

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

Student: Cassidy Hall

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:	N/A	S	S	N/A	S	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)	N/A	S	S	N/A	S	S	S			
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. (interpreting)	N/A	S	S	N/A	S	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)	N/A	S	S	N/A	S	S	S			
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care (noticing)	N/A	S	S	N/A	S	S	S			
e. Recognize social determinants of health and the relationship to mental health. (reflecting)	N/A	S	S	N/A	S	S	S			
f. Develop and implement an appropriate nursing therapy group activity. (responding)	N/A	N/A	S NA	N/A	N/A	S	S			
g. Develop a geriatric physical/mental health assessment and education plan. (Geriatric Assessment) (responding)					S					
Faculty Initials	LM	LM	FB	LM	DC					
Clinical Location	N/A	DETOX	AA & Hospice	N/A	Simulation	1S	1S			

* End-of-Program Student Learning Outcomes

Comments: Week 3 (1c)- Great job understanding the importance of cultural and spiritual aspects for the individual going through the last stages of life. (1f) this competency was changed because you did not develop and implement a nursing therapy group, **make sure you are reading carefully what you are addressing.** FB

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:	N/A	N/A	S	N/A	S	S	S			
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	S	N/A	S	S	S			
b. Identify patient's subjective and objective findings including labs, diagnostic tests, and risk factors. (noticing, recognizing)	N/A	S	S NA	N/A	S	S	S			
c. Demonstrate ability to identify the patient's use of coping/defense mechanisms. (noticing, interpreting)	N/A	S	S	N/A	S	S	S			
d. Formulate a prioritized nursing care map utilizing clinical judgment skills. (noticing, interpreting, responding, reflecting)	N/A	N/A	N/A	N/A	N/A	S	S			
e. Apply the principles of asepsis and standard precautions. (responding)	N/A	S	S	N/A	S	S	S			
f. Practice use of standardized EBP tools that support safety and quality. (noticing, responding)	N/A	S	S	N/A	S	S	S			
Faculty Initials	LM	LM	FB	LM	DC					

Comments: Week 3 (2b)- You did not complete this competency during your clinical experiences this week. **Make sure you are reading carefully and address appropriately.** FB

Week 3 (2b) Pt's in hospice do have risk factors related to mental illnesses such as depression and anxiety and such for worth.

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

Comments:

Week 2 (3f)- Cassidy, you did a great job on your CDG post for the Detox clinical experience. You provided substantive responses to each question. You have satisfactorily met the requirements for this clinical. Great job! LM

* End-of-Program Student Learning Outcomes

Week 3 (3f)- CDG posts regarding clinical experiences for Sandusky Artisans and Hospice were completed on time and following all requirements provided on CDG rubric, great job! (3d,h) **These competencies were not completed during the clinical experiences you had this week. Make sure you are thorough and address those competencies that are appropriate. FB**

Week 3 (3 D & H) Talking to pt's in a therapeutic way as they ask questions and talk about wanting to die.

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

Comments: Week 3 – These competencies were not completed during the clinical experiences this week. **Make sure you are reading what you are rating yourself on.**
FB

Week 3 – Observing the nurse perform the 6 rights of medication administration to pt's is something I did in hospice.

* 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)	N/A	S	N/A	N/A	N/A	N/A	N/A			
b. Discuss recommendations for referrals to appropriate community resources and agencies. (reflecting)	N/A	S	S	N/A	S	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)	N/S	S	N/A	N/A	N/A	N/A	N/A			
d. Attend Narcotics/Alcoholics Anonymous meeting. (Alcoholics/Narcotics Anonymous at the Artisans of Sandusky Observation)	N/A	N/A	S	N/A	N/A	N/A	N/A			
Faculty Initials	LM	LM	FB	LM	DC					

Comments:

Week 2- Cassidy, you attended the Erie County Health Department Detox Unit this week observing the care of a patient, and policies and practices of the unit. You have satisfactorily met all of the requirements for this clinical experience. LM

Week 3 (5d)- Great job with CDG post related to clinical experience at Sandusky Artisans. FB

* 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:	N/A	N/A	N/A	N/A	N/A	S	S			
a. Demonstrate competence in navigating the electronic health record. (responding)	N/A									
b. Demonstrate satisfactory documentation of physical and psychiatric assessments and nursing notes utilizing the electronic health record. (responding)	N/A									
c. Demonstrate the use of technology to identify mental health resources. (responding)	N/A	N/A	N/A	N/A	N/A	S	S			
Faculty Initials	LM	LM	FB	LM	DC					

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)	N/A	S	U	N/A	S	S	S			
b. Demonstrates effective use of strategies to reduce risk of harm to self or others. Create a safe environment for patient care. (responding)	N/A	S	U	N/A	S	S	S			
c. Illustrate active engagement in self-reflection and debriefing. (reflecting)	N/A	N/A	U	N/A	S	S	S			
d. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE” – attitude, commitment, and enthusiasm during all clinical interactions. (responding)	N/A	S	U	N/A	S	S	S			
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (responding)	N/A	S	U	N/A	S	S	S			
f. Comply with the standards outlined in the FRMCSN policy, “Student Conduct While Providing Nursing Care.” (responding)	N/A	S	U	N/A	S	S	S			
Faculty Initials	LM	LM	FB	LM	DC					

Comments:

7A: A strength I had in the detox center this week was active listening therapeutic communication. The pt’s there want to talk about what they are experiencing while they withdrawal. It is a very nice and clean environment in which they can safely detox at. Great job! LM

7A: A strength I had in the Sandusky artisans this week was showing compassion and no judgement towards others. Everyone’s story was different in their own way, and they wanted to be heard. It is important to analyze my own beliefs and attitudes towards certain things and be open. A strength I had at hospice was empathizing with the families. They were dealing with a lot of emotions and wanted someone to talk to. During your hospice clinical it provides you with a great learning experience that is not dealing with saving a life but of assisting with a peaceful passing. Great job with participation, acting in a professional manner, and exhibiting ACE during your clinical experience. Again you must be thorough you will need to rate yourself for week three and provide an explanation of how you are going to address the unsatisfactory you will receive for responsibility. 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. FB

U for week 3 objective 7 a-f: I take full responsibility for not filling out the S for these objectives. I must of came down to write 7A and thought I typed in the S’s. I will look over the clinical tool several times to ensure I fill in all boxes to meet the satisfactory level. **Thank you for addressing this. LM**
 7A: A strength in simulation was getting the pt to take all the medications and checking to see if the pt pocketed any medication. This was my first time giving medication to a pt who was considered a mental health pt.

7A: A strength I had during week 6 in 1s was therapeutic communication with Pt’s. This was my first time in 1s clinical and it was a good experience using communication styles with the Pt’s.

7A: Week 7: A strength I had this week was completing a group activity. I was extremely nervous at first as I do not like public speaking. I doubted myself a lot but I got it done with no bumps in the road. It turned out to be a great group.

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						
Re	List all nursing interventions relevant to top mental health nursing priority						

sponding	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 32-17 points = Needs Improvement ≤ 16 points = Unsatisfactory		Total Points Earned: Comments: Faculty Initials:				

Geriatric Assessment Rubric
2022

Student Name: Cassidy Hall

Date: 07/05/2022

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	0
Points	40	36

Education Assessment

	Points Possible	Points Received
Learning Needs Identified and Prioritized (3)	10	10
Priorities pertinent to learning needs (3)	5	5
Nursing interventions related to learning needs (5)	10	6
Points	25	21

Education Plan

	Points Possible	Points Received
Education Prioritization and Barriers to Education	5	5
Teaching Content and Methods used for Education	10	0
Evaluation of Education Plan	10	10
Education Resources attached	10	10
Points	35	25

Total Points: 82/100

Cassidy, excellent job with your Geriatric Assessment. You have been graded as satisfactory.

Points were deducted for the following reasons:

1. No medication list
2. Nursing interventions were missing a rationale and not prioritized appropriately
3. Outline format was not used to explain your teaching content; lack of detail related to specific education provided to the patient

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Firelands Regional Medical Center School of Nursing
Psychiatric Nursing-2022

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: C. Hall, S. Miller, N. Miracle, R. Norman OBSERVATION DATE/TIME: 07/06/2022 SCENARIO #: 1

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING:					
1. Focused Observation:	E	A	D	B	Notices patient is agitated
2. Recognizing Deviations from Expected Patterns:	E	A	D	B	Notices patient's abrasions
a. Information Seeking:	E	A	D	B	Does not notice patient is anxious (CIWA score 0)
					Does not attempt to seek out information related to patient's substance use
					Notices abrasion on patient's head
					Attempts to seek out information related to patient's substance use and admission
					Notices patient is having visual hallucinations
INTERPRETING:					
3. Prioritizing Data:	E	A	D	B	Prioritized performing CIWA Scale
b. Making Sense of Data:	E	A	D	B	Interprets CIWA score as 0
					Prioritizes medication administration
					Prioritizes CAGE Assessment over CIWA Scale
					Interprets CIWA score as 20
					Interprets the CIWA protocol appropriately (4 mg of Lorazepam PO)
RESPONDING:					Introduces self to patient

<p>4. Calm, Confident Manner: E A D B</p> <p>5. Clear Communication: E A D B</p> <p>c. Well-Planned Intervention/ Flexibility: E A D B</p> <p>d. Being Skillful: E A D B</p>	<p>Obtains vital signs</p> <p>Performs CIWA Scale</p> <p>Medication nurse discusses medications with patient</p> <p>Medication nurse verifies patient</p> <p>Medication nurse verifies patient swallows pills</p> <p>Performs comprehensive assessment</p> <p>Performs brief mental health exam</p> <p>Attempts to utilize therapeutic communication</p> <p>Does not perform CAGE Assessment</p> <p>Does not provide any education</p> <p>Introduces self to patient</p> <p>Performs CAGE Assessment</p> <p>Performs CIWA Scale</p> <p>Obtains vital signs</p> <p>Attempts to utilize therapeutic communication with patient</p> <p>Medication nurse verifies the patient</p> <p>Administers Lorazepam 4 mg PO</p> <p>Educates patient on support groups (AA, grieving)</p> <p>Reassessed patient after administering Lorazepam.</p>
<p>REFLECTING:</p> <p>6. Evaluation/Self-Analysis: E A D B</p> <p>e. Commitment to Improvement: E A D B</p>	<p>Identified strengths and areas of improvement for performance.</p> <p>Reflected on the importance of providing education to the patient about substance abuse and community resources available.</p> <p>Reflected on the importance of providing education when it is appropriate.</p> <p>Reflected on the importance of therapeutic communication.</p>

<p>SUMMARY COMMENTS:</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>D= Developing</p> <p>B= Beginning</p>	<p><i>Lasater Clinical Judgement Rubric: Information provided relates to the Clinical Judgement Rubric based on comments listed above from student performance. Refer to Lasater's Clinical Judgement Rubric for more detailed information.</i></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. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information.</p> <p>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.</p> <p>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.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p>
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E = exemplary, A = accomplished, D = developing, B = Beginning
Based off of Lasater’s Clinical Judgment Rubric

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	S	S		
Faculty Initials	LM	LM	DC		
Remediation: Date/Evaluation/Initials	NA	NA	NA		

* Course Objectives

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: