EVALUATION OF CLINICAL PERFORMANCE TOOL
Psychiatric Nursing- 2025
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: **Marilyn Miller**

Final Grade: Satisfactory/Unsatisfactory

Semester: Summer Session

Date of Completion:

Faculty: Brian Seitz MSN, RN, CNE, Nicholas Simonovich MSN, RN, Kelly Ammanniti MSN, RN, CHSE
Rachel Haynes MSN, RN
Teaching Assistant: Stacia Atkins BSN, RN

Faculty eSignature:

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA).** The faculty member will initial if in agreement with the student's evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written 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
BS	Brian Seitz MSN, RN, CNE
NS	Nicholas Simonovich, MSN, RN
KA	Kelly Ammanniti MSN, RN, CHSE
RH	Rachel Haynes MSN, RN
SA	Stacia Atkins BSN, RN

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.

Objective										
	1. Apply the principles of psychiatric theory in the care of adolescent to geriatric patients with a mental illness diagnosis. (1, 2, 3, 5, 6, 7, 8)*									
Weeks of Course:	1	2	3	4	5	6	7	8	Make Up	**Final**
Competencies: a. Demonstrate an understanding of the relationship between mental health, physical health, and environment for those patients diagnosed with a mental disorder. **(noticing)**	NA	S	NA	S	NA					
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. **(interpreting)**	NA	NA	NA	S	NA					
c. Provide culturally and spiritually competent care within the scope of nursing that meets the needs of assigned patients from diverse cultural, racial and ethnic backgrounds. **(responding)**	NA	S	S	S	NA					
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care **(noticing)**	NA	S	S	S	NA					
e. Recognize social determinants of health and the relationship to mental health. **(reflecting)**	NA	S	S	S	NA					
f. Develop and implement an appropriate nursing therapy group activity. **(responding)**	NA	NA	NA	NA	NA					
g. Develop a geriatric physical/mental health assessment and education plan. (**Geriatric Assessment**) **(responding)**				S						
Faculty Initials	KA	RH	SA	KA						
Clinical Location	No Clinical	Detox and Artisans	Hospice	1 south	No clinical					

Comments:

5/9/2025

Week 2: 1 (a, c, d)- For your detox CDG, you did a good job explaining how the detox center could have better cultural awareness for the clients. You were also able to discuss what was available to the clients to allow them to become more independent in their recovery process at the detox center such as educational topics and assisting in developing a daily routine. For your Artisans CDG, you were able to discuss various programs that are available to the population and how these assist with mental health in the area. RH

Week 4 – 1 a – You did a nice job discussing your patient's admitting diagnosis of depression with suicidal ideations and the pathophysiology of the disease process. KA
Week 4 – 1c – You did a nice job describing the current state of the milieu and how it impacted your patient's behaviors and participation on the unit. KA
Week 4 – 1e – You did a nice job discussing social determinates of health in relation to your patient. You identified financial stress, lack of support, and family history of addiction as being SDOH factors that are negatively impacting your patient's ability to manage their mental health. KA
Week 4 – 1g – You satisfactorily completed your geriatric assessment. Please see comments in the rubric at the end of your tool for details. KA

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

*When completing the 1South Care Map CDG & Geriatric Assessment refer to the Care Map Rubric.

Comments:

Week 2: 2 (c)- You were able to discuss various trends in substance abuse and how these relate to mental health in our area. RH

Week 4 – 2 a & b – You did a nice job discussing your patient's medical and psychiatric history. You discussed how it related to the patient's current admission and signs and symptoms. You also discussed the importance of monitoring the patient's labs including checking for electrolyte imbalances and the patient's cholesterol levels. KA
Week 4 – 2f – You did a nice job discussing the EBP tools utilized on 1 South to promote safety. You specifically discussed the use of the 15-minute check sheet in promoting safety. You also discussed the removal of sharp objects and other objects that could cause harm. KA

Objective										
3. Refine basic verbal and nonverbal therapeutic communication skills when interacting with patients, families, and members of the health care team. (1, 2, 3, 5, 7, 8)*										
Weeks of Course:	1	2	3	4	5	6	7	8	Make Up	**Final**
a. Illustrate professionally appropriate and therapeutic communication skills in interactions with patients, and families. **(responding)**	NA	S	S	S	NA					
b. Demonstrate professional and appropriate communication with the treatment team by observing the SBAR format for handoff communication during transition of care. **(responding)**	NA	NA	S	NA	NA					
c. Identify barriers to effective communication. **(noticing, interpreting)**	NA	S	S	S	NA					
d. Develop effective therapeutic responses. **(responding)**	NA	S	S	S	NA					
e. Develop a satisfactory patient-nurse therapeutic communication. (**Nursing Process Study) (responding, reflecting)**				S						
f. Posts respectfully and appropriately in clinical discussion groups. **(responding, reflecting)**	NA	S	S	S	NA					
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations. **(responding)**	NA	S	S	S	NA					
h. Teach patient/family based on readiness to learn and patient needs. **(responding, reflecting)**	NA	NA	NA	NA	NA					
Faculty Initials	KA	RH	SA	KA						

Comments:

Week 2: 3 (a, c, d)- Use of professionalism and therapeutic communication is key when caring for patients. Identifying barriers to effective communication allows you to be able to know when to have therapeutic communication or when to exit a conversation. RH

Week 4 – 3 c & e – You identified your patient as giving vague responses when asked complex questions about their emotions and time constraints as being barriers that effected therapeutic communication with your patient. KA
Week 4 – 3f – Marilyn, you did a nice job responding to all the CDG questions for days 1 and 2 of your 1 South clinical experience. You were thorough and thoughtful with your responses. You included an in-text citation and reference for both postings. Keep up the great work! KA

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	S	NA	NA					
b. Demonstrate ability to discuss the uses and implication of psychotropic medications. **(responding, reflecting)**	NA	NA	S	S	NA					
c. Identify the major classification of psychotropic medications. **(interpreting)**	NA	NA	S	S	NA					
d. Identify common barriers to maintaining medication compliance. **(reflecting)**	NA	NA	NA	S	NA					
e. Explain the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications. **(responding, reflecting)**	NA	NA	S	S	NA					
Faculty Initials	KA	RH	SA	KA						

Comments:

Week 4 – 4b, c, & e – You discussed the multiple medications your patient was taken along with their implications for use, common side effects, and important nursing assessment and interventions for each. KA

Week 4 – 4d – You were able to identify barriers a patient may have in maintaining compliance with taking their medications. You included unpleasant side effects, polypharmacy, dietary restrictions related to the medication, and cost as being barriers to compliance. KA

* End-of-Program Student Learning Outcomes

Objective

5. Develop an awareness of community Mental Health resources and services. (5, 6, 7, 8)*

Weeks of Course:	1	2	3	4	5	6	7	8	Make Up	**Final**
a. Identify the need for the community resources-detox unit available to patients with a mental illness. **(noticing, interpreting)**	NA	S	NA	NA	NA					
b. Discuss recommendations for referrals to appropriate community resources and agencies. **(reflecting)**	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	S	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	S	NA	NA	NA					
Faculty Initials	KA	RH	SA	KA						

****Alternative Assignment**
Comments:
Week 2: 5 (a-d)- In your Detox CDG you were able to identify a need for community detox resources as well as discuss recommendations to community resources. You were able to collaborate with the Erie County Health Department while you were on clinical at the detox center. For your Artisans clinical experience, you were able to recognize the need for substance abuse recovery resources in our area. In your CDG you identified additional resources for these clients. RH

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

Comments:

Week 4 – 6a– You researched your patient using the electronic health record. You gathered all the necessary data to help put the pieces together related to your patient's admission and medical history. KA

* End-of-Program Student Learning Outcomes

Objective										
7. Evaluate self-participation in patient care experiences with the focus on safety, ethical, legal, and professional responsibilities. (7)*										
Weeks of Course:	1	2	3	4	5	6	7	8	Make Up	**Final**
a. Identify your strengths for care delivery of the patient with mental illness. **(reflecting)**	NA	NA	NA	S	NA					
b. Demonstrates effective use of strategies to reduce risk of harm to self or others. Create a safe environment for patient care. **(responding)**	NA	NA	S	S	NA					
c. Illustrate active engagement in self-reflection and debriefing. (**reflecting)**	NA	S	S	S	NA					
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE" – attitude, commitment, and enthusiasm during all clinical interactions. **(responding)**	NA	S	S	S	NA					
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. **(responding)**	NA	S	S	S	NA					
f. Comply with the standards outlined in the FRMCSN policy, "Student Conduct While Providing Nursing Care." **(responding)**	NA	S	S	S	NA					
Faculty Initials	KA	RH	SA	KA						

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: 7 (c)- Your refelction of both the detox center and the Artisans meeting were great. You were able to discuss your feelings about pregnant women not being able to go through detox and how that made you feel as well as how the behaviors of the clients at the detox center were surprising to you. For your reflection of Artisans, you were able to explain your empathy towards the clients and their stories. RH

Week 3: 7 (c)- You had a great reflection of your hospice experience! You were able to discuss what you were expecting as well as what happened throughout the day changed your viewpoint. You were able to discuss how you recognized their alternate medication administration processes, but then identified what made you nervous and how it was different in this setting compared to what you were expecting. Great job! SA

* End-of-Program Student Learning Outcomes

Week 4 7a) my strength was being patient. I had one that was hyperverbal with flights of ideas and it was hard to keep up and they got irritated with me once but my calm composure and patience helped them calm down too. **Terrific job! KA**

Week 4 – 7b – You did a nice job discussing factors that promote a culture of safety on the psychiatric unit and worked with your classmates to promote safety while on clinical. KA

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials

Care Map Evaluation Tool**
Psych
2025

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

Comments:

* End-of-Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing
Nursing Care Map Rubric-1 South

Student Name:				**Course Objective:**			
Date or Clinical Week:							
Criteria		**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**		
	2. 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. 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)**		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**		
	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**		
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		

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**		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**		
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

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:

Total Points:

Faculty/Teaching Assistant Initials:

Geriatric Assessment Rubric
2025

Student Name: _Marilyn Miller_____ Date: __6/19/25_____

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

Education Assessment

	Points Possible	Points Received
Learning Needs (Purpose) Identified and Prioritized (3)	10	10
Goals and Outcomes Identified (2)	5	5
Points	15	15

Education Plan

	Points Possible	Points Received
Teaching Content	10	10
Methods of Instruction	10	10
Education Resources attached	10	10
Barriers to Education Plan	5	5
Evaluation of Education Plan	10	10
Points	45	45

An in-text citation and reference are required.	---	---

Total Points ___100/100 RH_____

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

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

Firelands Regional Medical Center School of Nursing
Nursing Care Map Rubric- Geriatric Assessment

Student Name: Marilyn Miller				**Course Objective:** 2			
Date or Clinical Week: 4							
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	All criteria met. RH
	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	All criteria met. RH
	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	All criteria met. RH
	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	All criteria met. RH
	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:

Total Points: **45/45**

Faculty/Teaching Assistant Initials: KA

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Nursing Process Grading Rubric
Firelands Regional Medical Center School of Nursing
Psychiatric Nursing
2025

Student Name: **Clinical Date:**

Criterion #1 **Process Recording is organized and neatly completed** **(5 points total)** • Typed process recording (2) • Correct grammar and spelling (3)	**Total Points:** **Comments:**
Criterion #2 **Assessment (7 points total)** • Identifies pertinent client background, current medical and psychiatric history (3) • Provides self-assessment of thoughts and feelings prior and during therapeutic communication interaction with client (2) • Identifies the milieu and effects on client (2)	**Total Points:** **Comments:**
Criterion #3 **Mental Health Nursing Diagnosis** **(8 points total)** • Identifies priority mental health problem (4) • Provides at least five relevant/related data findings (2) • Provides at least five potential complications with signs and symptoms (2)	**Total Points:** **Comments:**
Criterion #4 **Nursing Interventions** **(10 points total)** • Identifies at least 5 pertinent nursing interventions in priority order, including a rationale and timeframe (7) • Identifies a therapeutic communication goal (3)	**Total Points:** **Comments:**
Criterion #5 **Process Recording** **(15 points total)** • Provides direct quotes for all interchanges (3) • Verbal and nonverbal behavior is described for all interactions (6)	**Total Points:** **Comments:**

• Students thoughts and feelings concerning each interaction is provided (6)	
Criterion #6 **Process Recording** **(20 points total)** • Analysis of each interaction providing type of communication (therapeutic/nontherapeutic) (6) • Provides technique for each interaction (exploring, probing, etc.) (6) • Provides explanation for interactions (8)	**Total Points:** **Comments:**
Criterion #7 **Process Recording** **(10 points total)** • Communication has a natural beginning and ending; the conversation flows from sentence to sentence and has a logical conclusion (6) • There are at least 10 interchanges between the client and student (4)	**Total Points:** **Comments:**
Criterion #8 **Evaluation** **(15 points total)** • Self-evaluation of communication with client (5) • Identify at least 3 strengths and 3 weaknesses of therapeutic communication (10)	**Total Points:** **Comments:**
Criterion #9 **Evaluation** **(10 points total)** • Identify at least 3 barriers to communication including interventions or communication that could have been done differently (5) • Identify all pertinent social determinants of health (5)	**Total Points:** **Comments:**
Criterion #10 **Reference/Citation** • An in-text citation and reference are required. • If not present, missing components will need to be added and the assignment re-submitted.	
Total possible points = 100 77-100 = Satisfactory ≤ 76= Unsatisfactory *Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. * **Course Objective:** 2. Synthesize concepts related to psycho-	**Total Points:** **Comments:**

pathology, health assessment data, evidence-based practice, and the nursing process using clinical judgment skills to plan and care for clients with mental illness. (1,2,3,4,5,6,7,8).* **Course 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).* **Clinical Competency:** 2(d) Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(noticing, interpreting, responding, reflecting)** **Clinical Competency: 3(e**) Develop a satisfactory patient-nurse therapeutic communication. (**Nursing Process Study) (responding, reflecting)** *End-of-Program Student Learning Outcomes	

Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2025
Simulation Evaluations

Students Name:					
Performance Codes: **S**: Satisfactory **U**: Unsatisfactory			**Evaluation**	**Faculty Initials**	**Remediation Date/Evaluation/Initials**
Date: 6/6/2025	vSim (Linda Waterfall) (Nursing-Mental Health) (*1, 2, 3, 4, 5, 6,7)	Pre-Quiz, Scenario, SBAR, and Post Quiz	S	RH	N/A
Date: 6/13/2025	vSim (Sharon Cole) (Nursing-Mental Health) (*1, 2, 3, 4, 5, 6,7)	Pre-Quiz, Scenario, SBAR, and Post Quiz	S	KA	NA
Date: 6/20/2025	vSim (Li Na Chen Part 1) (Nursing-Mental Health) (*1, 2, 3, 4, 5, 6,7)	Pre-Quiz, Scenario, SBAR, and Post Quiz	S	KA	NA
Date: 6/20/2025	vSim (Li Na Chen Part 2) (Nursing-Mental Health) (*1, 2, 3, 4, 5, 6,7)	Pre-Quiz, Scenario, SBAR, and Post Quiz	S	KA	NA
Date: 6/25-26/2025	Live Simulation (*1, 2, 3, 4, 5, 6,7)	Scenario			
		Reflection Journal			
		Survey			
Date: 6/27/2025	vSim (Sandra Littlefield) (Nursing-Mental Health) (*1, 2, 3, 4, 5, 6,7)	Pre-Quiz, Scenario, SBAR, and Post Quiz			

Date: 7/3/2025	vSim (George Palo) (Nursing-Mental Health) (*1, 2, 3, 4, 5, 6,7)	Pre-Quiz, Scenario, SBAR, and Post Quiz			
Date: 7/18/2025	vSim (Randy Adams) (Nursing-Mental Health) (*1, 2, 3, 4, 5, 6,7)	Pre-Quiz, Scenario, SBAR, and Post Quiz			

* Course Objectives

Comments:

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: