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

Student: Brittany Rodisel

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)
6/14/25	4 hours	Late CDG Post	6/15/25 4 hours

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

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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.

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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	S	N/A				
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. **(interpreting)**	N/A	S	S	N/A	N/A	N/A				
c. Provide culturally and spiritually competent care within the scope of nursing that meets the needs of assigned patients from diverse cultural, racial and ethnic backgrounds. **(responding)**	N/A	S	S	S	N/A	S				
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care **(noticing)**	N/A	S	S	S	S	N/A				
e. Recognize social determinants of health and the relationship to mental health. **(reflecting)**	N/A	S	S	S	S	N/A				
f. Develop and implement an appropriate nursing therapy group activity. **(responding)**	N/A	S	N/A	N/A	N/A	N/A				
g. Develop a geriatric physical/mental health assessment and education plan. (**Geriatric Assessment**) **(responding)**				N/A						
Faculty Initials	NS	SA	RH	RH	BS					
Clinical Location	OFF	1 South	1 South	Detox	Artisan's	Hospice				

Comments:

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Week 2 (1a-f)- Great job with both of your CDGs this week in which you described the relationship between your patient's mental health, physical health, and environment. You were able to correlate the patient's prescribed therapies to their current diagnosis, and you did a great job discussing social determinants of health that play a role in your patient's mental health. You did a great job leading a nursing therapy group activity with a dice breaker game related to emotions and how to promote emotional awareness in an adaptive manner. Nice job! SA

Week 3: 1(b, c, d)- This week you were able to discuss your client's interactions in therapy group and how this benefited the client. This included how the client was planning for their discharge plan and how they were going to implement new techniques at home to help their mental health. You were also able to describe three types of therapeutic communication you used with the clients on the unit this week. RH

Week 4: 1(c, d)- You did a good job discussing barriers to cultural and spiritually competent care at the detox center. You were able to identify each role of the employees and how they assisted with care of the clients. You also identified methods of self-care that take place at the detox center such as promoting group meetings (like AA) and counseling. RH

Week 5- 1a- You did a great job identifying and discussing various risk factors often associated with substance abuse and some of the family dynamics often prevalent when substance abuse is present. 1b- You also discussed some of the characteristics that are often present in those with substance abuse issues. 1d- Nice work discussing the need for mental health programs and strategies to help those in recovery. Examples of several programs were also included. BS

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**	
a. **Competencies:** Assemble a health history which includes past and current history of mental and medical health issues and chief reason for hospitalization. **(noticing)**	N/A	S	S	N/A	N/A	N/A					
b. Identify patient's subjective and objective findings including labs, diagnostic tests, and risk factors. **(noticing, recognizing)**	N/A	S	S	N/A	N/A	N/A					
c. Demonstrate ability to identify the patient's use of coping/defense mechanisms. **(noticing, interpreting)**	N/A	S	S	N/A	S	N/A					
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(noticing, interpreting, responding, reflecting)***	N/A	S N/A	S	N/A	N/A	N/A					

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		NS	SA	RH	RH	BS				
e.	Apply the principles of asepsis and standard precautions. (responding)	N/A	S	S	S	N/A	S			
f.	Practice use of standardized EBP tools that support safety and quality. (noticing, responding)	N/A	S	N/A	N/A	N/A	S			
	Faculty Initials	NS	SA	RH	RH	BS				

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

Comments:

Week 2 (2a-c,e,f)- Great job discussing your patient's past medical and mental health history in your CDG, as well as describing factors that create a culture of safety in the psychiatric unit. I changed 2d to "NA" as you did not create a care map for this weeks clinical. SA

Week 3: 2(a-e)- You were able to complete competency a-d while completing your care map this week. You were able to use standard precautions while interacting with each client. RH

Week 5- 2c- You did a nice job discussing the current trends in substance abuse that are prevalent across the country. BS

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Objective

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

Weeks of Course:	1	2	3	4	5	6	7	8	Make Up	**Final**
a. Illustrate professionally appropriate and therapeutic communication skills in interactions with patients, and families. **(responding)**	N/A	S	S	S	S	S				
b. Demonstrate professional and appropriate communication with the treatment team by observing the SBAR format for handoff communication during transition of care. **(responding)**	N/A	~~N/A~~ S	S	S	N/A	S				
c. Identify barriers to effective communication. **(noticing, interpreting)**	N/A	S	S	S	S	S				
d. Develop effective therapeutic responses. **(responding)**	N/A	S	S	S	S	S				
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	~~N/A~~ S	~~S~~ U	~~S~~ U	N/A	S				
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations. **(responding)**	N/A	S	S	S	S	S				
h. Teach patient/family based on readiness to learn and patient needs. **(responding, reflecting)**	N/A	~~N/A~~ S	S	N/A	N/A	N/A				
Faculty Initials	NS	SA	RH	RH	BS					

Comments:
Week 2 (3a-d,f-h)- You did an excellent job therapeutically communicating with all the clients this week. You also did an excellent job with your CDG posts therefore I changed 3f to a "S". I changed 3b to a "S" as you displayed appropriate and professional communication with staff and clients, and was able to provide SBAR information during debriefing. I also changed 3h to a "S" as teaching was presented with your therapy group activity. Keep up all your hard work! SA

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Week 3: 3(a, c, d)- You were able to use therapeutic communication with the clients on the unit this week. You further developed these skills while also discussing them in your CDG post this week. You identified three types of therapeutic communication you used while talking with clients this week. You were able to identify barriers to communication during discussion in debriefing at the end of both clinical days. RH

Week 3: 3(f)- I changed this to a "U" due to your CDG submission being modified past the due date. Please respond to this comment and identify how you will prevent getting another "U" in the future. This will remain a "U" until this is addressed. RH

Week 3f ; I am addressing my U for week 3. Saturday, I submitted my care plan by the due date but looked it over again on Sunday because I could not get my formatting to line up. Sunday I was able to fix it to make it look more presentable. So, I just added the second care pan in addition to the original and didn't realize I wasn't able to do this I will not do this again in the future and I will make sure I just post my original care plan and submit it as it is next time. BR We are unable to see what is modified when you modify a CDG, we are only able to see that it was modified and the time it was done. Since we are unable to see changes, we have to go by the most recent time. RH

Week 4: 3(e)- Please see your rubric for your NPS below. RH
Week 4: 3(f)- This is a "U" this week because you did not include an intext citation or a reference. Please follow the CDG grading rubric when completing the CDG or prior to submitting so you can avoid getting another "U". Please address this "U" and identify how you will prevent getting another in the future. This will remain a "U" until addressed. RH

Week 4: 3(f): I am addressing my U for this week. I forgot to put an intext citation and reference for my CDG detox post. I was in a hurry. Class is flying by with way too much to do I think I just get ahead of myself before double checking things. Disappointed because I spent a lot of time on the detox cdg. I will slow down, take my time, double, and triple check everything from here on out until the end of the semester. BR Good plan, Brittany. I realize this class is a lot of work, but you are doing great. BS

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

Comments:

Week 2 (4a-e)- Excellent job demonstrating knowledge of prescribed medications your client is taking to treat mental health on this week's CDG. You observed administered medications to your client with the staff nurse and asked appropriate questions to the administering nurse and in debriefing. Great discussion of common barriers to maintaining medication compliance in your CDG this week as well. SA

Week 3: 4(a-e) You were able to witness mediation administration with the RN and your client this week while on the unit. You were able to identify the types of medications as well as what they were indicated for in regards to your client. You were able to identify why clients were not compliant with medications during discussion with the nurses and myself. RH.

Week 5- 3f- Nice work on your CDG this week. Your responses to the questions were thorough and well thought-out. BS

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

**Alternative Assignment
Comments:

Week 2 (5a,b)- Excellent job attending group therapy and participating in discussion on employment resources, you were able to correlate them within your CDG for needs of the client, so I changed 5 a,b to "S", as you also provided group therapy this week and they can use your Coping Skills activity as a resource. SA

Week 3: 5(b)- you were able to identify some community resources while on clinical this week as well as mentioning the NAMI hotline in your CDG this week. RH

* End-of-Program Student Learning Outcomes

Week 4: 5(a, b, c)- You did a great job describing the detox unit and what services are available to the clients. You also discussed the importance of the detox center in our community. You did a nice job describing the admission process and how they immediately start discharge planning at this time. RH

Week 5- 5b,d- You did a great job describing the setting at the meeting you attended at the Sandusky Artisans Recovery Center. It sounds like it was a positive experience and that you learned a lot. It really is a wonderful resource for those who are trying to get/stay sober. Nice work! BS

Objective

Objective			

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

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

Comments:

Week 2 (6a-c) Great job using the electronic health record to gather information on your assigned client. You also did a great job demonstrating the appropriate documentation on all individuals regarding the attendance to nursing group therapy activity. SA

Week 3: 6(a, c)- You were able to incorporate technology in your CDG this week by providing the NAMI hotline as an additional resource for clients. You demonstrated competence in navigating the electronical health record while looking up information for your CDG and care map. RH

Week 3: 6 (b)- this was changed to "N/A" because you did not document this week. RH

* 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. <mark>Identify your strengths for care delivery of the patient with mental illness.</mark> **(reflecting)**	N/A	S	S	N/A	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	S	S	N/A	N/A	S				
c. Illustrate active engagement in self-reflection and debriefing. **(reflecting)**	N/A	S	S	S	S	S				
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	S	S				
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. **(responding)**	N/A	S	S	S	S	S				
f. Comply with the standards outlined in the FRMCSN policy, "Student Conduct While Providing Nursing Care." **(responding)**	N/A	S	S	S	S	S				
Faculty Initials	NS	SA	RH	RH	BS					

<mark>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.</mark>

Comments:

Week 2 -7A- One strength for care delivery of mine is empathy. I tend to have the ability to understand and share the feelings of patients without judging them and putting myself in their shoes. Another strength of mine is active listening. I like to use eye contact and be fully engaged in patients' conversations when they are talking to me. I know this helps patients feel like they have been heard which is so important especially when someone is experiencing a mental health problem. Another strength of mine would be patience. Especially in a psychiatric setting I understand things are going to be a lot different than what I am used to. Some of the patients require some redirection and some can be slow to respond or not have much to say at all. Brittany, I thought you did a phenomenal job engaging with all of the clients. You were actively listening, participating, and really expressed care with your discussions. You also did a great job interacting with the nurses and asking questions as well! Awesome job, so proud of you! SA

* End-of-Program Student Learning Outcomes

Week 3-7A- One strength for care delivery of mine was using therapeutic communication. Although I still feel like I am learning how to respond to certain responses, this helps the patient feel comfortable with me and that they can trust me. I encouraged my patient to talk about how she was feeling. She also talked a lot so that helped with communicating with my patient. It helped her open up and she was able to be truthful about things she was telling me. I felt like I had patience with my patient as I allowed her to talk. I think I was able to help create a safe environment for her to help reduce her anxiety and sadness. **You did a great job using therapeutic communication this week. While sitting in the day room you were patient and used silence or open-ended questions to keep the conversation going and allowing the client to open up to you. RH**

Week 4: 7(c)- great job reflecting on your feelings and emotions during and after your detox clinical this week. I am glad you were able to recognize that you needed to remain nonjudgmental and be empathetic towards the client's stories. RH

Week 5- 7c- You provided a thorough reflection of your experience at the Sandusky Artisans Recovery Center experience, nice work! BS

* End-of-Program Student Learning Outcomes

Care Map Evaluation Tool**
Psych
2025

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
6/16/25	Risk for Injury	S/RH	N/A

***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: B. Rodisel					**Course Objective:**		
Date or Clinical Week: 3							

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	
	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	8. For your signs/symptoms of depression, you could add weight loss or weight gain as both can be possible.
	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**	2	9. there are a few interventions related to risk for injury that could be added here. I thought of "maintain safe environment," "perform 15-minute safety checks," "Educate on importance of medication compliance, "and "educate on importance of follow up appointments." After adding these to your list, you were at 75% so you fell into the 2 point grading area.
	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	

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	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	
	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:** 44/45 **Faculty/Teaching Assistant Initials:** RH

5/15/2025

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.	---	---

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. *

5/15/2025

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

Student Name:						
Date or Clinical Week:			**Course Objective:**			

	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**		

5/15/2025

	Criteria	3	2	1	0	Points Earned	Comments
Reflecting	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
	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:

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

Student Name: Brittany Rodisel   **Clinical Date: 6/11/25**

Criterion #1 **Process Recording is organized and neatly completed** **(5 points total)** • Typed process recording (2) • Correct grammar and spelling (3)	**Total Points: 5** **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: 7** **Comments: You did a nice job identifying the reason for the patient's admission as well as pertinent background information that affected his current status. You did a great job reflecting on your feelings before and during the interaction. I am glad you recognized the benefit the conversation had for the patient. KA**
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: 8** **Comments: You identified risk for suicide as your patient's priority problem and included supporting data and complications associated with the priority.**
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: 9** **Comments: You identified 9 pertinent nursing interventions for your priority. All had times except your "Maintain special care in administration of mediations" intervention. You can state "at all times" at the end or "Maintain special care during all medication administrations" both would make the timeframe clearer. Other that you did a nice job with all of your interventions. KA** **You made a generalized goal about therapeutic communication versus making your goal statement specific to your patient. The goal can apply to your patient, but in the future make sure to phrase it specific to your patient. KA**
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: 12** **Comments: All but 1 of your interchanges was in quotes. Your conversation was mainly verbal with only three mentions on nonverbals. Try to be more thoughtful of the nonverbals that are occurring during each interchange. You were very reflective on your thoughts throughout. KA**

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• 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: 20** **Comments: You did a nice job analyzing each interchange. Each one had the technique, whether it was nontherapeutic or therapeutic, and whey it was chosen. KA**
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: 7** **Comments: The conversation had a natural beginning, but the end seemed abruptly. I was also confused with the last few interchanges they also seem part of a different conversation. You had 10 verbal interchanges documented and analyzed. KA**
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: 15** **Comments: You did a nice job reflecting on your conversation and identifying both your strengths and areas to improve on. Reflecting on therapeutic conversations if the best way to improve our therapeutic communication in the future. KA**
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: 10** **Comments: You patient had multiple barriers affecting the ability of the therapeutic communication being effective. Nice job recognizing them and trying to help overcome these barriers. KA**
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.	**You included an intext citation and reference in your nursing process recording. KA**
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-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	**Total Points: 93/100** **Comments: Terrific job Brittany! You did a nice job reflecting on and analyzing the conversation you had with your patient. The conversation was a little abrupt at the end, but other than that well done. You satisfactorily completed your nursing process recording. KA**

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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	RH	N/A
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	RH	N/A
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	RH	N/A
Date: 6/25-26/2025	Live Simulation (*1, 2, 3, 4, 5, 6,7)	Scenario	S	BS	NA
		Reflection Journal	S	BS	NA
		Survey	S	BS	NA
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:

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse
STUDENT NAME(S) AND ROLE(S): Cora Meyer (M), Brittany Rodisel (A)
GROUP #: 8   Part 2
SCENARIO: Alcohol Substance Use Simulation
OBSERVATION DATE/TIME(S): 06/26/2025 1230-1330

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	Introduced self and role when entering the room to initiate trusting relationship Explored patients' thoughts and feelings related to admission to mental health unit. Noticed BP 148/86 related to withdrawal symptoms. Noticed tremors, noticed anxiety, noticed tactile disturbances (itching), noticed visual hallucinations (spiders), noticed agitation, noticed restlessness Noticed bruises and abrasions Noticed recent loss of a friend, grieving Sought further information related to symptoms being experienced.

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INTERPRETING: (2,4)*	Prioritized vital sign assessment when entering the room
• Prioritizing Data: E **A** D B • Making Sense of Data: E **A** D B	Prioritized CIWA assessment Interpreted CIWA score as 26-28 Interpreted symptoms of alcohol withdrawal Made sense of lorazepam as substitution therapy and symptom management
RESPONDING: (1,2,3,5)*	Attempted to explore client's thoughts, asked if she wanted to talk. Offered self.
• 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	Maintained composure related to client's agitation and associated symptoms. Confronted visual hallucinations with reality CIWA assessment performed. Good teamwork and collaboration. Correct dosage calculation for lorazepam based on CIWA scale protocol. Administered 4mg PO as ordered. Lorazepam administered for substitution therapy Educated on lorazepam to be administered for symptoms experienced Provided resources for AA and outpatient mental health.
REFLECTING: (1,2,5)*	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.
• Evaluation/Self-Analysis: E **A** D B • Commitment to Improvement: E **A** D B	
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning**	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the subtlest signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Generally, focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent

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Scenario Objectives:	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.

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)***

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: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

Satisfactory completion of the simulation scenario. Great job! BS

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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:

5/15/2025