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

Student: Essence (Seannita) Byrd **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)

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

* End-of-Program Student Learning Outcomes

Comments:
Week 2 (1a,e)- Great job with understanding the relationship between substance abuse and how this effects mental health of an individual. You also recognized the effect social determinants of health can have on the use of addictive substances and how individuals recover or cope from addiction. (d) This competency was changed to a "S" because you discussed methods through the use of support groups to regain independence. (c) Great job providing cultural and spiritual care during your hospice clinical rotation. FB
Week 3 Detox Objective 1C-D-This week you were able to provide culturally and spiritually competent care and identify appropriate methods that will assist the patient to regain independence in your CDG post for the detox center. Great job! MD
Week 4(1a,b,e,f): Essence, you did a great job this week in clinical, caring for patients diagnosed with a mental health disorder. Great explanation of social determinants of health related to your patient this week. You did an excellent job, planning and preparing an appropriate nursing therapy group activity for the patients of the milieu. CB
Week 4(1g): You received a Satisfactory on your geriatric assessment, please see the grading rubric attached below. CB

Week 7 (1a,c,d,f) 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! You did not implement and run a therapy group during this clinical rotation therefore, competency 1f was changed to a "NA". FB

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

* End-of-Program Student Learning Outcomes

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

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

Comments:

Week 2 (2c)- This competency was changed to a "S" because you were able to identify coping strategies and defense mechanisms as you interpreted the objectives and effect of the SARCC meeting. FB

Week 4(2a,b,f): Great job this week in the clinical, researching and discussing your patient's mental health and medical history. You were able to research and talk about an EBP article titled "Improving Anxiety and Depression in Pregnant Mothers Participating in Nurse Home Visitation." related to mental health during clinical debriefing. I changed competency 2d to a "S" because you are constantly formulating a plan of care for patients. CB

Week 7 (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. 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	N/a	S	N/a	N/a	S	N/a	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	S	N/a	N/a	S	N/a	N/a	
c. Identify barriers to effective communication. **(noticing, interpreting)**	N/a	S	S	S	N/a	N/a	S	N/a	N/a	
d. Develop effective therapeutic responses. **(responding)**	N/a	S	N/a	S	N/a	N/a	S	N/a	N/a	
e. Develop a satisfactory patient-nurse therapeutic communication. (**Nursing Process Study) (responding, reflecting)**				N/a				S		
f. Posts respectfully and appropriately in clinical discussion groups. **(responding, reflecting)**	N/a	S	~~N/a~~ S	S	N/a	N/a	S	N/a	N/a	
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations. **(responding)**	N/a	S	N/a	S	N/a	N/a	S	N/a	N/a	
h. Teach patient/family based on readiness to learn and patient needs. **(responding, reflecting)**	N/a	N/a	N/a	S	N/a	N/a	S	N/a	N/a	
Faculty Initials	HS	FB	MD	CB	FB	BL	FB			

Comments:

Week 2 (3a,c,d)- Great job with communication skills during the SARCC meeting. You identified many barriers that can occur including culture, individual personality, and the milieu present at the meeting. You participated responding in a therapeutic manner as you participated in the meeting. Great job! (3f) You posted your CDG on time following all expectations of CDG rubric. FB

* End-of-Program Student Learning Outcomes

Week 3 Detox 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! You provided awesome information with your CDG! You also provided an appropriate reference and in-text citation for your CDG. Great job! MD
Week 4(3a,c,d,f): Essence, you did a great job with therapeutic communication this week. You completed day 1 and 2 cdgs Satisfactorily, meeting all requirements. CB

Week 7 (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 comprehension of adaptive coping skills and behaviors. FB

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

Comments:

Week 4(4a-e): Great job this week administering medications following the six rights of medication administration. You were able to research the prescribed medications for your patient, and discuss implications for use, side effects, classification, related interventions and safety issues. CB

Week 7 (4a-e) Excellent job with medication administration following all six rights of administration. You demonstrated knowledge and implications for each medication administered, identified classification, significant signs and symptoms, pertinent nursing interventions, and any safety concerns, great job! FB

* End-of-Program Student Learning Outcomes

Objective										
5. Develop an awareness of community Mental Health resources and services. (5, 6, 7, 8)*										
Weeks of Course:	1	2	3	4	5	6	7	8	Make Up	**Final**
a. Identify the need for the community resources-detox unit available to patients with a mental illness. **(noticing, interpreting)**	N/a	N/a	S	S	N/a	N/a	~~S~~ NA	N/a	N/a	
b. Discuss recommendations for referrals to appropriate community resources and agencies. **(reflecting)**	N/a	~~N/a~~ S	S	~~N/a~~ S	N/a	N/a	S	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	S	N/a	N/a	N/a	~~S~~ NA	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	S	N/a	N/a	N/a	N/a	~~S~~ NA	N/a	N/a	
Faculty Initials	HS	FB	MD	CB	FB	BL	FB			

****Alternative Assignment**

Comments:

Week 2 (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

Week 3 Detox 5A-C-In your CDG posting for this week you were able to identify community resource needs, appropriate referral options, and discuss your observations at the Detox center. MD

Week 4(5b): You were able to discuss and observe discussion related to resources in the community to help patients with mental health disorders. CB

* End-of-Program Student Learning Outcomes

Week 7 (5a,c,d) These competencies were related to the Erie Community Detox Unit and the SARCC clinical rotations, therefore they were changed to a “NA”. (5b) This competency was satisfactory through the development of care for the patient cared for in 1S, great job discussing resources available for the patient upon discharge. 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)**	N/a	N/a	N/a	S	N/a	N/a	S	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~~ S	N/a	N/a	S	N/a	N/a	
c. Demonstrate the use of technology to identify mental health resources. **(responding)**	N/a	N/a	N/a	~~N/a~~ S	N/a	N/a	S	N/a	N/a	
Faculty Initials	HS	FB	MD	CB	FB	BL	FB			

Comments:

Week 4(6a-c): Great job this week documenting medications given in the EMAR. You were able to document on all patients after completion of your nursing therapy group. CB

Week 7(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	N/a	N/a	S	N/a	N/a	~~S~~ U	N/a	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	N/a	N/a	S	N/a	N/a	S	N/a	N/a	
c. Illustrate active engagement in self-reflection and debriefing. **(reflecting)**	N/a	S	S	S	N/a	N/a	S	N/a	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	S	N/a	N/a	S	N/a	N/a	
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. **(responding)**	N/a	S	S	S	N/a	N/a	S	N/a	N/a	
f. Comply with the standards outlined in the FRMCSN policy, "Student Conduct While Providing Nursing Care." **(responding)**	N/a	S	S	S	N/a	N/a	S	N/a	N/a	
Faculty Initials	HS	FB	MD	CB	FB	BL	FB			

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-f)-Great job, you demonstrated active engagement and participation with an ACE attitude, professional behavior, and excellent student code of conduct during your clinical experiences this week. FB

Week 3 Detox 7C-In your discussion post, you provided great information on a reflection of your time at the Detox center. Great job! MD

Week 4: I think my strengths for care delivery would be my ability to listen to the patients as they express how they are feeling and just talking in general. I feel I did really well to make the patients that I did talk to during clinicals fell comfortable enough to be able to talk to me and openly express what they are feeling to me because sometimes they just want someone to listen to them.

Week 4(7a,b): Essence, you did a great job in clinical this week! I would agree that therapeutic communication was a strength of yours, as well as active listening. You did a great job creating a culture of safety, as well as discussing them in your cdg. CB

Week 7 (7a)- Essence you received a "U" for this competency because you did not provide a strength for this clinical rotation. This will need to be addressed per the directions

noted at the top portion of the evaluation tool. **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. FB**

WEEK 7 (7a) faculty response: I understand that I received a U for not providing strengths from my clinical experience during this week. I will make sure I can complete this competency at a satisfactory level going forward by making sure to slow down while completing my clinical tool in the future and make sure that I have completed all required competencies and answered all required questions.
I believe that a strength that I had in my week 7 clinical was taking the initiative to try to continue my conversation with a patient after it had been interrupted by another patient. Usually I would have just let that be the end of the conversation but I think the fact that I was wanting to continue the talk to the patient and actually took the initiative to go speak to them again shows a great deal of growth for me.

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
7/16/2024	Risk for suicide	S/FB	NA

Care Map Evaluation Tool** Psych 2024

**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 45/45. See care map grading rubric for details. FB

Firelands Regional Medical Center School of Nursing
Nursing Care Map Rubric

Student Name: Essence Byrd **Date or Clinical Week:** 7/9/2024 Week 7				**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. Priority problems provided were relevant to your assigned patient.
	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	
Res	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Nursing interventions were prioritized, frequencies provided, individualized, and realistic for the patient. Great job with

ponding	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	providing rationales for each of the nursing interventions.
	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	Evaluation of your priority problem identified was done appropriately, great job!
	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. Excellent job!

Total Points: 45/45

Faculty/Teaching Assistant Initials: FB

Geriatric Assessment Rubric
2024

Student Name: Essence Byrd__ Date: _6/20/2024__

Clinical Assessment Rubric

Mental/Physical Health Status Assessment

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

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	25/25

Education Plan

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

Total Points __100/100_____

Satisfactory completion of the Geriatric Assessment Assignment. Excellent job, Essence! Keep up the great work! FB

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	FB	MD	CB	FB	FB	FB	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)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Notices patient's blood pressure is elevated. Attempts to seek out information related to why patient is hospitalized. Recognizes that the patient does not need Lorazepam based on the CIWA scale score. 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)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Prioritizes performing CIWA Scale. Interprets CIWA Scale score as 3. Interprets CIWA Scale score as 36. 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, HR-84, BP-154/90, SpO2-98%, RR-18). Performs CIWA Scale. Performs the Brief Mental Status Evaluation. 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**	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

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)***	family to support planning interventions; occasionally does not pursue important leads. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: 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: