

EVALUATION OF CLINICAL PERFORMANCE TOOL
Psychiatric Nursing- 2022
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student:

Rebecca Norman

Final Grade: Satisfactory/Unsatisfactory

Semester: Summer Session

Date of Completion:

**Faculty: Fran Brennan MSN, RN, Monica Dunbar MSN, RN,
 Lora Malfara MSN, RN, Brittany Lombardi MSN, RN**

Teaching Assistants: Chandra Barnes BSN, RN, Devon Cutnaw 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 on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, or U". 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, the following week it must be addressed with a comment as to why it is no longer a "U". If the student does not state why the "U" is corrected, then it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. 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
- Participation in adjunctive therapies (N.A./A.A.; Erie County Detox Unit, Hospice inpatient care)
- EBP Presentations Rubric
- Hospice Reflection Journal
- Observation of Clinical Performance
- Clinical Nursing Therapy Group
- Nursing Care Map Rubric

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
Initials	Faculty Name		
FB	Frances Brennan, MSN, RN		
MD	Monica Dunbar MSN, RN		
BL	Brittany Lombardi MSN, RN		
LM	Lora Malfara MSN, RN		
CB	Chandra Barnes BSN, RN		
DC	Devon Cutnaw BSN, RN		

* End-of-Program Student Learning Outcomes

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	9//Make Up	Final
Competencies:	NA	S	S							
a. Demonstrate an understanding of the relationship between mental health, physical health, and environment for those patients diagnosed with a mental disorder. (noticing)	NA	S	S							
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. (interpreting)	NA	S	S							
c. Provide culturally and spiritually competent care within the scope of nursing that meets the needs of assigned patients from diverse cultural, racial and ethnic backgrounds. (responding)	NA	NA	S							
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care (noticing)	NA	S	S							
e. Recognize social determinants of health and the relationship to mental health. (reflecting)	NA	S	S							
f. Develop and implement an appropriate nursing therapy group activity. (responding)	NA	NA	NA							
g. Develop a geriatric physical/mental health assessment and education plan. (Geriatric Assessment) (responding)										
Faculty Initials	MD	MD	BL							
Clinical Location	NA	DETOX	HOSPICE							

* End-of-Program Student Learning Outcomes

Comments:

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	9//Make Up	Final
Competencies:	NA	NA	S							
a. Assemble a health history which includes past and current history of mental and medical health issues and chief reason for hospitalization. (noticing)	NA	NA	S							
b. Identify patient’s subjective and objective findings including labs, diagnostic tests, and risk factors. (noticing, recognizing)	NA	S	S							
c. Demonstrate ability to identify the patient’s use of coping/defense mechanisms. (noticing, interpreting)	NA	NA	S							
d. Formulate a prioritized nursing care map utilizing clinical judgment skills. (noticing, interpreting, responding, reflecting)	NA	NA	NA							
e. Apply the principles of asepsis and standard precautions. (responding)	NA	S	S							
f. Practice use of standardized EBP tools that support safety and quality. (noticing, responding)	NA	S	S							
Faculty Initials	MD	MD	BL							

Comments:

* End-of-Program Student Learning Outcomes

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	9//Make Up	Final
a. Illustrate professionally appropriate and therapeutic communication skills in interactions with patients, and families. (responding)	NA	NA	S							
b. Demonstrate professional and appropriate communication with the treatment team by using the SBAR format for handoff communication during transition of care. (responding)	NA	S	S							
c. Identify barriers to effective communication. (noticing, interpreting)	NA	NA	S							
d. Construct effective therapeutic responses. (responding)	NA	NA	S							
e. Construct a satisfactory patient-nurse therapeutic communication. (Nursing Process Study) (responding, reflecting)										
f. Posts respectfully and appropriately in clinical discussion groups. (responding, reflecting)	NA	S U	S							
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations. (responding)	NA	S	S							
h. Teach patient/family based on readiness to learn and patient needs. (responding, reflecting)	NA	NA	S							
Faculty Initials	MD	MD	BL							

Comments:

Week 2 Objective 3F-Unfortunately this week you did not have an in-text citation or reference in your CDG leading to an unsatisfactory rating. Please respond to this with how you will prevent this from occurring in the future. MD I WAS NOT SURE WE NEEDED A IN-TEXT CITATION BECAUSE THE DIRECTIONS DID NOT STATE IT, BUT I DID NOT LOOK AT THE RUBRIC. FROM NOW ON I WILL ALWAYS LOOK AT THE RUBRIC WHILE I AM PROOF READING MY

* End-of-Program Student Learning Outcomes

DISCUSSION POST AND IF I AM EVER SECOND GUESSING WHETHER OR NOT I NEED AN IN-TEXT CITATION I WILL READ OVER THE RUBRIC AND ASK MY INSTRUCTOR TO CLARIFY JUST IN CASE TO MAKE SURE I AM HITTING EVERY POINT IN MY POST. Thank you! BL

Week 3-3(f) Becca, you did an excellent job with your Hospice Reflection Journal. I'm glad you learned a lot during this experience and enjoyed your time spent there. Thank you so much for sharing your thoughts and feelings about the experience. BL

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	9//Make Up	Final
a. Discuss the safe administration of medication while observing the six rights of medication administration. (responding)	NA	NA	S							
b. Demonstrate ability to discuss the uses and implication of psychotropic medications. (responding, reflecting)	NA	NA	S							
c. Identify the major classification of psychotropic medications. (interpreting)	NA	NA	S							
d. Identify common barriers to maintaining medication compliance. (reflecting)	NA	NA	S							
e. Explain the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications. (responding, reflecting)	NA	NA	S							
Faculty Initials	MD	MD	BL							

Comments:

* 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	9//Make Up	Final
a. Identify the need for the community resources-detox unit available to patients with a mental illness. (noticing, interpreting)	NA	S	NA							
b. Discuss recommendations for referrals to appropriate community resources and agencies. (reflecting)	NA	S	S							
c. Attend Erie County Health Department Detox Unit observing the care of a patient with mental illness-substance abuse. (Community Agency Observation-Detox Unit)	NA	S	NA							
d. Attend Narcotics/Alcoholics Anonymous meeting. (Alcoholics/Narcotics Anonymous at the Artisans of Sandusky Observation)	NA	NA	NA							
Faculty Initials	MD	MD	BL							

Comments:

* End-of-Program Student Learning Outcomes

Objective

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

Weeks of Course:	1	2	3	4	5	6	7	8	9//Make Up	Final
Competencies:	NA	NA	NA							
a. Demonstrate competence in navigating the electronic health record. (responding)	NA	NA	NA							
b. Demonstrate satisfactory documentation of physical and psychiatric assessments and nursing notes utilizing the electronic health record. (responding)	NA	NA	NA							
c. Demonstrate the use of technology to identify mental health resources. (responding)	NA	S	NA							
Faculty Initials	MD	MD	BL							

Comments:

* 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	9//Make Up	Final
a. Identify your strengths for care delivery of the patient with mental illness. (reflecting)	NA	NA	S NI							
b. Demonstrates effective use of strategies to reduce risk of harm to self or others. Create a safe environment for patient care. (responding)	NA	S	S							
c. Illustrate active engagement in self-reflection and debriefing. (reflecting)	NA	NA	S							
d. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE” – attitude, commitment, and enthusiasm during all clinical interactions. (responding)	NA	S	S							
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (responding)	NA	S	S							
f. Comply with the standards outlined in the FRMCSN policy, “Student Conduct While Providing Nursing Care.” (responding)	NA	S	S							
Faculty Initials	MD	MD	BL							

Comments:

Week 3-7(a) This competency has been changed to an “NI” for this week because you did not provide a written comment related to your strengths of care. Be sure to include a comment stating your strengths of care during the weeks you have clinical in 1 South and Sandusky Artisans. If you have any questions, please do not hesitate to ask. BL

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Course Objective:		Student Name:				
		Date:				
Top Nursing Priority:						
		3 Points >75% Complete	2 Points 50-75% Complete	1 Point <50% Complete	0 Points 0% Complete	Comments
Noticing	Identify all abnormal assessment findings, subjective and objective					
	Identify all abnormal lab finds/diagnostic tests					
	Identify all risk factors					
	Highlight all related/relevant data in the noticing boxes					
Interpreting	List all nursing priorities					
	Highlight the top mental health nursing priority					
	Identify all potential complications					
	Highlight potential complications relevant to top mental health nursing priority					
	Identify signs and symptoms to monitor for each complication					
Responding	List all nursing interventions relevant to top mental health nursing priority					
	Interventions are prioritized					
	All interventions include a frequency					
	All interventions are individualized and realistic					
	An appropriate rationale is included for each intervention					
Reflecting	List the reassessment findings for the top mental health nursing priority					
	Reflection includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care Discuss pertinent Social Determinants of					

	Health for your patient				
48-33 points = Satisfactory		Total Points Earned:			
32-17 points = Needs Improvement		Comments:			
≤ 16 points = Unsatisfactory		Faculty Initials:			

Firelands Regional Medical Center School of Nursing
 Psychiatric Nursing 2022
 Simulation Evaluations

<u>vSim Evaluation</u>	Linda Waterfall (Anxiety/Cultural Scenario) (*1,2,3,4,5)	Sharon Cole (Bipolar Scenario) (*1,2,3,4,5)	Sandra Littlefield (Borderline Personality Disorder Scenario) (*1,2,3,4,5)	George Palo (Alzheimer's Disorder) (*1,2,3,4,5)	Randy Adams (PTSD Scenario) (*1,2,3,4,5)
Performance Codes:					
S: Satisfactory					
U: Unsatisfactory					
Evaluation	S				
Faculty Initials	MD				
Remediation: Date/Evaluation/Initials	NA				

* Course Objectives

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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: