

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

Student:

Yasmin Perez

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)
5/28/25	3.25 hours	Hospice and Psych Orientation	6/2/25 3.25 hours KA
5/31/25	1 hour	Did not complete detox survey	6/2/25 1 hour KA
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		

5/9/2025

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:	N/A S	S	S	S	N/A	S	n/a			
a. Demonstrate an understanding of the relationship between mental health, physical health, and environment for those patients diagnosed with a mental disorder. (noticing)										
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. (interpreting)	N/A S	S	S	S	N/A	S	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)	S	S	S	S	N/A	S	n/a			
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care (noticing)	S	S	S	S	N/A	S	n/a			
e. Recognize social determinants of health and the relationship to mental health. (reflecting)	N/A	N/A	N/A	S	N/A	N/A	n/a			
f. Develop and implement an appropriate nursing therapy group activity. (responding)	N/A	N/A	N/A	N/A	N/A	S	n/a			
g. Develop a geriatric physical/mental health assessment and education plan. (Geriatric Assessment) (responding)				S U	S					
Faculty Initials	KA	KA	BS	KA	KA	BS				
Clinical Location	Detox center	Artisans recovery	NA	1S	NA	1S				

Comments:

5/9/2025

Week 1 – 1a and b – You discussed aspects of mental health and addiction in your CDG post this week for your detox center experience. You discussed the different therapy groups utilized at the detox center. KA
Week 1 – 1c – You did a nice job discussing how the detox center tries to respect each patient’s cultural and spiritual differences while they are admitted. You discussed how they made sure bibles were available and even obtained a Quran for a Muslim patient. KA
Week 1 – 1d – You did a nice job discussing the opportunities to demonstrate self-care while on the detox unit. You discussed taking their medications, making themselves something to eat, attending group therapy sessions, and getting adequate sleep. KA

Week 2 -1a – You recognized multiple risk factors associated with substance use disorder and discussed each of them thoroughly in your CDG response this week. You also discussed the impact of family dynamics on the likelihood of a person developing substance use disorder. KA
Week 2 – 1b – You discussed different characteristics you may see in individuals that are battling a substance use disorder. You discussed both personality traits and behaviors that could elude to a potential concern. KA
Week 2 – 1d – You highlighted the importance of the Sandusky Artisans and how it is an important resource in the community to help those with addiction and other mental health concerns. You also recognized that resources specific to those with mental health diagnosis are limited and that it is important to make sure adequate resources are available to help this population. KA

Week 4 – 1 a – You did a nice job discussing your patient’s admitting diagnosis of major depressive disorder and the pathophysiology of the disease process. KA
Week 4 – 1c – You did a nice job describing the current state of the milieu and how it impacted your patient’s behaviors and participation on the unit. KA
Week 4 – 1e – You did a nice job discussing social determinates of health in relation to your patient. You identified lack of support and depression as being SDOH factors that are negatively impacting your patient’s ability to manage their mental health. KA
Week 4 – 1g – You are receiving an unsatisfactory on your geriatric assessment. Please see comments in the rubric at the end of your tool for details and make the necessary corrections on the assessment and care map and resubmit for grading by Monday June 30, 2025 at 0800. KA

Week 5 – You satisfactorily completed your resubmitted geriatric assessment. See the rubric at the end of your tool for details. KA
Week 6- 1b,c,d- You did a nice job discussing group dynamics and group participation from your client. You also explained how participation in the group was intended to benefit those who participate. You explained that the group helped your client to actively reflect on various aspects of life. 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
Competencies:	N/A	N/A	N/A	S	N/A	S	n/a			
a. Assemble a health history which includes past and current history of mental and medical health issues and chief reason for hospitalization. (noticing)	N/A	N/A	N/A	S	N/A	S	n/a			
b. Identify patient's subjective and objective findings including labs, diagnostic tests, and risk factors. (noticing, recognizing)	N/A	N/A	N/A	S	N/A	S	n/a			
c. Demonstrate ability to identify the patient's use of coping/defense mechanisms. (noticing, interpreting)	N/A S	S	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	N/A	N/A	N/A	N/A	S	n/a			
e. Apply the principles of asepsis and standard precautions. (responding)	N/A	N/A	N/A	N/A	N/A	N/A	n/a			
f. Practice use of standardized EBP tools that support safety and quality. (noticing, responding)	N/A	N/A	N/A	N/A S	N/A	S	N/A			
Faculty Initials	KA	KA	BS	KA	KA	BS				

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

Comments:

Week 1 – 2c – You discussed aspects of mental health and how addiction can come from using drugs and alcohol as a coping/defense mechanism in your CDG post this week for your detox center experience. You also discussed the different types of positive coping mechanisms and self-care aspects implemented to help the patient during recovery. KA

Week 2 – 2c – You did a great job discussing current trends in mental health related to substance abuse. You pointed out how substance abuse is a major health issue and how medications such as fentanyl are being mixed with treat drugs. KA

Week 4 – 2 a & b – You did a nice job discussing your patient's medical and psychiatric history. You discussed how it related to the patient's current admission and signs and symptoms. You also discussed the importance of monitoring the patient's labs including checking the patient's TSH levels and toxicology screening. KA

5/9/2025

Week 4 – 2f – You did a nice job discussing the EBP concepts that promote a culture of safety on the psychiatric unit. You specifically discussed having open communication, a supportive leadership, team collaboration, and continuing education as being important factors. KA

Week 6- 2b,d- Great job assembling objective and subjective assessment data related to your client's priority problem and using that data to put together a satisfactory care map. Please see rubric below for feedback. BS

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

Comments:

Week 3 a and g – You participated in group and therapeutically communicated with the patients while on clinical. You were also respectful of their privacy and kept there anonymity and followed the aspects of HIPAA in regards to their medical information. KA

Week 1 – 3f – You did a great job responding to all the questions related to your experience at the detox center this week. You were thorough and thoughtful with all your responses and were very reflective on your experience. You did not include an in-text citation, but did include a reference at the bottom of your post. Please remember you need to include both to receive a satisfactory in your discussion post. Overall you did a good job sharing your thoughts and experience. Keep up the nice work! KA

5/9/2025

Week 2 – 3f – Yasmin, you were thorough with your responses to the CDG questions related to your Sandusky Artisan’s experience. You supported your thoughts about substance abuse with an in-text citation and reference. Great job bringing up some good discussion points. Keep up the nice work! KA

Week 3 – 3f – You did a nice job reflectively responding to all the CDG questions related to your experience at hospice. Thank you for sharing your personal thoughts prior to attending, and then reflecting on those following your experience. You were thorough and thoughtful with your responses. Keep up the great work! BS
From the Hospice nurse you observed-“great job, willing to help and learn.” Macy Beier RN

Week 4 – 3 c – You identified a lack of patience and empathy as being barriers that can affect therapeutic communication with the patients on the unit. KA

Week 4 – 3f – Yasmin, you did a nice job responding to all the CDG questions for days 1 and 2 of your 1 South clinical experience. You were thoughtful with your responses to all the questions. You included an in-text citation and reference for both postings. Keep up the great work! KA

Week 6- 3a,c,d- You did a great job discussing the therapeutic communication techniques you used when communicating with your client and provided rationales as to why it was therapeutic. As you pointed out, this type of communication is especially important when talking with clients experiencing disturbed thought processes. BS

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

Comments:

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

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

Week 6- 4a,b,c- You were able to observe your nurse administer several psychotropic medications to patients. 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)	S	S	S	N/A	N/A	N/A	N/A			
b. Discuss recommendations for referrals to appropriate community resources and agencies. (reflecting)	N/A S	S	S	N/A	N/A	N/A	N/A			
c. Collaborate with the Erie County Health Department Detox Unit while observing the care of a patient with mental illness-substance abuse. (Community Agency Observation-Detox Unit) **	S	N/A	N/A	N/A	N/A	N/A	N/A			
d. Recognize and describe the need for substance abuse recovery resources. (Alcoholics/Narcotics Anonymous at the Sandusky Artisans Recovery Center (Observation))	N/A S	S	N/A	N/A	N/A	N/A	N/A			
Faculty Initials	KA	KA	BS	KA	KA	BS				

****Alternative Assignment
Comments:**

Week 1 – 5a, c – You did a nice job discussing the purpose and importance of the detox center in our community. You did a thorough job describing the admission process to the detox unit. You discussed the prescreening process that occurs before the patient gets admitted and then the process that occurs once they have arrived. You also did a nice job discussing the nurse's role in the process and overall role on the detox unit. KA

Week 1 – 5b – You discussed all the positive aspects of the detox center and how you would recommend it in the future to your patient's needing to undergo detox from substances. You did a nice job discussing all the positive impact this resource can have on a patient's recovery process. KA

* End-of-Program Student Learning Outcomes

Week 1 – 5d – You discussed aspects of mental health and addiction and the importance of resources to support individuals on their road to recovery in your CDG post this week for your detox center experience. KA

Week 2 – 5b, d – You discussed how the Sandusky Artisans is a great resource to help individual's with substance abuse. You discussed how the small group sizes and wealth of knowledge shared is very helpful when developing positive coping skills on individual's road to recovery. You also mentioned how the judgment free atmosphere made the meeting feel welcoming to all who attended. KA

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

Comments:

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

Week 6- 6c- You were able to utilize technology to identify an important mental health resource for clients in need and gave a good explanation of the resource and the services provided at SAMHSA. BS

* End-of-Program Student Learning Outcomes

Objective

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

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

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 1 – 7c – You were very thoughtful on your reflection of working with clients who are impacted by substance abuse and needing to be admitted to the detox center. This is a diagnosis that impacts so many and you recognized the benefits of resources such as the detox center to assist in the patient's road to recover. KA

Week 1 – 7e – You are receiving an unsatisfactory for this competency related to not completing your survey for your detox center experience. You are also receiving 1 hour of missed clinical per policy. Once you have completed the survey your 1 hour will be considered made up. Please also remember to make a comment on how you will prevent receiving a U in this competency in the future. KA

I did not realize that those surveys would have to be done with our clinical tool. I need to read my assignments more than once and double check that everything I need to submit is submitted.

Week 1 – 7d and f – These are two competencies you should be able to address with all clinical experiences. You maintain an ACE attitude and follow the student code of conduct whenever you are on clinical and working with patients and clients in all settings. KA

* End-of-Program Student Learning Outcomes

Week 2 – 7c – You were very thoughtful on your reflection of working with clients who are impacted by substance abuse. This is a diagnosis that impacts so many and you recognized the multiple implications that predisposes someone to becoming addicted to alcohol and other substances. KA

Week 3 – 7c – Yasmin, you did a wonderful job reflecting on your clinical experience at Hospice. BS

7a My strength was being able to ease my nervous and go out and sit and start a conversation with the patient I chose for the day. I was able to have conversation and get to know why the patient was there and what her plans are to prevent her from coming back. I was nervous of this clinical but was surprised at how many patients actually talk to you and converse and open up. Wonderful job! KA

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

7a My strength was going back to where the other patients were. I had the strength to go back there and see how these patients' behavior who are 1 on 1 are different from the other group of patients. Going back there you could see how more agitated and verbally these patients were. These patients were experimenting with more delusions and hallucinations. Being able to go back there and get the feel of full delusions are is very interesting. Good observation, Yasmin. BS

Week 7- 7b- You did a great job discussing group participation and group dynamics and their potential benefits for those participating. Nice work! BS

Care Map Evaluation Tool**
Psych
2025

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

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials
7/1-7/2/2025	Disturbed thought process	Satisfactory BS	NA BS

Comments:

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

Student Name: Yasmin Perez				Course Objective: 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 patients with mental illness.			
Date or Clinical Week: Week 6							
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 and pertinent 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. I would suggest that all of the assessment findings you listed should be highlighted. Potential complications were provided with signs and symptoms of each complication included.
	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	Nice job providing a list of prioritized nursing interventions. Interventions all included a frequency and were realistic and individualized. All interventions included rationales.
	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	33	
	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	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 completed. Original assessment findings reassessed.
	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: Nice work on your care map, Yasmin! BS						Total Points: 45/45 Satisfactory. BS	
						Faculty/Teaching Assistant Initials: BS	

Geriatric Assessment Rubric
2025

Student Name: Yasmin Perez

Date: 6/19/25

Clinical Assessment Rubric

Mental/Physical Health Status Assessment

	Points Possible	Points Received
Physical Assessment	4	4/4
Geriatric Depression Scale (short form) Assessment	4	4/4
Short Portable mental status questionnaire	4	2/4
Geriatric Health Questionnaire	2	2/2
Time and change test	4	4/4
Cognitive Assessment (Clock Drawing)	4	2/4
Falls Risk Assessment (Get Up and Go)	4	0/4
Brief Pain inventory (Short form)	2	2/2
Nutrition Assessment (Determine Your Nutritional Health)	4	4/4
Instrumental ADL/ Index of Independence in ADL	4	0/4
Medication Assessment	4	4/4
You did a nice job assessing your client. You identified the patient is having a moderate nutrition risk. You did not turn in a completed Falls Risk Assessment for your client. The short portable mental status questionnaire and cognitive assessments were completed but not scored. Only one side of the Instrumental ADL form was completed. You also identified one of their medications being on the BEERS list. On the physical assessment portion, you could have put NA in a few of the areas noting they were not applicable instead of leaving them blank and one question was left unanswered,		

but other than that everything was filled out. KA Thank you for taking the time to address all deficient areas. All assessments completed and scored appropriately. Terrific job! KA		
Points	40	28/40

Education Assessment

	Points Possible	Points Received
Learning Needs (Purpose) Identified and Prioritized (3)	10	10/10
Goals and Outcomes Identified (2)	5	5/5
Points You identified medication management, diabetic nutrition, and fall prevention as your education priorities for your client. This matches the client assessment findings. You identified appropriate goals and outcomes for each learning need. KA Thank you for typing the education assessment. Your identified learning needs, goals, and outcomes were relevant to your client. KA	15	15/15

Education Plan

	Points Possible	Points Received
Teaching Content	10	10/10
Methods of Instruction	10	10/10
Education Resources attached	10	7/10
Barriers to Education Plan	5	0/5
Evaluation of Education Plan	10	10/10
Points Your education plan was hand written and according the directions at the top of the page it should be typed. You included a copy of the handouts provided but when listing resources on the education plan they were listed broadly instead of using the specific title. You also did	45	37/45

not include the resource where you located the handouts. This would have counted as your in-text citation and reference. well thought out and individualized to your client. KA		
You typed your education plan and made sure the resources your utilized were documented to make sure it was easier to identify which ones were used for each learning need. KA		

An in-text citation and reference are required. There was no in-text citation or reference listed in your education plan. KA	---	---
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Total Points 80/100 100/100

Yasmin, your geriatric assessment is unsatisfactory related to not having an in-text citation and reference included in your education plan. KA

6/30/25 – Yasmin, you did a nice job correcting your geriatric assessment utilizing the comments I provided above. Thank you for addressing this so quickly and making all the corrections. You have satisfactorily completed your geriatric assessment. KA

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: Yasmin Perez				Course Objective 2 :			
Date or Clinical Week: 4							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3/3	You identified all abnormal findings, lab/diagnostics, and risk factors for your client you completed the geriatric assessment on. KA You continue to meet all criteria in this section. KA
	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	
	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)	3/3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	0/3	You listed all your client's nursing priorities, but did not identify the highest nursing priority. I am guessing it is ineffective health regimen based on your goal and nursing interventions. You did not highlight any data on your care map. This makes it very difficult to follow. You listed 2 appropriate complications and signs and symptoms the nurse would assess for your chosen nursing priority. KA You highlighted the patient's highest nursing priority. You highlighted relevant data to the nursing priority of ineffective health management. You still only listed 2 appropriate complications and signs and symptoms the nurse would assess for your chosen nursing priority. KA
	5. State the goal for the top nursing priority.	Complete			Not complete	3/3	
	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	0/3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	2/2	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	2/2	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3/3	You did a nice job including relevant nursing interventions. All of your interventions were prioritized, individualized, realistic, and included rationales. You did not have any frequencies on your interventions with the exception of the first nursing
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3/3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	0/3	

	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3/3	intervention. You would maybe want to include an intervention about monitoring labs since medications can affect the labs you listed for the patient. KA
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	3/3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3/3	You reassessed all assessment findings, but since you did not highlight anything I am not sure if you identified as any of the labs/diagnostics as related to your priority problem. I would question all of them being relevant since the listed labs can be affected by an ineffective health regimen. You did not identify if you would continue the plan of care or not. KA You reassessed all highlighted data from the assessment section except the lab data. In the future just state no new results if you do not have any to show that is was addressed. You stated you would continue the plan of care. KA
	15. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	0/3	
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. ***						Total Points: 31/45 43/45	
						Faculty/Teaching Assistant Initials: KA KA	

Faculty/Teaching Assistant Comments: Your care map is graded as a needs improvement. Please review comments above for corrections to make in order to receive a satisfactorily for your care map. It is okay for you to continue to make corrections on this copy, however in the future please make sure to always type your care maps when submitting them. Please make corrections and turn in by Monday June 30, 2025 at 0800. KA	
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Nursing Process Grading Rubric
Firelands Regional Medical Center School of Nursing
Psychiatric Nursing
2025

Student Name:

Clinical Date:

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

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

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	
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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	KA	NA
Date: 6/20/2025	vSim (Li Na Chen Part 2) (Nursing-Mental Health) (*1, 2, 3, 4, 5, 6,7)	Pre-Quiz, Scenario, SBAR, and Post Quiz	S	KA	NA
Date: 6/25- 26/2025	Live Simulation (*1, 2, 3, 4, 5, 6,7)	Scenario	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) (Nursing-	Pre-Quiz, Scenario, SBAR, and Post Quiz	S	BS	NA

	Mental Health) (*1, 2, 3, 4, 5, 6,7)				
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): Kayli Collins (A) Yasmin Perez (M)

GROUP #: 6 Part 2

SCENARIO: Alcohol Substance Use Simulation

OBSERVATION DATE/TIME(S): 06/26/2025 0920-1020

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
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 develop trust. Initiated therapeutic relationship. Noticed patient's anxiety when entering the room. Asked about sleeping pattern. Asked about normal blood pressure readings. Noticed BP 148/86 related to anxiety and agitation. Noticed anxiety, noticed agitation, noticed tremors, noticed diaphoresis, noticed tactile disturbances (itching), noticed visual hallucinations (spiders), noticed headache, noticed oriented to date/time Sought further information related to symptoms being experienced. Did not explore history of substance abuse.
INTERPRETING: (2,4)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Prioritized vital signs. Prioritized CIWA assessment Interpreted CIWA score of 16 Prioritized substitution therapy for withdrawal symptoms Interpreted symptoms of alcohol withdrawal Interpreted lorazepam as prescribed for anxiety per CIWA scale. Made sense of substitution therapy as a priority.
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	Maintained composure related to client's agitation and associated symptoms. Therapeutic communication provided. Good teamwork and collaboration. CIWA assessment performed. Asked patient preferences to maintain comfort. Educated on purpose or lorazepam for alcohol withdrawal Correct dosage calculation for lorazepam based on CIWA scale protocol. Administered 4mg PO as ordered. Educated on intended effects of lorazepam Provided resources and education on outpatient mental health resources

	Attempted to follow up on vital signs. Discussed AA for substance use disorder.
REFLECTING: (1,2,5)* - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	Group members actively participated during debriefing. Appropriate questions were asked. Each group member discussed what they felt were strengths and weaknesses in their performance. Alternate choices were discussed for improvement in the future. Each member verbalized something they would do differently if they were to do the scenario again.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: Demonstrate effective therapeutic communication while interacting with patient admitted for an acute mental health crisis. (1, 2, 3)* Utilize the CIWA scale to assess a patient with a history of substance abuse. (1, 2)* Determine appropriate medication administration steps utilizing the CIWA scale. (4)* Provide patient with appropriate education on community support and resources. (5)*	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: 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!

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: