

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

Student:

Leah Shelley

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:	NA	S	NA	S	NA					
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	S	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	NA	S	NA					
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care (noticing)	NA	S	NA	S	NA					
e. Recognize social determinants of health and the relationship to mental health. (reflecting)	NA	S	NA	S	NA					
f. Develop and implement an appropriate nursing therapy group activity. (responding)	NA	S	NA	NA	NA					
g. Develop a geriatric physical/mental health assessment and education plan. (Geriatric Assessment) (responding)				NA						
Faculty Initials	NS	BS	SA	SA						
Clinical Location	NA	1S	NA	1S	AA					

Comments:

5/9/2025

Week 2- 1a- You did a nice job explaining the pathophysiology of your client's diagnosis. 1c,e- You also did a great job of describing the milieu and how it can assist clients to regain their independence as they strive for self-care and discussed the social determinants of health and how they can affect a person's mental health. 1f- You did an awesome job implementing your nursing therapy group. I think some of the patients who did not participate were wishing they had. Although the one patient was disruptive, you handled the situation very well. BS

Week 4 (1a-e- 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! SA

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:	NA	S	NA	S	NA					
a. Assemble a health history which includes past and current history of mental and medical health issues and chief reason for hospitalization. (noticing)	NA	S	NA	S	NA					
b. Identify patient's subjective and objective findings including labs, diagnostic tests, and risk factors. (noticing, recognizing)	NA	S	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	S	NA	S	NA					
e. Apply the principles of asepsis and standard precautions. (responding)	NA	S	NA	S	NA					
f. Practice use of standardized EBP tools that support safety and quality. (noticing, responding)	NA	S	NA	S	NA					
Faculty Initials	NS	BS	SA	SA						

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

Comments:

Week 2- 2a,b,f- You did a nice job summarizing your client's psychiatric and medical history and the reason for their current admission. You also did a great job identifying factors that create a culture of safety in the psychiatric setting. BS

Week 4 (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. SA

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	NA	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	S	NA	S	NA					
c. Identify barriers to effective communication. (noticing, interpreting)	NA	S	NA	S	S					
d. Develop effective therapeutic responses. (responding)	NA	S	NA	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	NA	S	S					
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations. (responding)	NA	S	NA	S	S					
h. Teach patient/family based on readiness to learn and patient needs. (responding, reflecting)	NA	S	NA	S	NA					
Faculty Initials	NS	BS	SA	SA						

Comments:

Week 2- 3c- You were able to identify several barriers to effective communication and discuss ways to develop a successful nurse-client relationship. BS
 Week 4 (3a-g) 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 and resources for them. SA

5/9/2025

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

Comments:

Week 2- 4 a,b,c,d,e- You did a great job providing a list of all medications prescribed for your client and discussed implications for their use, major classifications, common side effects, and significant nursing interventions/assessments associated with each medication. You also identified barriers to medication compliance through completion of your CDG this week. BS

Week 4 (5a)- You were able to follow and observe the administering nurse with medication pass and ask questions appropriately. SA

* End-of-Program Student Learning Outcomes

* End-of-Program Student Learning Outcomes

Objective

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

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

****Alternative Assignment Comments:**

* 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:	NA	S	NA	S	NA					
a. Demonstrate competence in navigating the electronic health record. (responding)	NA	S	NA	S	NA					
b. Demonstrate satisfactory documentation utilizing the electronic health record. (responding)	NA	S	NA	S	NA					
c. Demonstrate the use of technology to identify mental health resources. (responding)	NA	NA S	NA	S	NA					
Faculty Initials	NS	BS	SA	SA						

Comments:

Week 2- 6a- You were able to utilize the electronic health record to research your client’s history, their medications, and treatments. 6c- I changed this to S because you utilized technology to search for your EBP article. BS

Week 4 (6a,c)- You successfully and appropriately navigated the electronic health record to obtain information for your care map. SA

* End-of-Program Student Learning Outcomes

* End-of-Program Student Learning Outcomes

Objective

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

Weeks of Course:	1	2	3	4	5	6	7	8	Make Up	Final
a. Identify your strengths for care delivery of the patient with mental illness. (reflecting)	NA	S	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	S	NA	S	NA					
c. Illustrate active engagement in self-reflection and debriefing. (reflecting)	NA	S	NA	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	NA	S	NA					
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (responding)	NA	S	NA	S	NA					
f. Comply with the standards outlined in the FRMCSN policy, "Student Conduct While Providing Nursing Care." (responding)	NA	S	NA	S	NA					
Faculty Initials	NS	BS	SA	SA						

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 1S- My strength this week was implementing active listening and getting patients to drop their guard and open up to me. I acted within my scope of practice as a student nurse by not trying to give advice but just listening, asking open-ended questions that sought feedback for growth and accountability. I maintained the patient's dignity and privacy while responding calmly and avoiding judgement. I maintained safety for my peers and patients by avoiding confrontations. You and your group did a great job interacting and communicating with the patients on 1-South last week. Nice work! BS

Week 2- 7b- You did a nice job noticing factors on the psychiatric floor that helped to create an overall culture of safety on the unit. 7d- Professional behavior was observed at all times while on 1-South. BS

* End-of-Program Student Learning Outcomes

Week 4 1S- My strength this week was maintaining a nonjudgemental attitude. I provided empathetic, unbiased care regardless of the patient's background, behavior, or diagnosis. I think my ethical nursing conduct was on point this week! I was in the back unit of 1S on Wednesday and one patient (Caucasian) told an African American patient that he was racist. I used some de-escalation techniques. I distracted the patients with calm, non-threatening communication and therapeutic presence in this situation. It reflects my professional readiness and personal control. I was proud of myself. However, it did make me nervous. I thought they were going to start physically fighting. Later, one of the patients did get a little aggressive and they had to sedate him. **It sounds like you handled this the best you could while you were observing. Unfortunately, some cannot be appropriately redirected and require medication if they pose a risk to themselves or others. Understanding your beliefs and feelings before you provide care to these clients is important to have awareness on for these specific situations. Great job!**
SA

Care Map Evaluation Tool**
Psych
2025

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
06/20/2025	Risk of Suicide	S/SA	

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

Comments:

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

Student Name: Leah Shelley		Course Objective:					
Date or Clinical Week: 06/20/2025							
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. Complications provided and signs and symptoms of each complication were very thorough.
	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	Nursing interventions were prioritized, frequencies provided, individualized, and realistic for the patient. Great job with providing rationales for each of the nursing interventions.
	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	Evaluation of your priority problem identified was done appropriately, great job!
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> 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 Satisfactory

Faculty/Teaching Assistant Initials: SA

Geriatric Assessment Rubric
2025

Student Name: _____

Date: _____

Clinical Assessment Rubric

Mental/Physical Health Status Assessment

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

Education Assessment

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

Education Plan

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

An in-text citation and reference are required.	---	---
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Total Points _____

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

*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:		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: <ul style="list-style-type: none"> 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:

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

Student Name: **Leah Shelley**

Clinical Date: **6/5/2025**

<p>Criterion #1 Process Recording is organized and neatly completed (5 points total)</p> <ul style="list-style-type: none"> • Typed process recording (2) • Correct grammar and spelling (3) 	<p>Total Points: 5 Comments: Nursing Process Recording assignment is typed with correct use of grammar and spelling throughout</p>
<p>Criterion #2 Assessment (7 points total)</p> <ul style="list-style-type: none"> • 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) 	<p>Total Points: 7 Comments: Good details provided in the client's background with strong supporting details. Current admission was discussed, including personal and family history of mental illness. Identified how substance use disorder impacts other mental health disorders.</p> <p>Good insight and reflection provided on thoughts prior to therapeutic communication. It's great to hear that you were not nervous, but instead motivated to make a connection with your client. Your feelings of self-doubt are shared by many others in this situation. However, it sounds like you were able to overcome these concerns and had a great experience with your client that was fluid and natural.</p> <p>It sounds like the milieu was a positive environment for your interaction. Having some privacy for a therapeutic conversation, especially with a client experiencing hallucinations, can be very beneficial. This helps to eliminate distractions or limit paranoia that she may experience related to her mental health concerns. It's great to hear that she was actively participating in the milieu during her admission!</p>
<p>Criterion #3 Mental Health Nursing Diagnosis (8 points total)</p> <ul style="list-style-type: none"> • Identifies priority mental health problem (4) • Provides at least five relevant/related data findings (2) • Provides at least five potential complications with 	<p>Total Points: 8 Comments: Eight priority problems were identified based on the client's current and past mental health history. Risk of suicide was identified as the top priority problem and was supported with relevant details, such as command hallucinations, level 1 suicide precautions, history of suicide attempts, and current ideation. Consider including her substance use and tox screen results as well. With underlying</p>

<p>signs and symptoms (2)</p>	<p>schizophrenia, substance use can exacerbate her symptoms and increase suicidal ideation. Eleven relevant assessment details were provided, each supporting the top priority problem. Nice job identifying five potential complications related to the top priority problem with specific signs and symptoms to monitor for.</p>
<p>Criterion #4 Nursing Interventions (10 points total)</p> <ul style="list-style-type: none"> Identifies at least 5 pertinent nursing interventions in priority order, including a rationale and timeframe (7) Identifies a therapeutic communication goal (3) 	<p>Total Points: 10 Comments: Excellent work with your interventions for the top priority problem. You identified 16 pertinent interventions that were individualized to your client with specific medication prescriptions. Well done. Each intervention listed included a rationale and appropriate time frame.</p> <p>Good work with your goal development, following the SMART (specific, measurable, attainable, realistic, timeframe) framework. The stated goal was appropriate for the current situation and aimed at encouraging the client to open up and express her feelings.</p>
<p>Criterion #5 Process Recording (15 points total)</p> <ul style="list-style-type: none"> Provides direct quotes for all interchanges (3) Verbal and nonverbal behavior is described for all interactions (6) Students thoughts and feelings concerning each interaction is provided (6) 	<p>Total Points: 15 Comments: Direct quotes provided for each conversational exchange. You did an excellent job at describing all verbal and nonverbal behaviors during the conversation. I can tell this was a meaningful experience for you. Great job providing your own analysis and insight throughout. I very much enjoyed reading this entire conversation and about your thoughts with each exchange. You made me feel as if I was present during the conversation, well done. I think you did a great job of addressing her current mental health concerns while also incorporating general conversational topics to help lift her spirits. It seems that you accomplished what you set out to achieve and developed a connection that continued throughout the day. Great work!</p>
<p>Criterion #6 Process Recording (20 points total)</p> <ul style="list-style-type: none"> 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) 	<p>Total Points: 20 Comments: Analysis of each interaction was thorough, detailed, and included identification of therapeutic and non-therapeutic techniques. Even when non-therapeutic techniques were utilized, a description was included related to intentions of the response and the outcome.</p>
<p>Criterion #7 Process Recording (10 points total)</p> <ul style="list-style-type: none"> Communication has a natural beginning and ending; the conversation flows from sentence to sentence and has a logical conclusion (6) 	<p>Total Points: 10 Comments: 21 interchanges between you and the client were provided, above and beyond what was required. This allowed the conversation to have a natural beginning and ending (that continued later, which is awesome to hear!). The conversation flowed naturally. You were able to recognize</p>

<ul style="list-style-type: none"> • There are at least 10 interchanges between the client and student (4) 	<p>when to adjust your approach or conversational topic that allowed her to continue to open up and explore her thoughts and feelings. Nice job!</p>
<p>Criterion #8 Evaluation (15 points total)</p> <ul style="list-style-type: none"> • Self-evaluation of communication with client (5) • Identify at least 3 strengths and 3 weaknesses of therapeutic communication (10) 	<p>Total Points: 15 Comments: Strong self-evaluation was provided with good insight into your thoughts and feelings. Three strengths and weaknesses of the conversation were included with detailed descriptions as to how and why they were considered strengths.</p>
<p>Criterion #9 Evaluation (10 points total)</p> <ul style="list-style-type: none"> • 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) 	<p>Total Points: 10 Comments: It sounds like you were having a great conversation, its unfortunate that her nurse needed her and interrupted your process. Good work identifying potential barriers to the conversation and considering alternatives that could have helped enhance the situation.</p> <p>Her family history is a good recognition of SDOH. While her family can empathize with her situation with similar diagnoses, this can have its pros and cons. She has support, but also has an unstable environment at times. Good thoughts!</p>
<p>Criterion #10 Reference/Citation</p> <ul style="list-style-type: none"> • An in-text citation and reference are required. • If not present, missing components will need to be added and the assignment re-submitted. 	<p>Appropriate in-text citation and reference were provided.</p>
<p>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. *</p> <p>Course Objective: 2. Synthesize concepts related to psychopathology, 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).*</p> <p>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).*</p> <p>Clinical Competency: 2(d) Formulate a prioritized nursing plan</p>	<p>Total Points: 100/100 – Satisfactory Comments: Leah, You did an excellent job with this assignment. I appreciate the self-reflection and insight provided throughout. You made this a meaningful learning experience and had a strong desire to connect with your client and improve her mental state. Your process recording was detailed and supported by descriptive details and analysis. Job well done! NS</p>

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	BS	NA
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	SA	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	SA	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	SA	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: