

EVALUATION OF CLINICAL PERFORMANCE TOOL
Psychiatric Nursing- 2019
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: **Amanda Toole**

Final Grade: Satisfactory/Unsatisfactory

Semester: **Summer Session I**

Date of Completion:

Faculty: **Brian Seitz MSN, RN**

Teaching Assistants: **Nick Simonovich 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
- Documentation
- Evaluation of Clinical Performance Tool
- Onsite Clinical Debriefing
- Online Discussion Rubric
- Nursing Process Recording Rubric
- Geriatric Assessment Rubric
- Participation in adjunctive therapies (N.A./A.A.; Erie County Health Department Detox Unit, Hospice inpatient/outpatient care)
- EBP presentations
- Hospice Reflection Journal
- Virtual Simulation Scenarios

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments
Initials	Faculty Name/Teaching Assistant	
BS	Brian Seitz MSN, RN	
NS	Nick Simonovich 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	Make Up	Final
Competencies:	NA	NA	S	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.	NA	NA	S	S	S	S		
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder.	NA	NA	NA	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.	NA	NA	S	S	S	S		
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care	NA	NA	NA	NA	S	S		
e. Recognize normal versus non-normal behavior patterns in terms of developmental milestones. (Erickson).	NA	NA	S	S	S	S		
f. Develop and implement an appropriate nursing therapy group activity.	NA	NA	NA	NA	NA	S		
g. Develop a geriatric physical/mental health assessment and education plan. (Geriatric Assessment)				S S		NA		
Faculty Initials	DC	DC	NS	NS	BS			

* End-of-Program Student Learning Outcomes

Clinical Location

NA	NA	Hospice	Detox unit				
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Comments:

Week 4 objective 1 (g): The Geriatric Assessment Assignment competency was changed to “N/A” this week only because it will not be graded until next week. The faculty responsible for grading your Assessment will change the competency to “S” once the grading has been completed. Thanks! NS

Week 5- 1a,b,c,d,e,g- Nice job interacting with your patient and the other patients in the psychiatric unit. I think your patient was appreciative of the attention you gave him. BS
 Amanda – You received a 97/100 for your geriatric assessment. Good job! DC

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	Make Up	Final
Competencies:	NA	NA	NA	NA	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)	NA	NA	NA	NA	S	S		
b. Identify the individual patient’s symptoms related to the psychiatric diagnosis. (interpreting)	NA	NA	NA	NA	S	S		
c. Demonstrate ability to identify the patient’s use of coping/defense mechanisms. (noticing, interpreting)	NA	NA	S	S	S	S		
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. (noticing, interpreting, responding, reflecting)	NA	NA	NA	NA	S	S		
e. Apply the principles of asepsis and standard precautions.	NA	NA	S	S	S	S		

* End-of-Program Student Learning Outcomes

Faculty Initials	DC	DC	NS	NS	S			
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Comments:

Week 5- Nice job developing a prioritized care plan for your patient. A suggestion I would have for the future is to be more specific with your defining characteristics and outcomes. (ex. Patients states he is very depressed over the loss of his wife; outcome- Patient states he reduced feelings of depression regarding loss of wife.) 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	Make Up	Final
a. Illustrate professionally appropriate and therapeutic communication skills in interactions with patients, and families.	NA	NA	S	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.	NA	NA	NA	NA	S	S		
c. Identify barriers to effective communication. (noticing, interpreting)	NA	NA	NA	NA	S	S		
d. Construct effective therapeutic responses.	NA	NA	S	S	S	S		
e. Construct a satisfactory patient-nurse therapeutic communication.	NA	NA	NA	NA	S	S		
f. Posts respectfully and appropriately in clinical discussion groups.	NA	NA	NA	NA S	S	S		
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.	NA	NA	S	S	S	S		
h. Teach patient/family based on readiness to learn and patient needs. (responding, reflecting)	NA	NA	NA	NA	S	S		
Faculty Initials	DC	DC	NS	NS	BS			

Comments:

Week 4 objective 3 (f): This competency was changed to “S” because you posted a satisfactory response to the Detox discussion board. You did a good job with your CDG post for this observation experience. See my response to your original post for further comments. NS

* End-of-Program Student Learning Outcomes

Week 5- 3a,b,c,d,e,f,g,h-Nice job communicating with your patient and the other patients on the unit. Your group really worked well together as a team.

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	Make up	Final
a. Discuss the safe administration of medication while observing the six rights of medication administration.	NA	NA	NA	NA	S	S		
b. Demonstrate ability to discuss the uses and implication of psychotropic medications	NA	NA	NA	NA	S	S		
c. Identify the major classification of psychotropic medications.	NA	NA	NA	NA	S	S		
d. Identify common barriers to maintaining medication compliance.	NA	NA	NA	NA	S	S		
e. Explain the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications.	NA	NA	NA	NA	S	S		
Faculty Initials	DC	DC	NS	NS	BS			

Comments:

Week 5- 4a,b,c,d,e- We discussed these topics in class, and you will go further into them next week in clinical. 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	Make up	Final
a. Identify the need for the community resources available to patients with a mental illness.	NA	NA	NA	NA	S	S		
b. Discuss recommendations for referrals to appropriate community resources and agencies.	NA	NA	NA	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	NA	NA	NA S	NA	NA		
d. Attend Narcotics/Alcoholics Anonymous meeting. (Alcoholics/Narcotics Anonymous at the Artisans of Sandusky Observation)	NA	NA	NA	NA	S	NA		
Faculty Initials	DC	DC	NS	NS	BS			

Comments:

Week 4 objective 5 (c): This competency was changed to "S" because you attended the community agency observation at the Erie County Health Department Detox Unit this week. Remember to attend an AA/NA meeting within the next two weeks! NS

Week 5- 5d- Good discussion regarding the AA meeting you attended. BS

* 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	Make up	Final
Competencies:	NA	NA	NA	NA	S	S		
a. Demonstrate competence in navigating the electronic health record.								
b. Demonstrate satisfactory documentation of physical and psychiatric assessments and nursing notes utilizing the electronic health record.	NA	NA	NA	NA	S	S		
Faculty Initials	DC	DC	NS	NS	BS			

Comments:

Week 5- 6a,b- Although we are limited on what we can document on in the psychiatric department, you did a nice job! BS

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	Make up	Final
a. Identify your strengths for care delivery of the patient with mental illness (cite on tool)	NA	NA	S	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.	NA	NA	NA	NA	S	S		
c. Illustrate active engagement in self-reflection and debriefing.	NA	NA	NA S	S	S	S		
d. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE” – attitude, commitment, and enthusiasm during all clinical interactions.	NA	NA	S	S	S	S		
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect.	NA	NA	S	S	S	S		
f. Follow the standards outlined in the FRMCSN policy, “Student Conduct While Providing Nursing Care.”	NA	NA	S	S	S	S		
Faculty Initials	DC	DC	NS	NS	BS			

Comments:

7 A.) I was at Stein Hospice clinicals this week while answering a call light I encouraged the patient that was physically strong enough to walk to the toilet in their room instead of use the bedside commode. He thanked me later. He stated “That it felt good to get up and walk instead of just a stand and pivot”. **Very good!**
Week 3 objective 7 (c): this competency was changed to “S” because you provided great self-reflection with your hospice reflection paper. Thank you for your insightful hospice reflection journal. I am glad this was a beneficial experience for you. I imagine this may have been a little difficult at first as it brought back memories of your personal experience with hospice with your mother-in-law. It truly is amazing how wonderful hospice care is. My mom was a hospice nurse for many years and I always wondered how someone would be able to be around death so often without letting it affect them mentally. As I learned more about hospice and experienced it myself first hand, it opened my eyes to how amazing the care is. It’s great that you were able to make a connection with one of the patient’s family members. It seems like this experience was very beneficial for you. Based on your response, who knows, maybe you will find yourself as that incredibly caring nurse for someone in hospice someday. Great job! NS

7 A.) I was at the detox unit this week. We did not interact much with the patients. I did ask one of the patients how they were doing. They just responded with “ok but thank you for asking”. Many of them did not want to talk and I understood that. **Understanding and respecting personal space and boundaries is a good strength to note! NS**

7 A.) I was on 1-south for clinicals this week. My patient was crying about missing his deceased wife, I started to rub his back and telling him it was ok to cry and to let it out. I also gave him tissues. **Which was exactly what he needed, Good job! BS**

7a.) One of my strengths this week was trying to keep my patient calm when dealing with his roommate issues. I diffused the situation by keeping my patient away from his roommate and keeping him distracted by playing Uno.

Firelands Regional Medical Center School of Nursing
 Psychiatric Nursing 2019
 Simulation Evaluations

<u>vSim Evaluation</u>	vSim					
	Performance Codes: S: Satisfactory U: Unsatisfactory	(*)1,2,3,4,5)(Rehab/ Acute Detox Scenario)Andrew Davis	(*1,2,3,4,5)(Bipolar Scenario)Sharon Cole	(*1,2,3,4,5)(Anxiety/Cultural Scenario)Linda Waterfall	(*1,2,3,4,5)(Borderline Personality Disorder Scenario)Sandra Littlefield	(*1,2,3,4,5)(Alzheimer's Disorder)George Palo

	Date: 5/21/19	Date: 5/24/19	Date: 5/31/19	Date: 6/7/19	Date: 6/14/19	Date: 6/21/19
Evaluation	S	S	S	S	S	
Faculty Initials	DC	DC	NS	NS	BS	
Remediation: Date/Evaluation/Initials	NA	NA	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: