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

Student: Anthony Drivas

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)
06/24/2024	1	Did not complete Nursing Therapy Group assignment by due date and time.	06/25/2024 1100

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)**	na	NA	na	S	S	na	S			
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. **(interpreting)**	na	NA	na	S	S	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)**	na	S	na	na	S	na	S			
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care **(noticing)**	na	S	na	S	S	na	S			
e. Recognize social determinants of health and the relationship to mental health. **(reflecting)**	na	NA	na	na	S	na	S			
f. Develop and implement an appropriate nursing therapy group activity. **(responding)**	na	NA	na	na	S	na	na			
g. Develop a geriatric physical/mental health assessment and education plan. (**Geriatric Assessment**) **(responding)**				S						
Faculty Initials	MD	HS	CB	FB	BL	CB	HS			
Clinical Location	NA	Erie County Health Center Detox Unit	Hospice	Sandusky Artisans Recovery Center	1 South Day 1 & 2	NA	1 south			

Comments:

* End-of-Program Student Learning Outcomes

Week 2 (1c)-You did a nice job discussing how the detox unit is able to provide care to individuals with different cultural considerations. HS

Week 4 (1a,b,d)- Great job with understanding the relationship between substance abuse and how this effects mental health of an individual. You provided the correlation of mental illness and the assistance of group therapy to assist patients in regaining independence as they start their life of sobriety. (1g)- You satisfactorily completed the Geriatric Assessment Assignment, see rubric below. FB

Week 5-1(e,f) Anthony, excellent job with both of your CDGs this week in which you described the relationship between your patient's mental health, physical health, and environment. You were able to correlate the patient's prescribed therapies to their current diagnosis, and you did a great job discussing social determinants of health that play a role in your patient's mental health. You also did an excellent job facilitating nursing therapy group for the patients this week. Your "Grounding Exercises" activity was engaging and a great way for patients to learn positive coping mechanisms when feeling stressed, anxious, or depressed. BL
Week 7 (1a,b,c,d,e) You did a nice job this week identifying how mental health can be impacted by an individual's physical health, and also the environment in which they are a part of. You were also able to see how the spiritual component played a role in some of the patient's well-being. Nice job discussing the social determinants of health that impacted many of the patients this week. HS

Objective

2. Synthesize concepts related to psychopathology, health assessment data, evidenced based practice and the nursing process using clinical judgment skills to plan and care for patients with mental illness. (1, 2, 3, 4, 5, 6, 7, 8)*

Weeks of Course:	1	2	3	4	5	6	7	8	Make Up	**Final**
Competencies: a. Assemble a health history which includes past and current history of mental and medical health issues and chief reason for hospitalization. **(noticing)**	na	NA	na	na	S	na	S			
b. Identify patient's subjective and objective findings including labs, diagnostic tests, and risk factors. **(noticing, recognizing)**	na	NA	na	na	S	na	S			
c. Demonstrate ability to identify the patient's use of coping/defense mechanisms. **(noticing, interpreting)**	na	NA	na	S	S	na	S			
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(noticing, interpreting, responding, reflecting)***	na	NA	na	na	~~na~~ S	na	S			
e. Apply the principles of asepsis and standard precautions. **(responding)**	na	NA	na	na	~~na~~ S	na	S			

* End-of-Program Student Learning Outcomes

f. Practice use of standardized EBP tools that support safety and quality. (**noticing, responding)**	na	NA	na	na	S	na	S			
Faculty Initials	MD	HS	CB	FB	BL	CB	HS			

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

Comments:

Week 4 (2c)- Identification of coping strategies and defense mechanisms were provided as you interpreted the objectives and effect of the SARCC meeting. FB

Week 5-2(a,b,f) Excellent job discussing your patient's past medical and mental health history in your CDG, as well as describing factors that create a culture of safety in the psychiatric unit. You did a nice job discussing your EBP article titled "What is Good Mental Health?" during debriefing. Keep up the great work! BL

Week 7 (2a,b,c)-You were able to obtain a health history along with the mental health issues impacting your patient. You were also able to use both subjective and objective findings to assist in developing a plan of care for the patient. HS

(2d)- Nice job on your care map this week! You did a nice job including all of the requirements and painting a picture of the patient's priority problem and the interventions and why each one is important. HS

* End-of-Program Student Learning Outcomes

Objective

3. Refine basic verbal and nonverbal therapeutic communication skills when interacting with patients, families, and members of the health care team. (1, 2, 3, 5, 7, 8)*

Weeks of Course:	1	2	3	4	5	6	7	8	Make Up	**Final**
a. Illustrate professionally appropriate and therapeutic communication skills in interactions with patients, and families. **(responding)**	na	NA	na	na	S	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)**	na	NA	na	na	na	na	~~Na~~ S			
c. Identify barriers to effective communication. **(noticing, interpreting)**	na	NA	na	na	S	na	S			
d. Develop effective therapeutic responses. **(responding)**	na	NA	na	na	S	na	S			
e. Develop a satisfactory patient-nurse therapeutic communication. (**Nursing Process Study) (responding, reflecting)**				na						
f. Posts respectfully and appropriately in clinical discussion groups. **(responding, reflecting)**	na	~~NA~~ NI	~~Na~~ S	~~Na~~ **S**	~~S~~ U	na	S			
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations. **(responding)**	na	NA	na	na	S	na	S			
h. Teach patient/family based on readiness to learn and patient needs. **(responding, reflecting)**	na	NA	na	na	S	na	S			
Faculty Initials	MD	HS	CB	FB	BL	CB	HS			

Comments:

Week 2 (3f)- For your CDG posting for week 2 you did not meet the word requirement of 200 words per question. Please be sure to read the requirements prior to submitting the post for the week. HS

Week 3(3f): Anthony, this competency was changed to a "S" because your hospice reflection is a cdg and it was submitted meeting all criteria. CB

* End-of-Program Student Learning Outcomes

Week 4 (3f)- Make sure you are self-rating each competency based on the work you have completed for the corresponding week. Two weeks in a row you did not rate 3f competency correctly. Each week that you have a clinical of any type you will have a post to make. This competency was changed to a "S" because you completed the CDG related to the Artisan's clinical experience. The CDG was completed on time, following all expectations of the CDG rubric. FB
Week 5-3(f) Although you did a great job with your CDGS this week, you did not provide an in-text citation or a reference for both Clinical Day 1 and Clinical Day 2. Remember that you need to provide both an in-text citation and a reference for all CDGs. Please be sure to address this "U" on your Week 6 clinical tool, including a plan for improvement. If you have any questions, please do not hesitate to ask. BL

Week 5-3(f) U recognition- I will make sure to be more aware of the turn in dates such as for the therapy project and read more over the rubric papers. I will also make sure to double check everything I need is in place such as the intext citation and reference. I will also make sure to give myself plenty of time to complete assignments such as the CDG instead of trying to rush through it the day before. I will make sure to prioritize work that needs to be done first instead of trying to do everything at once and setting myself back. CB
Week 7 (3a,c,d,f)- You did a nice job using therapeutic communication skills when interacting with the patients. You successfully met the requirements for your CDG postings for both days. HS
(3b)- You were able to observe hand off report in the morning during shift change, and identify areas of improvement. HS

* 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)**	na	NA	na	na	S	na	S			
b. Demonstrate ability to discuss the uses and implication of psychotropic medications. **(responding, reflecting)**	na	NA	na	na	S	na	S			
c. Identify the major classification of psychotropic medications. **(interpreting)**	na	NA	na	na	S	na	S			
d. Identify common barriers to maintaining medication compliance. **(reflecting)**	na	NA	na	na	S	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	na	S			
Faculty Initials	MD	HS	CB	FB	BL	CB	HS			

Comments:

Week 5-4(a-e) Excellent job demonstrating knowledge of frequently prescribed medications utilized in treating mental illness through one-on-one discussion with your instructor during clinical. You administered medications to your patient following all six rights of medication administration. Great discussion of common barriers to maintaining medication compliance in your CDG this week. BL

Week 7 (4a-e)- You did a nice job this week administering medications. You followed the six rights of medication administration. You were able to discuss each prescribed medication for your patient, the indication for use, side effects, classification, related interventions and safety issues. HS

* End-of-Program Student Learning Outcomes

Objective										
5. Develop an awareness of community Mental Health resources and services. (5, 6, 7, 8)*										
Weeks of Course:	1	2	3	4	5	6	7	8	Make Up	**Final**
a. Identify the need for the community resources-detox unit available to patients with a mental illness. **(noticing, interpreting)**	na	~~NA~~ S	na	na	na	na	na			
b. Discuss recommendations for referrals to appropriate community resources and agencies. **(reflecting)**	na	S	na	S	na	na	na			
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) ****	na	~~NA~~ S	na	na	na	na	na			
d. Recognize and describe the need for substance abuse recovery resources. **(Alcoholics/Narcotics Anonymous at the Sandusky Artisans Recovery Center (Observation)**	na	NA	na	S	na	na	na			
Faculty Initials	MD	HS	CB	FB	BL	CB	HS			

****Alternative Assignment**

Comments:

Week 2 (5a, c)-These competencies were changed to a satisfactory, as you discussed within your CDG posting the community resources that are available to individuals. HS

Week 4 (5b,d)- 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

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

Comments:

Week 5-6(b) Excellent job documenting on the Nursing Therapy Group this week. BL

Week 7(6a,b)- You were able to successfully navigate the electronic health record in order to obtain the information you needed. You were able to document on the medication administration. HS

* End-of-Program Student Learning Outcomes

Objective

7. Evaluate self-participation in patient care experiences with the focus on safety, ethical, legal, and professional responsibilities. (7)*

Weeks of Course:	1	2	3	4	5	6	7	8	Make Up	**Final**
a. Identify your strengths for care delivery of the patient with mental illness. **(reflecting)**	na	NA	na	na	S	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)**	na	NA	S	na	S	na	S			
c. Illustrate active engagement in self-reflection and debriefing. **(reflecting)**	na	S	S	S	S	na	S			
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE" – attitude, commitment, and enthusiasm during all clinical interactions. **(responding)**	na	NA	S	~~Na~~ S	S	na	S			
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. **(responding)**	na	NA	S	~~Na~~ S	~~S~~ U	na	S			
f. Comply with the standards outlined in the FRMCSN policy, "Student Conduct While Providing Nursing Care." **(responding)**	na	NA	~~Na~~ S	~~Na~~ S	S	na	S			
Faculty Initials	MD	HS	CB	FB	BL	CB	HS			

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:

Week 2 (7c)- You did a nice job self-reflecting within your CDG posting for this week. HS

Week 3(7c,e): Anthony, great job on your hospice reflection paper. RN signature form "Excellent in all areas." RN comment: "Excellent clinical judgement. Took initiative to help nurses on the unit. Very compassionate toward patients." CB

Week 2 (7c-f)- Competencies were changed because you demonstrated active engagement and participation with an ACE attitude, professional behavior, and excellent student code of conduct. FB

7A – I feel like one of my strengths is being someone that deals with mental health and being able to understand where some people are coming from, I can provide some education on things that helped me and provide that information, also being able to express that ive had similar troubles and problems they don't feel alone anymore and some of the stress is released Great job, Anthony! BL

Week 5-7(e) This competency was changed to a “U” this week because you did not submit your Nursing Therapy Group assignment by the due date and time. Please be sure to address this “U” on your Week 6 clinical tool, including a plan for improvement. BL
Week 5-7(e) U recognition- I will make sure to look at the schedule ahead of time and be more aware of assignment dates to make sure I’m not late on anything. I will also make sure to check with instructors if I’m unsure of unable to find the turn in date myself. CB

Week 7- 7A: One strength is being able to steer the conversation towards a therapeutic direction if it veers off topic, a conversation today a patient started to try an go down a path of drug use and stories of old times and I brought it back by asking what coping activities they could do instead of drug use. I was told music, reading, side jobs to around the house and reestablishing their relationship with their family. We seemed to make some progress in a positive direction and I hope it continues to go good for the patient in the future after discharge. Great job redirecting the conversation in order to turn it into a beneficial interaction. HS

Care Map Evaluation Tool**
Psych
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
7/13/2024	Risk for Suicide	S/HS	

**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:

Firelands Regional Medical Center School of Nursing
Nursing Care Map Rubric

Student Name: Anthony Drivas				**Course Objective:**			
Date or Clinical Week: Week 7							
	Criteria	**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	You provided a thorough list of assessment, lab findings and risk factors pertinent to your patient. HS
	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	You did a nice job interpreting the nursing priorities for the patient and then identifying the priority. You identified a goal related to the priority problem. There are a couple additional findings that could be highlighted such as racing thoughts, and the risk factor of homeless. HS
	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**	3	
	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)**	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	You did a nice job identifying specific interventions for this patient that directly related to the priority problem. You included a very thorough in-depth list. HS
	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**	3	

	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**	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	Great job reassessing the abnormal assessment findings. You should also reassess the abnormal lab findings (there may or may not be new lab values drawn) if there are no new values. HS
	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: Anthony,
Great job on your care map! You were able to successfully identify the abnormal assessment findings in order to determine the priority problem for the patient. You included a very thorough list of nursing interventions specific to your patient. You included an in-text citation as well as a reference. Great job! HS

Total Points:45/45

Faculty/Teaching Assistant Initials: HS

Student Name: Anthony Drivas Date: ____6/20/2024_____

Clinical Assessment Rubric

Mental/Physical Health Status Assessment

	Points Possible	Points Received
Physical Assessment	4	2
Geriatric Depression Scale (short form) Assessment	4	4
Short Portable mental status questionnaire	4	2
Geriatric Health Questionnaire	2	2
Time and change test	4	4
Cognitive Assessment (Clock Drawing)	4	2
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	32

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	5
Evaluation of Education Plan	10	10
Education Resources attached	10	10
Points	35	35

Total Points ____92/100_____

Anthony, Excellent job on your geriatric assessment. You received a Satisfactory completion per the grading rubric. Two points were deducted from the physical assessment due to not completing all parts of the mood/affect portion. Two points were deducted from the "Short Portable" questionnaire because there was no score identified. Two points were deducted from the "Clock drawing" test because there was no score identified. Two points were deducted from the medication assessment because there was no indication if the medications were on the Beers List. Keep up all of your hard work! CB

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.	
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.	
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.	
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	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	0 Points Identifies less than 4 interventions, not prioritized, individual, realistic, no rationale, no time frame. No therapeutic communication goal.	

		therapeutic communication goal.	therapeutic communication goal.		
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.	
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	
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.	
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.	
Criterion #9 Evaluation	10 Points Identify at least 3 barriers to communication including	6 Points Identify at least 2 barriers to communication	4 Point Identify at least 2 barriers to communication did not	0 Points Identify at least 1 barrier to	

	interventions or communication that could have been done differently. Identify all pertinent social determinants of health.	including interventions or communication that could have been done differently. Identify all pertinent social determinants of health.	include interventions or communication that could have been done differently. Did not identify any pertinent social determinants of health.	communication did not include interventions or communication that could have been done differently. Did not 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: **Faculty Initials:**				**Total Points:**	

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	HS	CB	FB	FB	BL	BL	CB	
Remediation: Date/Evaluation/Initials	NA	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) AND ROLE(S): Kennedy Baker (M), Anthony Drivas (A), Tylie Dauch (M), Lindsey Steele (A)

GROUP #: 1

SCENARIO: Alcohol Substance Use Simulation

OBSERVATION DATE/TIME(S): 06/26/2024 0800-0915

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
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	Notices the patient's blood pressure is elevated. Notices the patient appears anxious. Seeks out information related to patient's substance use history. Recognizes the patient does not need Lorazepam based on the CIWA Scale score. Notices the patient is complaining of visual hallucinations. Notices the patient is complaining of itching. Seeks out information related to the patient's support system and substance use. Recognizes the patient needs Lorazepam based on the CIWA Scale score.
INTERPRETING: (2,4)* • Prioritizing Data: **E** A D B • Making Sense of Data: E **A** D B	Prioritizes performing the CAGE Questionnaire and CIWA Scale. Interprets the CAGE Questionnaire as negative. Interprets the CIWA Scale score as 5.

	Interprets the CIWA Scale score as 12. Interprets CIWA protocol accurately for Lorazepam dose (4 mg PO).
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	Introduces self and identifies patient. Obtains vital signs (T-98.6, BP-150/90, SpO2-99%, HR-84, RR-12). Asks the patient questions related to reason for admission. Performs the CAGE Questionnaire. Performs the CIWA Scale. Utilizes therapeutic communication with the patient. Medication nurse educates the patient on medications to be administered. Medication nurse does not identify or scan patient. Medication nurse administers ordered daily medications. Introduces self and identifies patient. Performs CIWA Scale. Obtains vital signs. Medication nurse verifies patient and scans. Administers Lorazepam 4 mg PO (per protocol). Attempts to utilize therapeutic communication with the patient. Provides education related to withdrawal symptoms and substitution therapy. No education provided related to community resources or support groups.
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** **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)***	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. 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: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: 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! BL

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: