EVALUATION OF CLINICAL PERFORMANCE TOOL
Psychiatric Nursing- 2024
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Melisa Fahey

Final Grade: Satisfactory/Unsatisfactory

Semester: Summer Session

Date of Completion:

Faculty: Chandra Barnes MSN, RN, Fran Brennan MSN, RN, Monica Dunbar, DNP, RN
Brittany Lombardi MSN, RN, CNE, Heather Schwerer, MSN, 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 in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, U, or NA". 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, it must be addressed with a comment as to why it is no longer a "U" the following week. If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. 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
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)
6/3/2024	1 hour	Late Therapy Group Assignment	6/6/2024 1 hour

Initials	Faculty Name
CB	Chandra Barnes, MSN, RN
FB	Frances Brennan, MSN, RN
MD	Monica Dunbar, DNP, RN
BL	Brittany Lombardi MSN, RN, CNE
HS	Heather Schwerer, MSN, 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)**	N/A	S	S	N/A	N/A	N/A				
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. **(interpreting)**	N/A	S	S	N/A	N/A	N/A				
c. Provide culturally and spiritually competent care within the scope of nursing that meets the needs of assigned patients from diverse cultural, racial and ethnic backgrounds. **(responding)**	N/A	S	S	N/A	S	N/A				
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care **(noticing)**	N/A	S	S	N/A	S	N/A				
e. Recognize social determinants of health and the relationship to mental health. **(reflecting)**	N/A	S	S	N/A	S	N/A				
f. Develop and implement an appropriate nursing therapy group activity. **(responding)**	N/A	S	~~S~~ NA	N/A	N/A	N/A				
g. Develop a geriatric physical/mental health assessment and education plan. (**Geriatric Assessment**) **(responding)**	N/A	N/A	~~S~~ NA	N/A	N/A	N/A				
Faculty Initials	HS	MD	FB	FB	MD	BL				
Clinical Location	No Clinical	1 South Clinical 6/6-7/24	1 South Clinical 6/11-12/24	Artisan Clinical 6/21/24	Hospice Clinical 54yo Female 6/25/24	No Clinical				

Comments:

* End-of-Program Student Learning Outcomes

Week 2 Objective 1A and E-This week you were able to demonstrate an understanding for mental, physical, and environmental health along with recognizing SDOH with your responses in your CDG posting. Great job! MD
Week 2 Objective 1F-This week you were able to perform an appropriate nursing therapy group activity to encourage the patients to share and express themselves. Great job! MD

Week 3 (1a,c,d) Great job with understanding the relationship of mental illness, physical signs and symptoms, and risk factors as identified on your care map. You demonstrated empathy towards your assigned patient while meeting cultural and any spiritual needs during this week's clinical rotation. Appropriate methods to assist your patient in regaining an independence and regaining self-care was also displayed during clinical this week, great job! (1f) This competency was changed because you did not run a nursing therapy group during this clinical rotation. (1g) You did not have the geriatric assignment completed and handed in during this week. Makes sure you are paying attention to what you are self-rating yourself on. Self-rate on competencies actually completed the corresponding week. FB

Week 5 Objective 1C-E-In hospice you were able to satisfactorily complete these objectives. MD

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

* End-of-Program Student Learning Outcomes

Faculty Initials	HS	MD	FB	FB	MD	BL				

*When completing the 1South Care Map CDG refer to the Care Map Rubric

Comments:

Week 2 Objective 2A-B, and F-This week you did a great job of assembling a health history, identifying subjective and objective findings, and using EBP tools to support safety and quality in your CDG post. MD

Week 3 (2a,b,d) Great job identifying your patient's mental health history, reason for this admission, and correlating with medical health issues. You were able to assess for subjective and objective data including labs, diagnostic testing, and risk factors to provide a priority problem for your assigned patient. Great job with the use of clinical judgment skills to develop a plan of care as evidenced by the care map. Make sure you are using guidelines provided to you for each course, found under resources in edvance360. FB

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

Comments:

Week 2 Objective 3C-This week you were able to identify barriers to effective communication in your CDG posting. MD

* End-of-Program Student Learning Outcomes

Week 2 Objective 3F-You had a wonderful CDG this week! You were able to turn in your CDG on time, have the adequate word count for your post, and meet all of the objectives for the CDG! Unfortunately, you did not provide an in-text citation or reference for the Day 1 or Day 2 posts for 1S. This is a requirement for a satisfactory rating. Please respond to this with how you will prevent this from occurring in the future. MD

Wk 2 Objective 3F- I have already gone through my calendar for the rest of the semester and wrote to put an in-text citation and reference in all CDG's. I forgot once last semester as well but forgot for this semester. I read through everything in the Rubric and must've missed that to ensure my success. It is a mistake I hope never to do in Nursing School again! I'm sorry for my failure, but I assure you it won't happen again. Melisa, do not look at learning experiences as failures, but rather as ways of improvement. Make sure that you are being thorough and double checking your work. When you are working in the health care field it will be very important to be thorough and double-checking things such as health care orders, documentation, medications, patient allergies etc. This will need to be completed no matter what is happening, even on very stressful days. FB

Week 3 (3c,f,h) Great job with the identification of barriers for your assigned patient that may hamper their communication skills. You did a great job with CDG post, following all expectations of CDG rubric. Great job with assessing your patient for the readiness to learn and comprehend adaptive coping skills and behaviors. FB

Week 4 (3a,c,d,e) Melisa, these competencies are all related to the Nursing Process Study assignment. You did not satisfactorily complete that assignment. You will have until 7/1/2024 at 0800am to complete the deficient areas. Please see the rubric below. If you have questions please reach out to Chandra. (3f) CDG was posted on time and followed all expectations from CDG rubric. FB

Week 5 Objective 3A, C-E-These competencies are now satisfactory with the remediation of your NPS assignment. MD

* 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. Observe &/or administer medication while observing the six rights of medication administration. **(responding)**	N/A	~~S~~ NI	~~NI~~ U	S	N/A	N/A				
b. Demonstrate ability to discuss the uses and implication of psychotropic medications. **(responding, reflecting)**	N/A	S	S	S	N/A	N/A				
c. Identify the major classification of psychotropic medications. **(interpreting)**	N/A	S	S	S	N/A	N/A				
d. Identify common barriers to maintaining medication compliance. **(reflecting)**	N/A	S	S	S	N/A	N/A				
e. Explain the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications. **(responding, reflecting)**	N/A	S	S	S	N/A	N/A				
Faculty Initials	HS	MD	FB	FB	MD	BL				

Comments:

Week 2 Objective 4A-This week on 1S you were able to administer medications. You were able to look up the medications accurately and able to discuss with the patient what they were receiving. You are receiving an NI for this competency due to needing much guidance with the process of medication administration, from scanning the patient's wristband to scanning the medications. Please reach out if you have any questions. MD

Week 2 Objective 4B-E-In your CDG post this week you were able to provide information about implications of psychotropic medications, classifications of medications, barriers to medication compliance, and specific details about the medications you administered this week. Great job! MD

Week 3 Objective 4a. Hi Fran! I understand that I had forgotten to scan the patient for medication administration this week. I am completely aware and take ownership of my mistake. I had asked the patient his DOB and if he had any allergies, triple checked the medications to be sure (because I had them written down from the day before). The nurse was right there and had asked me questions after I had asked the patient if he was having any suicidal thoughts (patient stated no), I had asked the patient if he was having any anxiety (he expressed yes), I then asked on a scale of 0-10 where he felt his anxiety was at (Patient stated 10). This was a mistake I made and I understand that no one wants to believe that I did everything but scan because you were not there. I promise that this is a mistake that was serious and if it weren't corrected would have appeared that the patient did not receive his meds and that you were not there to oversee me. I understand that my trust from you has been broken from this mistake and that there is probably a need to punish me for this to an extreme so it doesn't happen again. All I can do in this situation is prove that I have learned and that I will never make this mistake again! I am truly sorry for disappointing the staff at the FRMCSON and hope that

* End-of-Program Student Learning Outcomes

you will all give me an opportunity to prove myself without judging me as you have taught us all that we are human, make mistakes and as nurses we do not judge people. I am asking for that from the staff! Thank you and again I apologize as deeply as even possible!

Melisa, an important take away from this mistake is the safety of patients. Unfortunately, this is how medication errors are made and patients are at risk for harm from medication errors. There is a medication administration process that was taught in nursing foundations. This process should never be broken. Medications can change day to day or hour to hour, with new orders based on the status of the patient. Remember to always quadruple check medications and have the medication administration record up in front of you when administering medications. The barcode scanning of the patient and medications is a safety measure put into place to assist with reduction of medication errors. You had medications written down from the day before, what if the medication was discontinued or the dosage had changed? I do feel that you are trying to place blame on myself for not being available, but I ask you to think about did you come to find me? There is no punishment intended, the need to remediate is to ensure you are realizing the consequences that can occur from your actions and that you can provide safe patient care while administering medications. FB

Week 3 (4a) This competency was changed to a "U" because you did not scan the patient, or medications. This is a very concerning patient safety issue. The patient could have been double dosed related to the proper process not being followed. You will need to address the "U" by stating how you prevent this from happening in the future. The above comment is explaining the situation, but I will need to know how you will prevent in the future. FB

6/18/2024 Medication administration remediation: Melisa, you completed the medication remediation in the lab satisfactorily. All rights of medication administration were followed. You were knowledgeable about medications and discussed the reason for psychiatric medications. You identified classifications of each medication. Great job with explaining side effects/adverse reactions and nursing interventions associated with each medication. FB

Week 4 (4a) I believe I understand even more the reason that this was such a huge mistake on my part. I did not even think about the fact that the medication could have been changed for the patient. I mean, I know I learned that, but it didn't cross my mind with my mistake. The idea of double dosing as well is very scary to me! I would not have been able to forgive myself if something had happened to my patient. It would have been devastating and very difficult to overcome. This was an awful experience for me to go through and caused great distress, but I have to say if this was ever going to happen, I would have rather learned when it was an absolute learning experience than a situation where it might not have been caught right away and the patient may have been dosed again due to my error of not scanning in. I am grateful for this learning experience and beyond grateful for the opportunity to fix this mistake. I owe my psychology semester to you all for the chance to fix and learn from my mistake! In the future I will definitely be going over my book and reading the pages related to passing meds before each clinical just in case I forget, get too confident, or maybe think that I will never repeat such a mistake. It can happen to anyone.

Week 4 remediation. Many thanks to Fran and Brian for taking time out of their day to help me get through this remediation. I actually learned from this opportunity as well. I did not ever hear of Lansoprazole, and I was worried I was wrong it may have to do with the patient's alcoholism. I did not see anything about that when I was looking up the med. It felt good to be able to think through what the patient was going through and put two and two together. Thank you! I am glad that you are viewing this as a great learning opportunity. We want you to become a successful, well educated RN that embodies safe evidence-based practice as you care for patients. FB

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	~~S~~ NA	N/A	N/A	N/A	N/A				
b. Discuss recommendations for referrals to appropriate community resources and agencies. **(reflecting)**	N/A	S	S	N/A	N/A	N/A				
c. Collaborate with the Erie County Health Department Detox Unit while observing the care of a patient with mental illness-substance abuse. **(Community Agency Observation-Detox Unit) ****	N/A	N/A	N/A	N/A	N/A	N/A				
d. Recognize and describe the need for substance abuse recovery resources. **(Alcoholics/Narcotics Anonymous at the Sandusky Artisans Recovery Center (Observation)**	N/A	N/A	N/A	S	N/A	N/A				
Faculty Initials	HS	MD	FB	FB	MD	BL				

****Alternative Assignment**

Comments:

Week 2 Objective 5A-This competency is directed to the Detox clinical experience. This is a NA for this week. MD

Week 3 (5b)- Great job realizing the need for community resources and the importance for patients to follow up with resources when discharged from the acute care facility. FB

Week 4 (5d)- Great job discussing the need and benefits for referrals to the SARCC community resource. You also recognize the need for this type of resource in the community and the great asset it is to have available. FB

* End-of-Program Student Learning Outcomes

* End-of-Program Student Learning Outcomes

Objective

6. Demonstrate satisfactory proficiency when using informatics and techniques in the assessment of patients with a mental illness diagnosis. (1, 2, 3, 4, 6, 8)*

Weeks of Course:	1	2	3	4	5	6	7	8	Make Up	**Final**
Competencies: a. Demonstrate competence in navigating the electronic health record. **(responding)**	N/A	S	S	N/A	N/A	N/A				
b. Demonstrate satisfactory documentation of psychiatric assessments and nursing notes utilizing the electronic health record. **(responding)**	N/A	N/A	N/A	N/A	N/A	N/A				
c. Demonstrate the use of technology to identify mental health resources. **(responding)**	N/A	S	S	N/A	N/A	N/A				
Faculty Initials	HS	MD	FB	FB	MD	BL				

Comments:

Week 2 Objective 6A-You were able to proficiently navigate the EHR independently. MD

Week 3(6a,c) Great job using the electronic health record to gather information on your assigned patient. FB

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

Objective 7a: Provide a comment for the highlighted competency each week of your 1 South clinical. Put "NA" for the weeks not assigned to 1 South.

Comments:

7a. My strength for care delivery of a patient with mental illness was engaging with a patient that had expressed that she was having a panic attack. Her nurse told her she would be over in a couple mins. I walked out about 8 mins later and the patient was sitting by herself in a chair not engaging with the group as she had earlier. I sat down in the chair next to her and I could tell that she was tearful, so I asked her if she wanted to hold someone's hand. She expressed no. Then I just started asking her questions and asked her if she would like to talk about what she is feeling. The patient expressed that she did get to speak with her nurse for a moment, so I just told her that if she needed to talk later I would be there for her. The way you were able to relate to her and provide her with support is wonderful! You really made a difference for this patient! Keep up the great work! MD

Week 2 Objective 7B-In your CDG this week you were able to identify effective use of strategies to reduce risk of harm for the patient and others. Great job! MD

Week 2 Objective 7E-This week you did not turn in your preparation assignment for the nursing therapy group in on time. You received 1 hour missed clinical for this late assignment. Please respond with how you will prevent this from occurring in the future. MD

Week 2 Objective 7E-You are also receiving an unsatisfactory rating due to dozing off during therapy group as well as debriefing. Please respond with how you will ensure this will not occur in the future. MD

Wk 2 Objective 7E- This truly is a disappointment to me! To me I failed myself and my instructors! In the future I plan on going through everything more than once before assignments are due and when we receive our calendar, syllabus, course documents to write down and double and triple check for all assignments that are due to ensure that this no longer happens to me! It is very difficult for me when I make a mistake like this, and don't plan on it happening again! I will quadruple check my documents! Also, I am feeling as though it is odd that the tool was changed to a "U" regarding dozing off during therapy after dozing during my quiz on Monday and you speaking to Fran about my mistake at clinical yesterday. I do not feel it is fair that it is allowed to be changed after it has already been posted! I can tell you that there was a student yesterday in clinical falling asleep lying with head on table as well as other students last week dozing during therapy, and I wonder if it was mentioned to me or I am just an exception. I don't what to say to this. I am human! I can't 100% promise that as a human being I can control a moment of dozing because it happens when we are bored or lack sleep. This is a very time-consuming class and I make sure that I check, double check, and now triple check to make sure my work is all submitted on time. I can promise I will try to get more sleep to hopefully prevent this from happening in the future, but I promise that I will sacrifice my sleep to ensure that all of my studying gets done, my homework gets finished and turned in on time! I truly do not know how I can promise 100% in the future that this will not happen again as I am dealing with health issues as well as a large load along with all the other students! I promise to try to go to bed by 10 pm and not at 11:30/midnight on night before clinical. The only thing I know to do is genuinely apologize for not being perfect! I am not making an excuse, I am simply telling the truth! Melisa, I feel as though you do not take accountability but try to justify your actions. My suggestion is to work on yourself, do not worry what others are doing. You are not being singled out. Make sure to hand things in on time, complete all course expectations, and follow directions appropriately. Everything you are learning in the nursing courses is provided for you to build upon and progress to be the best nurse you can be. FB
Hi Fran! I'm truly sorry that you do not feel I am accountable for my actions. Maybe I should have been more thoughtful in my explanation. I feel I understand and am completely will to take responsibility for my mistakes, maybe what I need to work on is taking constructive criticism. I do believe I have always struggled with that because I have made the mistake of only having people around me (I don't mean school and instructors; I mean friends and significant others) that criticize me and so I get defensive trying to protect myself. I am truly sorry for my behavior. I am definitely a work in progress, and I want to prove to you all that I am capable of being the best nurse I can be. Please give me the opportunity to do this. I definitely was heated when I wrote this paragraph and should not have. I'm very sorry!

Week 3(**7a). My strength for care delivery of a patient with mental illness this week was learning how to talk with a very religious individual (I consider myself religious, but struggled with understanding a patient feeling that "God" would want him to take his life to get to him) and conversate back and forth with the patient trying to gently explain, without hurting the patient, that Jesus is always with us and we don't have to feel as though we have to take our lives to make God happy with us. The patient did acknowledge that he agreed and understood that Jesus is with us all the time.** Nice job with communication, remember to use therapeutic communication and at times active listening is the best communication. FB

Week 3 (7c,e) Excellent job engaging with patients during this clinical experience. You presented yourself in a professional manner, were respectful, and displayed a non-judgmental attitude toward patients in a vulnerable situation. FB

Week 4 (7c-f)-You demonstrated active engagement and participation with an ACE attitude, professional behavior, and excellent student code of conduct. FB

Week 5 (7a) A strength in care delivery I feel I accomplished this week was dealing with my patient that was only a 54 yo female who was dealing with an extremely difficult disease, and I found a could ways to actually get a smile out of her. She seemed to be very tearful most of the morning, I went in to check on her and get her dressed for the day, and I asked her if she would like to get up in a chair. The patient hand signed yes. I got the patient up and, in her wheelchair, felt like I should do something besides just let her sit in her chair, so I asked if she would like to look out the window. She signed yes to me. I wheeled the patient over to the window and it was difficult to see anything except Sandusky school next door, so I backed her as close to the window and next to her linen closet as I could; this seemed to be a little better for her to see the road with traffic and trees. She smiled out the window a couple of times and my heart grew feeling so happy I could bring that moment of joy to her, but I didn't want that feeling to end for her. When the patient seemed to be finished looking out the window I asked if she would like to go for a walk in the hall. The patient signed yes to me. So, we started walking and I saw a lounge area I didn't know was there. I saw a bookshelf with several books, so I wheeled her over there and we began looking at books. When I could tell

the patient was getting tired, I asked if she would like to go back to her room and she told me through signing that she needed to use the bathroom. So, we did. My point is that my strength was recognizing what the patient needed and finding a way to do it for her no matter what anyone else did. This is awesome! You have the great ability to brighten everyones day just by being your best self! MD

Week 5 Hospice Objective 7C-You had a wonderful reflection journal this week! You were able to turn in your reflection journal on time, have the adequate word count, and meet all of the objectives! It really was evident that you had an eye-opening experience with this type of nursing. I appreciated reading your reflection journal and all you were able to learn about this clinical setting. MD
Week 5 Hospice Objective 7E-This week in hospice clinical you were rated excellent in demonstrating prior knowledge of nursing responsibilities, safe completion of nursing skills, collection of data, communication skills, and demonstrating professionalism in nursing. You were rated satisfactory in establishment of plan of care by your nurse you were working with. Great job! MD

Care Map Evaluation Tool**
Psych
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
6/11/2024	Risk for self-directed violence	S/FB	NA

**Psych students are required to submit one satisfactory care map (CDG) during the 4-day 1 South clinical rotation. If the care map is not evaluated as satisfactory upon initial submission, the student has one opportunity to revise the care map based on instructor feedback.

Comments: Satisfactory completion of psychiatric nursing care map. Total score of 40/45. See care map grading rubric for details. FB

Firelands Regional Medical Center School of Nursing
Nursing Care Map Rubric

Student Name: Melisa Fahey **Date or Clinical Week:** 6/11/2024 Week 3				**Course Objective:**	2. Synthesize concepts related to psychopathology, health assessment data, evidenced based practice and nursing process using clinical judgment skills to plan and care for patient with mental illness. (1, 2, 3, 4, 5, 6, 7, 8)*		
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	Great job with identification of all subjective and objective assessment findings, abnormal laboratory data, diagnostic testing, and 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 distinguishing the appropriate abnormal findings as they relate to the priority problem. Some of the assessment findings provided would be relevant to the priority problem identified. Priority problems provided were relevant to your assigned patient. Possible complications were appropriate, but there were not 3 signs and symptoms provided for each complication.
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	3	
	6. 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**	2	
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	2	
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	All nursing interventions were not pertinent to the patient such as restraint removal. The patient was never in restraints and restraints are not used for behavior issues with a psychiatric patient. Nursing interventions were prioritized and frequencies were provided. Remember interventions are to be individualized and realistic such as creating a safe environment by removing dangerous items at all times not every 4 hours.
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	Rationales are the reason for intervention, how will this benefit the patient or what is the purpose of the intervention.
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Reference

An in-text citation and reference are required.
The care map will be graded "needs improvement" if missing either the in-text citation or reference, but not both.
The care map will be graded "unsatisfactory" if no in-text citation or reference is included.

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

*****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *****

Faculty/Teaching Assistant Comments:
Satisfactory completion of psychiatric nursing care map.

Total Points: 40/45 points

Faculty/Teaching Assistant Initials:
Fran Brennan MSN, RN/ FB

Student Name: _____ Date: _____

Clinical Assessment Rubric

Mental/Physical Health Status Assessment

	Points Possible	Points Received
Physical Assessment	4	
Geriatric Depression Scale (short form) Assessment	4	
Short Portable mental status questionnaire	4	
Geriatric Health Questionnaire	2	
Time and change test	4	
Cognitive Assessment (Clock Drawing)	4	
Falls Risk Assessment (Get Up and Go)	4	
Brief Pain inventory (Short form)	2	
Nutrition Assessment (Determine Your Nutritional Health)	4	
Instrumental ADL/ Index of Independence in ADL	4	
Medication Assessment	4	
Points	40	

Education Assessment

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

Education Plan

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

Total Points _____

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
Nursing Process Grading Rubric- Psychiatric Nursing 2024

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 relevant/related data and potential complications.	5 Points Identifies Priority mental health problem provides at least 4 relevant/related data and potential complications.	3 Point Identifies priority mental health problem provides at least 3 relevant/related data and potential complications.	0 Points Does not provide priority mental health problem and/or less than 3 relevant/related data and potential complications.	8
Criterion #4 Nursing Interventions	10 Points Identifies at least 5 pertinent nursing interventions 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.	4 10
Criterion #5 Process	15 Points Provides direct quotes for all	10 Points Direct quotes are not	5 Point Direct quotes are not	0 Points Direct quotes are not	15

Recording	interchanges. Nonverbal and Verbal behavior is described for all interactions. Students thoughts and feelings concerning each interaction is provided.	provided. Nonverbal and Verbal behavior is described for at least 7 interactions. Student thoughts and feelings concerning at least 5 interactions are provided.	provided. Nonverbal and Verbal behavior is described for at least 5 interactions. Student thoughts and feelings concerning at least 5 interactions are provided.	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.	
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.) Provides explanation of at least 75% of 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.) Provides explanation of at least 50% of interactions.	10 Point Analysis of each interaction providing type of communication (therapeutic or nontherapeutic), no technique (exploring, focusing, reflecting, formulating a plan of action, etc.) Provides explanation of at least 25% of interactions.	0 Points Analysis not provided for each interaction	0 20
Criterion #7 Process Recording	10 Points Communication has a natural beginning and ending; the conversation flows from sentence to sentence and has a logical conclusion. There are at least 10 interchanges between patient and student.	6 Points Communication has a natural beginning and ending; the conversation flows from sentence to sentence and has a logical conclusion. There are at least 7 interchanges between patient and student.	4 Points Communication has a natural beginning and ending; the conversation flows from sentence to sentence and has a logical conclusion. There are at least 5 interchanges between patient and student.	0 Points There was less than 5 interchanges between patient and student provided.	10
Criterion #8 Evaluation	15 Points Self-evaluation of communication with patient. Identify at least 3 strengths and 3 weaknesses of therapeutic communication.	10 Points Self-evaluation of communication with patient. Identified 2 strengths and 2 weaknesses of therapeutic communication.	5 Point Self-evaluation of communication with patient. Identified 1 strength and 1 weakness of therapeutic communication.	0 Points No self-evaluation was provided.	15
Criterion #9 Evaluation	10 Points Identify at least 3 barriers to communication including interventions or communication that could have been done differently. Identify all pertinent social determinants of health.	6 Points Identify at least 2 barriers to communication including interventions or communication that could have been done differently. Identify all pertinent social	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	0 Points Identify at least 1 barrier to communication did not include interventions or communication that could have been done differently. Did not	4 10

		determinants of health.	social determinants of health.	identify any pertinent social determinants of health.	
Total Possible Points= 100 points 77-100 points= Satisfactory completion. 76-53 points= Needs Improvement < 53 points= Unsatisfactory Faculty comments: Melisa, unfortunately you received a 68/100 points which is a needs improvement. Criterion #4: You did not provide a time frame or rationale for nursing interventions. Criterion #6: You did not provide a complete analysis of the interaction for any of your interchanges. In order for the analysis to be complete, you need to provide the type of communication used (therapeutic or non-therapeutic), the technique used (exploring, focusing, etc.), and an explanation as to how you utilized the technique listed (exploring, focusing, etc.) for all interchanges. For reference, there is an example of a sample process recording on pg. 120 in your textbook (Table 5-5) that demonstrates how to correctly complete this section. Criterion #9: You did not identify pertinent social determinants of health for your patient. You are required to revise and resubmit this assignment to your dropbox by 07/01/2024 at 0800. As a reminder, students are allowed one remediation attempt for this assignment in order to become satisfactory. If you have any questions, or need further clarification, please do not hesitate to reach out. Melisa, your revised Nursing Process Recording is Satisfactory, scoring 100/100. **Faculty Initials: CB**				**Total Points:**	68/100 100/100

Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2024
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)	Li Na Chen Part 1 (Major Depressive Disorder (*1,2,3,4,5)	Li Na Chen Part 2 (Major Depressive Disorder (*1,2,3,4,5)	Live Adult Mental Health Simulation (Alcohol Withdrawal) (*1,2,3,4,5)	Sandra Littlefield (Borderline Personality Disorder Scenario) (*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: 6/7/2024	**Date: 6/14/2024**	**Date: 6/21/2024**	**Date: 6/21/2024**	**Date: 6/26-27/2024**	**Date: 6/28/2024**	**Date: 7/5/2024**	**Date: 7/19/2024**
Evaluation	S	S	S	S	S	S	S	
Faculty Initials	MD	FB	FB	FB	MD	MD	BL	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S) AND ROLE(S): Karli Schnellinger (A), Essence Byrd (M), Melisa Fahey (A), Presley Stand (M)
GROUP #: 5
SCENARIO: Alcohol Substance Use Simulation
OBSERVATION DATE/TIME(S): 06/27/2024 0800-0915

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1,2,5)*	Notices patient's blood pressure is elevated.
• Focused Observation: E A D B	Attempts to seek out information related to why patient is hospitalized.
• Recognizing Deviations from Expected Patterns: E A D B	Recognizes that the patient does not need Lorazepam based on the CIWA scale score.
• Information Seeking: E A D B	Notices patient appears to be anxious.
	Notices patient's blood pressure is elevated.
	Recognizes the patient needs Lorazepam based on the CIWA Scale score.
	Attempts to seek out information related to the patient's substance use and fall.
	Seeks out information related to patient's support system and use of coping skills.
INTERPRETING: (2,4)*	Prioritizes performing CIWA Scale.
• Prioritizing Data: E A D B	Interprets CIWA Scale score as 3.
• Making Sense of Data: E A D B	Interprets CIWA Scale score as 36.
	Interprets CIWA protocol accurately for Lorazepam dose (4 mg PO).
RESPONDING: (1,2,3,5)*	Introduces self and identifies patient.
• Calm, Confident Manner: E A D B	Obtains vital signs (T-98.6, HR-84, BP-154/90, SpO2-98%, RR-18).
• Clear Communication: E A D B	Performs CIWA Scale.
• Well-Planned Intervention/ Flexibility: E A D B	Performs the Brief Mental Status Evaluation.

• Being Skillful: E A D B	Medication nurse reviews medication with the patient and administers them, after asked by patient about all morning medications. Medication nurse verifies patient, DOB, allergies and scans. Attempts to utilize therapeutic communication with the patient. Provides education related to community resources and self-help groups. Identifies self and patient. Obtains vital signs (HR-82, BP-145/89, RR-20, SpO2-98%). Assesses patient's pain level (0/10). Assesses patient's anxiety level (6/10). Performs parts of CAGE Questionnaire. Performs CIWA Scale. Be aware of aggressive behavior towards your patient (touching), when the patient informs you to "stop". Medication nurse verifies patient, DOB, allergies and scans. Medication nurse administers Lorazepam 4 mg PO (per protocol).
REFLECTING: (1,2,5)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Group members actively participated during debriefing. Appropriate questions were asked. Each group member discussed what they felt were strengths and weaknesses in their performance. Alternate choices were discussed for improvement in the future. Each member verbalized something they would do differently if they were to do the scenario again.
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**	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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. 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

Scenario Objectives: • **Demonstrate effective therapeutic communication while interacting with patient admitted for an acute mental health crisis. (1, 2, 3)*** • **Utilize the CIWA scale to assess a patient with a history of substance abuse. (1, 2)*** • **Determine appropriate medication administration steps utilizing the CIWA scale. (4)*** • **Provide patient with appropriate education on community support and resources. (5)***	guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. 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: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses. Satisfactory completion of the simulation scenario. Great job! CB

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: