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

Student: Morgan Leber

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	S				
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. **(interpreting)**	NA	S	NA	S	NA	S				
c. Provide culturally and spiritually competent care within the scope of nursing that meets the needs of assigned patients from diverse cultural, racial and ethnic backgrounds. **(responding)**	NA	S	NA	S	NA	S				
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care **(noticing)**	NA	S	NA	S	NA	S				
e. Recognize social determinants of health and the relationship to mental health. **(reflecting)**	NA	S	NA	S	NA	S				
f. Develop and implement an appropriate nursing therapy group activity. **(responding)**	NA	NA	NA	S	NA	NA				
g. Develop a geriatric physical/mental health assessment and education plan. (**Geriatric Assessment**) **(responding)**				NA						
Faculty Initials	KA	BS	BS	SA	KA					
Clinical Location	No Clinical	1S	No Clinical	1S	No Clinical	Detox Unit				

Comments:

5/9/2025

Week 1- 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. BS
Week 4 (1a,c,d) Great job with understanding the relationship of mental illness, physical signs and symptoms, and risk factors as identified on your care map. You demonstrated empathy towards your assigned patient while meeting cultural and any spiritual needs during this week's clinical rotation. Appropriate methods to assist your patient in regaining an independence and regaining self-care was also displayed during clinical this week, great job! You did a great job with implementation of your therapy group on self-reflection and coping mechanisms. 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: 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	NA				
b. Identify patient's subjective and objective findings including labs, diagnostic tests, and risk factors. **(noticing, recognizing)**	NA	S	NA	S	NA	NA				
c. Demonstrate ability to identify the patient's use of coping/defense mechanisms. **(noticing, interpreting)**	NA	S	NA	S	NA	S				
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. **(noticing, interpreting, responding, reflecting)***	NA	NA	NA	S	NA	NA				
e. Apply the principles of asepsis and standard precautions. **(responding)**	NA	S	NA	S	NA	S				
f. Practice use of standardized EBP tools that support safety and quality. **(noticing, responding)**	NA	S	NA	S	NA	S				
Faculty Initials	KA	BS	BS	SA	KA					

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

Comments:

Week 1- 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

5/9/2025

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

Comments:

Week 1- 3c- You were able to identify several barriers to effective communication and discuss ways to develop a successful nurse-client relationship. BS

Week 4 (3c,f,h) Great job with the identification of barriers for your assigned patient that may hamper their communication skills. You did a great job with CDG post, following all expectations of CDG rubric. Great job with assessing your patient for the readiness to learn and comprehension of adaptive coping skills and behaviors. SA

Objective

4. Demonstrate knowledge of frequently prescribed medications utilized in treating mental illness. (1, 4, 5, 6, 7)*

Weeks of Course:	1	2	3	4	5	6	7	8	Make Up	**Final**
a. Observe &/or administer medication while observing the six rights of medication administration. **(responding)**	NA	NA	NA	~~NA~~ S	NA	S				
b. Demonstrate ability to discuss the uses and implication of psychotropic medications. **(responding, reflecting)**	NA	S	NA	S	NA	S				
c. Identify the major classification of psychotropic medications. **(interpreting)**	NA	S	NA	S	NA	S				
d. Identify common barriers to maintaining medication compliance. **(reflecting)**	NA	S	NA	S	NA	S				
e. Explain the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications. **(responding, reflecting)**	NA	S	NA	S	NA	S				
Faculty Initials	KA	BS	BS	SA	KA					

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 (4a-e)- You were able to observe the administering nurse's medication administration to their clients and appropriately ask questions. SA

* 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	S				
b. Discuss recommendations for referrals to appropriate community resources and agencies. **(reflecting)**	NA	NA	NA	NA	NA	S				
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	S				
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	NA	NA				
Faculty Initials	KA	BS	BS	SA	KA					

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

Comments:

Week 2- 6a- You were able to utilize the electronic health record to research your client's history, their medications, and treatments. BS

Week 4(6a-c) Great job using the electronic health record to gather information on your assigned patient. You also did a great job demonstrating the appropriate documentation on all individuals regarding the attendance to nursing group therapy activity. SA

* 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	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	S				
c. Illustrate active engagement in self-reflection and debriefing. (**reflecting)**	NA	S	NA	S	NA	S				
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE" – attitude, commitment, and enthusiasm during all clinical interactions. **(responding)**	NA	S	NA	S	NA	S				
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. **(responding)**	NA	S	NA	S	NA	S				
f. Comply with the standards outlined in the FRMCSN policy, "Student Conduct While Providing Nursing Care." **(responding)**	NA	S	NA	S	NA	S				
Faculty Initials	KA	BS	BS	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:

7a Week 2: The strengths that I expressed during clinical this week was my communication; I used to struggle with communication with others because I tend to not say anything especially when I do not have anything to say. This week brought me out of my comfort zone by initiating conversations with all the patients to listen to their story. My communication allowed me to have therapeutic conversations with patients and build trusting relationships with numerous patients. Great job, Morgan! I am the same way so I understand. 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

7a Week 4: The strengths that is expressed during clinical this week was actively listen to all the patients. I communicated with some patients who liked to talk but I offered myself by sitting with them using SOLER techniques to allow them to trust to share their experiences with me. I tend to disassociate occasionally when in longer conversations, but I believed I portrayed actively listening throughout all conversations without disassociating. Another strength was overcoming my fear of being in the back unit because I had a bad experience down in the back unit as a PCT in a one on one but I overcame that fear and I realized it is not bad back there for most of the time. Morgan, you did an awesome job in clinical this week! You interacted with the clients and staff and provided a great activity that even got a client up to help teach! SA

Care Map Evaluation Tool**
Psych
2025

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
06/21/2025	Disturbed Sensory Perception (Auditory and Visual Hallucinations)	S/SA	

*****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: Morgan Leber **Date or Clinical Week:** 06/21/2025				**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)**	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: • 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

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. *

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: • 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: **Morgan Leber** **Clinical Date:** **06/05/2025**

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:** **Appropriately typed with correct grammar and spelling.**
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:** **Identified client appropriately including the background medical and psychiatric histories. Thank you for sharing your pre- and post-self-assessments. Identified the milieu thoroughly.**
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:** **Correctly identified priority problems highlighting the top priority. Appropriately listed all data and complications related to the clients listed priority problems.**
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:** **10** **Comments:** **Interventions are listed appropriately and thoroughly with realistic frequency and rationales. Correctly lists a therapeutic communication appropriate to their client.**
Criterion #5 **Process Recording** **(15 points total)** • 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)	**Total Points:** **15** **Comments:** **Thoroughly lists all communication interactions. Provides verbal and non-verbal cues, also recognized correct therapeutic and non-therapeutic techniques. Provides own thoughts with each interaction. Great job!**

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: Correctly analyzes each interaction. Recognizes each interaction as therapeutic or non-therapeutic appropriately. Correctly identifies each technique. Thoroughly explains interactions.**
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: 10** **Comments: Communication was relevant and appropriate, flowed nicely with a beginning and ending. Correctly lists enough interchanges between client and student.**
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: Provides a thorough self-evaluation. Thoroughly lists strengths and weaknesses.**
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: Appropriately lists three barriers of communication with rationalization of each. Thoroughly identifies SDOH. Rationalizes an appropriate evaluation for needs of improvement with communication and interventions experienced with the client.**
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.	**In- text citation and reference provided.**
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	**Total Points: 100/100 Satisfactory** **Comments: Morgan, excellent job on your nursing process recording! You provided a thorough and appropriate interaction with your client. The evaluation of each step was appropriately documented. Your client's history was documented thoroughly and descriptive. You also provided descriptive self-evaluations on your interactions and thoroughly evaluated the overall interaction. Keep**

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	**up the great work! SA**

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	BS	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	S	KA	NA
		Reflection Journal	S	KA	NA
		Survey	S	KA	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	S	KA	NA
Date: 7/3/2025	vSim (George Palo)	Pre-Quiz, Scenario, SBAR,			

	(Nursing-Mental Health) (*1, 2, 3, 4, 5, 6,7)	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:

Live Simulation- Please review the comments placed on the simulation scoring sheet below. In addition, review the individual faculty feedback placed within the simulation reflection journal dropbox. KA

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse

STUDENT NAME(S) AND ROLE(S): Colleen Camp (A), Morgan Leber (A/M), Michelle Porcher (M)

GROUP #: 3

SCENARIO: Alcohol Substance Use Simulation

OBSERVATION DATE/TIME(S): 06/25/2025 1040-1140

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1,2,5)* • Focused Observation: E **A** D B • Recognizing Deviations from Expected Patterns: E **A** D B • Information Seeking: E **A** D B	Notices the patient's blood pressure is elevated. Notices the patient appears anxious. Seeks out information related to patient's substance use history. Recognizes the patient does not need Lorazepam based on the CIWA Scale score. Notices the patient is complaining of visual hallucinations. Notices the patient is complaining of itching. Seeks out information related to the patient's support system and substance use. Recognizes the patient needs Lorazepam based on the CIWA Scale score.
INTERPRETING: (2,4)* • Prioritizing Data: E **A** D B • Making Sense of Data: E **A** D B	Prioritizes performing the CIWA Scale. Interprets the CIWA Scale score as 5. Interprets the CIWA Scale score as 22. Interprets CIWA protocol accurately for Lorazepam dose (4 mg PO).
RESPONDING: (1,2,3,5)* • Calm, Confident Manner: **E** A D B • Clear Communication: E **A** D B • Well-Planned Intervention/ Flexibility: E **A** D B • Being Skillful: E **A** D B	Introduces self and identifies patient. Asking questions to establish orientation. Obtains vital signs (T-97.9, BP-150/90, SpO2-99%). Nice job sitting down to ask the patient questions. Asks the patient questions related to reason for admission. Performs the CIWA Scale. Utilizes therapeutic communication with the patient. Medication nurse educates the patient on medications to be administered. Medication nurse administers ordered daily medications.

	Introduces self and identifies patient. Performs CIWA Scale. Obtains vital signs. T- 97.6, BP- 148/88. Sits down to talk to patient. Performs CAGE questionnaire and CIWA Scale. Medication nurse verifies and scans patient. Administers Lorazepam 4 mg PO (per protocol). Attempts to utilize therapeutic communication with the patient. Provides education related to withdrawal symptoms and substitution therapy. Education provided related to community resources/support groups.
REFLECTING: (1,2,5)* • Evaluation/Self-Analysis: E **A** D B • Commitment to Improvement: **E** A D B	Group members actively participated during debriefing. Appropriate questions were asked. Each group member discussed what they felt were strengths and weaknesses in their performance. Alternate choices were discussed for improvement in the future. Each member verbalized something they would do differently if they were to do the scenario again. Each member also stated a take-away point from the scenario.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** • **Demonstrate effective therapeutic communication while interacting with patient admitted for an acute mental health crisis. (1, 2, 3)*** • **Utilize the CIWA scale to assess a patient with a history of substance abuse. (1, 2)*** • **Determine appropriate medication administration steps utilizing the CIWA**	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. 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 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: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. 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 commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses. Satisfactory completion of the simulation scenario. Great job! BS

scale. (4)* • **Provide patient with appropriate education on community support and resources. (5)***	

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: