

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

Student: Saige Ruffing

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, RNS

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)
5/31/25	1 hour	Missing NA/AA survey	6/3/25 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		

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:	S	S	S	N/A	S	N/A	S	N/A	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)	S	S	S	N/A	S	N/A	S	N/A	N/A	
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. (interpreting)	S	N/A	N/A	N/A	S	N/A	S	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	N/A	S	N/A	S	N/A	N/A	
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care (noticing)	S	S	S	N/A	S	N/A	S	N/A	N/A	
e. Recognize social determinants of health and the relationship to mental health. (reflecting)	N/A	N/A	N/A	N/A	S	N/A	S	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	N/A	N/A	N/A	
g. Develop a geriatric physical/mental health assessment and education plan. (Geriatric Assessment) (responding)				N/A S				N/A		
Faculty Initials	KA	KA	BS	NS	SA	RH	RH			
Clinical Location	Sandusky Artisans Recovery	Erie County Health Center Detox Unit	Stein Hospice	N/A GA	1 South	No clinical	1 south			

Comments:

5/9/2025

Week 1 -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 impact of a person developing substance use disorder. KA

Week 1 – 1b – You discussed one of the group attendants and how they used alcohol as a coping mechanism to manage their feelings associated with a previous trauma that impacted their overall mental health. KA

Week 1 – 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 2 – 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 to respect the cultural and spiritual beliefs of each of the patients on the unit. KA

Week 2 – 1d – You did a nice job discussing the opportunities to demonstrate self-care while on the detox unit. You discussed how they encourage proper nutrition, attending group therapy sessions, and getting adequate sleep. You also mentioned how they help the patient establish good coping strategies before discharge. KA

Week 4 3(g) – Satisfactory completion of the Geriatric Assessment clinical assignment and care map. See the attached grading rubrics for further comments.
NS/RH

Week 5 (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 game related to emotions and how to promote emotional awareness in an adaptive manner. Nice job! SA

Objective										
2. Synthesize concepts related to psychopathology, health assessment data, evidenced based practice and the nursing process using clinical judgment skills to plan and care for patients with mental illness. (1, 2, 3, 4, 5, 6, 7, 8)*										
Weeks of Course:	1	2	3	4	5	6	7	8	Make Up	Final
Competencies:	N/A	N/A	N/A	N/A	S	N/A	S	N/A	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	N/A	S	N/A	S	N/A	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	N/A	S	N/A	S	N/A	N/A	
c. Demonstrate ability to identify the patient's use of coping/defense mechanisms. (noticing, interpreting)	S	N/A	N/A	N/A	S	N/A	S	N/A	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 S	S	N/A	S	N/A	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 S	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	N/A	N/A	N/A	
Faculty Initials	KA	KA	BS	NS	SA	RH	RH			

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

Comments:

Week 1 – 2c – You did a great job discussing mental health concerns you witnessed when attending the meeting and the importance of having resources readily available to help this population manage their overall mental health and develop appropriate coping skills. KA

Week 4 3(g) – Satisfactory completion of the Geriatric Assessment clinical assignment and care map. See the attached grading rubrics for further comments. NS/RH

Week 5 (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. SA

5/9/2025

Week 7: 2(e)- I changed this to “S” because use of asepsis is another way to say we used proper hand hygiene and prevented the spread of germs. You used hand sanitizer at appropriate times and encouraged handwashing when needed (such as when returning from outside and everyone washed their hands prior to eating lunch). RH

Week 7: 2(a, b, d)- These were all met when completing your care map this week. RH

5/9/2025

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

Comments:

Week 3 a and g – You participated in group and therapeutically communicated with the clients that attended the meeting. You were also respectful of their privacy and kept there anonymity. KA

Week 1 – 3f – You did a terrific job responding to all the CDG questions related to your experience at the Sandusky Artisans this week. You were thorough and thoughtful with all your responses and were very reflective on your experience. You included an in-text citation and reference with your response. Overall you did a wonderful job sharing your thoughts and experience. Keep up the great work! KA

5/9/2025

Week 2 – 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 included an in-text citation and a reference at the bottom of your post. Overall you did a good job sharing your thoughts and experience. 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- “Saige is very professional, asks questions. Pleasure to have.” Kat Carico RN

Week 5 (3a-h) Great job this week communicating with the clients on the unit. SA

Week 7: 3(a, c, d)- You did a great job communicating therapeutically with the patients and the staff this week. Though interaction with the patients was low due to low census or low patient activity, you were still able to find some patients to talk to. You were also able to identify some barriers in communication with certain patient behaviors not allowing other patients to come out of their rooms and interact amongst themselves. RH

Week 7: 3(b) I changed this to “S” because you got report from the nursing staff on night shift and this was an example of using proper SBAR communication. You also used professional communication with the staff and patients on the unit this week. RH

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									
b. Demonstrate ability to discuss the uses and implication of psychotropic medications. (responding, reflecting)	N/A	N/A	N/A	N/A	S	N/A	S	N/A	N/A	
c. Identify the major classification of psychotropic medications. (interpreting)	N/A	N/A	N/A	N/A	S	N/A	S	N/A	N/A	
d. Identify common barriers to maintaining medication compliance. (reflecting)	N/A	N/A	N/A	N/A	S	N/A	S	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	N/A	N/A	N/A	S	N/A	S	N/A	N/A	
Faculty Initials	KA	KA	BS	NS	SA	RH	RH			

Comments:

Week 5 (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 7: 4(a-e)- Great job looking up all your patient's medications this week and relating them to their mental health diagnosis. You were also able to implement some of these medications as interventions in your care map this week. If you did not see or observe any medication pass this week, you can leave 4a as an "NA" but if you did see or observe medication pass, please change this to "S". RH

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	S	N/A							
b. Discuss recommendations for referrals to appropriate community resources and agencies. (reflecting)	S	N/A S	S	N/A	S	N/A	S	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) **	N/A	S	N/A							
d. Recognize and describe the need for substance abuse recovery resources. (Alcoholics/Narcotics Anonymous at the Sandusky Artisans Recovery Center (Observation))	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Faculty Initials	KA	KA	BS	NS	SA	RH	RH			

****Alternative Assignment Comments:**

Week 1 – 5b, d – You discussed how the Sandusky Artisans is a great resource to help individual’s with substance abuse and other mental health concerns. 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. KA

Week 2 – 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 identified

* End-of-Program Student Learning Outcomes

circumstances that would qualify/disqualify a person for detox admission. You also did a nice job discussing the nurse's role in the process and overall role on the detox unit. KA

Week 2 – 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

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	N/A	N/A	N/A	N/A S	N/A	N/A	
a. Demonstrate competence in navigating the electronic health record. (responding)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
b. Demonstrate satisfactory documentation of psychiatric assessments and nursing notes utilizing the electronic health record. (responding)	N/A	N/A	N/A	N/A	N/A S	N/A	N/A	N/A	N/A	
c. Demonstrate the use of technology to identify mental health resources. (responding)	N/A	N/A	N/A	N/A	S	N/A	S	N/A	N/A	
Faculty Initials	KA	KA	BS	NS	SA	RH	RH			

Comments:

Week 5 (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 7: 6(a, c)- I changed 7a to "S" because you were able to navigate the health record while finding information on your patient for your care map and for your nursing process. You did a great job with providing the 988 suicide hotline in your CDG this week in regards to the use of technology and health resources. 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. Identify your strengths for care delivery of the patient with mental illness. (reflecting)	N/A	N/A	N/A	N/A	S	N/A	S	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	N/A	N/A	N/A	S	N/A	S	N/A	N/A	
c. Illustrate active engagement in self-reflection and debriefing. (reflecting)	S	S	S	N/A	S	N/A	S	N/A	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	N/A	S	N/A	S	N/A	N/A	
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (responding)	N/A S	S	S	N/A	S	N/A	S	N/A	N/A	
f. Comply with the standards outlined in the FRMCSN policy, "Student Conduct While Providing Nursing Care." (responding)	N/A S	S	S	N/A	S	N/A	S	N/A	N/A	
Faculty Initials	KA	KA	BS	NS	SA	RH	RH			

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. This is a diagnosis that impacts so many and you recognized the multiple implications that predisposes someone to being coming addicted to alcohol and other substances. KA

Week 1 – 7e – You are receiving an unsatisfactory for this competency related to not completing your survey for your Sandusky Artisans 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 will prevent a U by reassessing what material needs to be turned in after every clinical.)

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

Week 5:7A: My strength this week would be opening myself up and having conversations with the patients. Before going to 1 South, I was worried that it was going to be hard to start conversations, though many of the patients on 1 South really enjoy a conversation. Therefore, I opened myself up and had many conversations with many of the patients. Great job this week, I know it can be overwhelming, but you did fine! SA

Week 7: 7A: My strength this week would being able to see how differently the mental health disorders can affect many different people differently on a daily basis. My first day I felt as if many people were very isolated compared to my last clinical on 1 south. The second day more people choose to participate that didn’t even speak a word on the first day. Being able to recognize the different disorders and how greatly they impact people has been a big eye opener for me as a student nurse! This is great! RH

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
7/10/2025	Risk for Suicidal Behavior	S/RH	N/A

Comments:

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

Student Name: S. Ruffing		Course Objective:					
Date or Clinical Week: 7							
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	
	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	
	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	2	Only 4 of the 6 highlighted items were reassessed (missing reevaluation of lab value and reevaluation of pain). This puts you at 66% complete so one point was deducted
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	

Reference

An in-text citation and reference are required.
The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both.
The care map will be graded “unsatisfactory” if no in-text citation or reference is included.

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

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

Faculty/Teaching Assistant Comments:

Total Points: 44/45

Faculty/Teaching Assistant Initials: RH

Student Name: Saige Ruffing

Date: 6/19/25

Clinical Assessment Rubric

Mental/Physical Health Status Assessment

	Points Possible	Points Received
Physical Assessment	4	4
Geriatric Depression Scale (short form) Assessment	4	4
Short Portable mental status questionnaire	4	4
Geriatric Health Questionnaire	2	2
Time and change test	4	4
Cognitive Assessment (Clock Drawing)	4	4
Falls Risk Assessment (Get Up and Go)	4	4
Brief Pain inventory (Short form)	2	2
Nutrition Assessment (Determine Your Nutritional Health)	4	4
Instrumental ADL/ Index of Independence in ADL	4	4
Medication Assessment	4	3
Points	40	39

Education Assessment

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

Education Plan

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

An in-text citation and reference are required.	---	---
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Total Points 94/100 RH

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

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

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

Student Name: Saige Ruffing		Course Objective:					
Date or Clinical Week: GA							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	All criteria met. RH
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	6. Is anxiety related to imbalanced nutrition? No points were taken off, but just would like to know your thought process as to why that is related. 7. Good complications list, I like how they relate to all body systems!
	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	11. There is not a frequency listed on interventions. Frequency could be "upon assessment" or "during education plan teaching"
	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	0	

	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	2	All criteria met. RH
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	

Reference

An in-text citation and reference are required.
The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both.
The care map will be graded “unsatisfactory” if no in-text citation or reference is included.

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

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

Faculty/Teaching Assistant Comments:

Total Points: 41/45

Faculty/Teaching Assistant Initials: RH

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

Student Name: Saige Ruffing

Clinical Date: 7/9/25

<p>Criterion #1 Process Recording is organized and neatly completed (5 points total)</p> <ul style="list-style-type: none"> • Typed process recording (2) • Correct grammar and spelling (3) 	<p>Total Points: 5 Comments:</p>
<p>Criterion #2 Assessment (7 points total)</p> <ul style="list-style-type: none"> • Identifies pertinent client background, current medical and psychiatric history (3) • Provides self-assessment of thoughts and feelings prior and during therapeutic communication interaction with client (2) • Identifies the milieu and effects on client (2) 	<p>Total Points: 7 Comments: Really great description of the milieu</p>
<p>Criterion #3 Mental Health Nursing Diagnosis (8 points total)</p> <ul style="list-style-type: none"> • Identifies priority mental health problem (4) • Provides at least five relevant/related data findings (2) • Provides at least five potential complications with signs and symptoms (2) 	<p>Total Points: 8 Comments:</p>
<p>Criterion #4 Nursing Interventions (10 points total)</p> <ul style="list-style-type: none"> • Identifies at least 5 pertinent nursing interventions in priority order, including a rationale and timeframe (7) • Identifies a therapeutic communication goal (3) 	<p>Total Points: 10 Comments:</p>
<p>Criterion #5 Process Recording (15 points total)</p> <ul style="list-style-type: none"> • Provides direct quotes for all interchanges (3) • Verbal and nonverbal behavior is described for all interactions (6) • Students thoughts and feelings concerning each interaction is provided (6) 	<p>Total Points: 15 Comments:</p>
<p>Criterion #6 Process Recording (20 points total)</p> <ul style="list-style-type: none"> • Analysis of each interaction providing type of communication (therapeutic/nontherapeutic) (6) 	<p>Total Points: 20 Comments:</p>

<ul style="list-style-type: none"> Provides technique for each interaction (exploring, probing, etc.) (6) Provides explanation for interactions (8) 	
<p>Criterion #7 Process Recording (10 points total)</p> <ul style="list-style-type: none"> Communication has a natural beginning and ending; the conversation flows from sentence to sentence and has a logical conclusion (6) There are at least 10 interchanges between the client and student (4) 	<p>Total Points: 10 Comments:</p>
<p>Criterion #8 Evaluation (15 points total)</p> <ul style="list-style-type: none"> Self-evaluation of communication with client (5) Identify at least 3 strengths and 3 weaknesses of therapeutic communication (10) 	<p>Total Points: 15 Comments: Very detailed explanation of strengths and weaknesses</p>
<p>Criterion #9 Evaluation (10 points total)</p> <ul style="list-style-type: none"> Identify at least 3 barriers to communication including interventions or communication that could have been done differently (5) Identify all pertinent social determinants of health (5) 	<p>Total Points: 10 Comments:</p>
<p>Criterion #10 Reference/Citation</p> <ul style="list-style-type: none"> An in-text citation and reference are required. If not present, missing components will need to be added and the assignment re-submitted. 	
<p>Total possible points = 100 77-100 = Satisfactory ≤ 76= Unsatisfactory *Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *</p> <p>Course Objective: 2. Synthesize concepts related to 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).*</p> <p>Course Objective: 3. Refine basic verbal and nonverbal therapeutic communication skills when interacting with patients, families, and members of the health care team. (1,2,3,5,7,8).*</p> <p>Clinical Competency: 2(d) Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (noticing, interpreting, responding, reflecting)</p> <p>Clinical Competency: 3(e) Develop a satisfactory patient-nurse therapeutic communication.</p>	<p>Total Points: 100/100 Comments: Satisfactory/RH</p>

(Nursing Process Study) (responding, reflecting)

*End-of-Program Student Learning Outcomes

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

Students Name:					
Performance Codes: S: Satisfactory U: Unsatisfactory		Evaluation	Faculty Initials	Remediation Date/Evaluation/Initials	
Date: 6/6/2025	vSim (Linda Waterfall) (Nursing-Mental Health) (*1, 2, 3, 4, 5, 6,7)	Pre-Quiz, Scenario, SBAR, and Post Quiz	S	BS	NA
Date: 6/13/2025	vSim (Sharon Cole) (Nursing-Mental Health) (*1, 2, 3, 4, 5, 6,7)	Pre-Quiz, Scenario, SBAR, and Post Quiz	S	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	NS	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	NS	NA
Date: 6/25- 26/2025	Live Simulation (*1, 2, 3, 4, 5, 6,7)	Scenario	S	SA	NA
		Reflection Journal	S	SA	NA
		Survey	S	SA	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	SA	NA
Date: 7/3/2025	vSim (George Palo) (Nursing-	Pre-Quiz, Scenario, SBAR, and Post Quiz	S	RH	N/A

	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:

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Abigail Foote (M), Sydney Fox (A), Marilyn Miller (A), Saige Ruffing (M)

GROUP #: 4

SCENARIO: Alcohol Substance Use Simulation

OBSERVATION DATE/TIME(S): 06/25/2025 1230-1330

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2,5)*</p> <ul style="list-style-type: none">• Focused Observation: E A D B• Recognizing Deviations from Expected Patterns: E A D B• Information Seeking: E A D B	<p>Notices the patient's blood pressure is elevated.</p> <p>Notices the patient appears anxious.</p> <p>Seeks out information related to patient's substance use history.</p> <p>Recognizes the patient does not need Lorazepam based on the CIWA Scale score.</p> <p>Notices the patient is complaining of visual hallucinations.</p> <p>Notices the patient is complaining of itching.</p> <p>Seeks out information related to the patient's support system and substance use.</p> <p>Recognizes the patient needs Lorazepam based on the CIWA Scale score.</p>
<p>INTERPRETING: (2,4)*</p> <ul style="list-style-type: none">• Prioritizing Data: E A D B• Making Sense of Data: E A D B	<p>Prioritizes performing the CAGE Questionnaire and CIWA Scale.</p> <p>Interprets the CAGE Questionnaire as suggestive of alcohol abuse.</p> <p>Does not prioritize CIWA Scale score. When prompted, interprets the CIWA Scale score as 2.</p> <p>Interprets the CIWA Scale score as 25.</p> <p>Interprets CIWA protocol accurately for Lorazepam dose (4 mg PO).</p>
<p>RESPONDING: (1,2,3,5)*</p> <ul style="list-style-type: none">• 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	<p>Introduces self and identifies patient. Asks questions to establish orientation.</p> <p>Obtains vital signs. BP-150/88, RR-13.</p> <p>Asks the patient questions related to fall at home, reason for admission.</p>

	<p>Performs the CAGE Questionnaire.</p> <p>Education provided related to coping strategies, relaxation.</p> <p>Performs the CIWA Scale.</p> <p>Utilizes therapeutic communication with the patient.</p> <p>Medications nurse identifies and scans patient.</p> <p>Medication nurse educates the patient on medications to be administered.</p> <p>Medication nurse administers ordered daily medications.</p> <p>Introduces self and identifies patient.</p> <p>Obtains vital signs. BP- 148/82.</p> <p>Establishes orientation.</p> <p>Performs CIWA Scale.</p> <p>Medication nurse verifies patient and scans.</p> <p>Administers Lorazepam 4 mg PO (per protocol).</p> <p>Attempts to utilize therapeutic communication with the patient.</p> <p>Provides education related to withdrawal symptoms and substitution therapy.</p> <p>No education provided related to community resources or support groups.</p>
<p>REFLECTING: (1,2,5)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>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.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>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</p>

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)***

important leads.

Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful 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

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: