoughts and feelings concerning at least 5 interactions are provided.	5 Point Direct quotes are not provided. Nonverbal and Verbal behavior is described for at least 5 interactions. Student thoughts and feelings concerning at least 5 interactions are provided.	0 Points Direct quotes are not provided. Nonverbal and Verbal behavior is not described for less than half of the interactions. Student thoughts and feelings for less than half of the interactions provided.	15
Criterion #6 Process Recording	20 Points Analysis of each interaction providing type of communication (therapeutic or nontherapeutic) and technique (exploring, focusing, reflecting, formulating a plan of action, etc.) and example from interactions.	15 Points Analysis of each interaction providing type of communication (therapeutic or nontherapeutic), and technique (exploring, focusing, reflecting, formulating a plan of action, etc.) and no example from interactions provided.	10 Point Analysis of each interaction providing type of communication (therapeutic or nontherapeutic), no technique (exploring, focusing, reflecting, formulating a plan of action, etc.) and/or no example from interactions provided.	0 Points Analysis not provided for each interaction	10
Criterion #7 Process Recording	10 Points Communication has a natural beginning and ending; the conversation flows from sentence to sentence and has a logical conclusion. There are at least 10 interchanges between patient and student.	6 Points Communication has a natural beginning and ending; the conversation flows from sentence to sentence and has a logical conclusion. There are at least 7 interchanges between patient and student.	4 Points Communication has a natural beginning and ending; the conversation flows from sentence to sentence and has a logical conclusion. There are at least 5 interchanges between patient and student.	0 Points There was less than 5 interchanges between patient and student provided.	10
Criterion #8 Evaluation	15 Points Self-evaluation of	10 Points Self-evaluation of	5 Point Self-evaluation of	0 Points No self-evaluation was	15

	communication with patient. Identify at least 3 strengths and 3 weaknesses of therapeutic communication.	communication with patient. Identified 2 strengths and 2 weaknesses of therapeutic communication.	communication with patient. Identified 1 strength and 1 weakness of therapeutic communication.	provided.	
Criterion #9 Evaluation	10 Points Identify at least 3 barriers to communication including interventions or communication that could have been done differently. Identify all pertinent social determinants of health.	6 Points Identify at least 2 barriers to communication including interventions or communication that could have been done differently. Identify all pertinent social determinants of health.	4 Point Identify at least 2 barriers to communication did not include interventions or communication that could have been done differently. Did not identify any pertinent social determinants of health.	0 Points Identify at least 1 barrier to communication did not include interventions or communication that could have been done differently. Did not identify any pertinent social determinants of health.	10

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

Faculty comments:
Points were lost due to not labeling "therapeutic" or "non-therapeutic" in the analysis of each interaction.
Great conversation!

Total Points: 90 S

Faculty Initials: RH

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:** **7/5/2023**	**Date:** **7/7/2023**	**Date:** **7/21/2023**
Evaluation	S	S	S	S	S	S
Faculty Initials	BL	KA	BS	NS	KA	RH
Remediation: **Date/Evaluation/Initials**	NA	NA	NA	NA	NA	NA

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S): Kenneth Seibold (A), Taylor Whitworth (M)
GROUP #: 2
SCENARIO: 1
OBSERVATION DATE/TIME(S): 7/5/2023 0920-1035

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. Sought information on patient's admitting reason. Noticed bruising and abrasions from fall. Sought further information related to fall at home. Noticed ETOH use at home and denial of substance use. Noticed mild anxiety. Sought further information related to alcohol use. Didn't seek information related to more positive coping skills. Noticed recent loss and potential stressors. Noticed medication orders appropriately on eMAR.
INTERPRETING: (2, 4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Prioritized vital sign assessment. Prioritized focused assessment on mental status and orientation related to events at home. Prioritized CIWA assessment. Made sense of anxiety being potentially related to substance withdrawal. Prioritized CAGE questionnaire. Made sense of CAGE questionnaire results and need for referral. Made sense of CIWA assessment with interpretation of score 3 (mild anxiety). Made sense of eMAR and no need to administer substitution therapy based on score.
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	Performed CIWA assessment in full. Good therapeutic communication. Good encouragement related to alcohol use and non-judgmental approach to promote honesty. Discussed the importance of understanding information for treatment not judgement. Manual BP obtained. Partial brief mental health status evaluation. CAGE questionnaire performed in full. Focused neuro assessment completed. Consider educating on community resources such as NA/AA. Good education provided on mediations to be administered. Rationale, side effects, and implications discussed. Dosage calculation performed accurately. Therapeutic communication provided related to recent loss. Consider asking about coping mechanisms other then drinking. See if you can get her to open up about substance use any more. Followed up after medication administration.

REFLECTING: (6)*	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.
• Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	

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: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. 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: 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.

Reflecting: 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.

Satisfactory completion of Mental Health simulation scenario.

EVALUATION OF CLINICAL PERFORMANCE TOOL
Psychiatric Nursing

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: Kenneth Seibold 7/22/23