

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

**Student:** LAURA HOFFMAN

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Summer Session II

**Date of Completion:**

**Faculty:** Kelly Ammannati MSN, RN  
**Teaching Assistants:** Monica Dunbar BSN, RN, Elizabeth Woodyard 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	
KA	Kelly Ammannati MSN, RN	
MD	Monica Dunbar BSN, RN	
EW	Elizabeth Woodyard 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.

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Objective								
1. Apply the principles of psychiatric theory in the care of adolescent to geriatric patients with a <b>mental illness diagnosis</b> . (1, 2, 3, 5, 6, 7, 8)*								
Weeks of Course:	1	2	3	4	5	6	Make Up	Final
<b>Competencies:</b>								
a. Demonstrate an understanding of the relationship between mental health, physical health, and environment for those patients diagnosed with a mental disorder.	NA	S	S	NA	NA	S		
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder.	NA	S	S	NA	NA	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	S	S	NA	NA	NA		
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care	NA	S	S	NA	NA	S		
e. Recognize normal versus non-normal behavior patterns in terms of developmental milestones. (Erickson).	NA	S	S	NA	NA	S		
f. Develop and implement an appropriate nursing therapy group activity.	NA	S	S	NA	NA	NA		
g. Develop a geriatric physical/mental health assessment and education plan. ( <b>Geriatric Assessment</b> )	NA			NA		S		
Faculty Initials	KA	KA	MD	KA	EW			

\* End-of-Program Student Learning Outcomes

Clinical Location

NA	1 SOUTH	1 SOUTH	No Clinical	HOSPICE IN-PATIENT & AA	Detox		
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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 <b>mental illness</b> . (1, 2, 3, 4, 5, 6, 7, 8)*								
Weeks of Course:	1	2	3	4	5	6	Make Up	Final
<b>Competencies:</b>								
a. Assemble a health history which includes past and current history of mental and medical health issues and chief reason for hospitalization. <b>(noticing)</b>	NA	S	S	NA	NA	NA		
b. Identify the individual patient's symptoms related to the psychiatric diagnosis. <b>(interpreting)</b>	NA	S	S	NA	NA	NA		
c. Demonstrate ability to identify the patient's use of coping/defense mechanisms. <b>(noticing, interpreting)</b>	NA	S	S	NA	NA	NA		
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. <b>(noticing, interpreting, responding, reflecting)</b>	NA	S	S	NA	NA	NA		
e. Apply the principles of asepsis and standard precautions.	NA	S	S	NA	NA	NA		

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Faculty Initials	KA	KA	MD	KA	EW			
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**Comments:**

Week 2 - 2a – You did a nice job discussing your patient’s current and past medical history. KA

Week 2 – 2d – Laura, you did a nice job with the components of your care plan. Remember to make your goal positive. Looking at the remainder of your goal stem, I think you meant to state, “Patient will identify effective coping skills...” which would be more positive versus stating ineffective coping skills. When you are writing your outcomes, make sure you include a timeframe such as by discharge. Remember to be as specific as you can with your outcomes so they are easy to measure. Instead of just stating “Identify anxiety triggers,” state “Identify 3 anxiety triggers” or whatever number would be realistic for your patient. This will make them more specific and easier to measure. Nice job! Laura, you did a nice job writing your interventions for your chosen nursing diagnosis for your patient. Great job! Nice job with your evaluation. In the future, write at the beginning of your evaluation section “Goal met, goal not met, goal partially” versus beside each outcome. When stating you will terminate plan of care, you can write this at the very end of your evaluation versus after each evaluation. You were more specific with numbers in your evaluation so it would be easy to add these numbers to your original outcomes to make them more specific and measurable. You did a great job overall, just keep these changes in mind when writing future care plans. KA

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

**Comments:**

Week 2 – 3a – Laura, you did a nice job developing rapport and communicating with your patient this week. It can be difficult and awkward in the beginning but you were able to overcome this and communicate well with the patients on the unit. KA

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Week 2 – 3f – Laura, you did a nice job with your CDG this. You included references for you CDG at the end, however you did not include an internal citation for the information. Remember to include both an internal citation and a reference in the future. KA

Week 2 Response: I will double check all information is in place before submitting my discussion posts. I did not see on the CDG guidelines where it stated we needed an intext citation. I will consult for further clarification and provide an intext citation for next week.

Week 3: 3F- Laura, you did a nice job with adding in-text citation and references to your CDG this week. MD

WK5 3F: Each post was thorough and well thought out; included in-text citation and reference. EW

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	S	S	NA	NA	NA		
b. Demonstrate ability to discuss the uses and implication of psychotropic medications	NA	S	S	NA	NA	NA		
c. Identify the major classification of psychotropic medications.	NA	S	S	NA	NA	NA		
d. Identify common barriers to maintaining medication compliance.	NA	S	S	NA	NA	NA		
e. Explain the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications.	NA	S	S	NA	NA	NA		
Faculty Initials	KA	KA	MD	KA	EW			

**Comments:**

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<b>Objective</b>								
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-detox unit available to patients with a mental illness.	NA	S	S	NA	NA	S		
b. Discuss recommendations for referrals to appropriate community resources and agencies.	NA	S	S	NA	NA	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	NA	S		
d. Attend Narcotics/Alcoholics Anonymous meeting. (Alcoholics/Narcotics Anonymous at the Artisans of Sandusky Observation)	NA	NA	NA	NA	S	NA		
Faculty Initials	KA	KA	MD	KA	EW			

**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	Make up	Final
<b>Competencies:</b>	NA	S	S	NA	NA	NA		
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	S	S	NA	NA	NA		
Faculty Initials	KA	KA	MD	KA	EW			

**Comments:**

Week 2 – 6b – You did a nice job documenting your interventions for your patient in the EHR this week. KA

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

**Comments:**

**Week 2: A strength I utilized when communicating with my patient this week was being nonjudgmental, listening intently, and responding with therapeutic communication throughout our time together. We talked about her situation specifically and what new coping skills she can use the next time she feels depressed.**

**Great job! KA**

Townsend, M. C., & Morgan, K. I. (2017). *Essentials of psychiatric mental health nursing: Concepts of care in evidence-based practice*. Philadelphia, PA: F.A. Davis Company.

**Week 2 – 7d – You and your classmates went above and beyond this week by leading the medication therapy group. Great job ACEing ti! KA**

**Week3: A strength I utilized was my ability to be empathic towards my patient’s situation and listening intently to her. At first she did not want to talk to me on our second day on the floor but being able to sit and just listen and maintaining good eye contact helped her feel more relaxed and she opened up. Excellent! MD**

**Week 3: 7E-Laura, you did not turn in your clinical tool in on time. This results in an unsatisfactory for this week under 7E. MD**

**Week 3 Response: I will double check my tool is submitted and saved before closing my computer. This is unacceptable on my part and I will take caution when submitting materials for the rest of this semester. This is a great plan to prevent this in the future. KA**

**Week 4: No Clinical This week.**

Week 5: Stein Hospice In-Patient Clinical & AA Meeting 7-29-19 at 2000.

Week 6: Erie County Detox Unit Clinical 8-7-19.

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

<b>vSim Evaluation</b>	<b>vSim</b>					
	Subacute Detox (Scenario) Andrew Davis	(Bipolar Scenario) Sharon Cole	(Lithium Scenario) Linda Waterfall	(Personality Disorder Scenario) Sandra Littlefield	(Schizophrenia Scenario) George Pato	(PTSD Scenario) Randy Adams
Performance Codes: <b>S:</b> Satisfactory <b>U:</b> Unsatisfactory						
	<b>Date:</b> 7/9/19	<b>Date:</b> 7/12/19	<b>Date:</b> 7/19/19	<b>Date:</b> 7/26/19	<b>Date:</b> 8/2/19	<b>Date:</b> 8/9/19
Evaluation	S	S	S	S	S	
Faculty Initials	KA	KA	MD	KA	EW	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	

\* Course Objectives

Student Name:

Laura Hoffman

Date: 7-10-19

Process Recording: # UNKWN

Criteria	Possible Points	Instructor's Comments	Points
Process Recording is organized & neatly done; spelling & grammar are correct	5	Organized and neat presentation. MD	5
Typed Process Recording	5	Typed-do not use pink font for future projects. Always use black font. MD	4
Assessment			
Data form is complete. Including demographics, background information.	5	Do not abbreviate terms in assignments unless you have identified the full word first (see text for example). MD	4
Nursing Diagnosis			
Mental Health related	5	How does financial issues relate to diagnosis? MD	2.5
Planning			
Therapeutic Communication Goal	5	Should be a personal goal. MD	2.5
Measurable objectives (2) are written related to goal achievement.	5	Well written. MD	5
Implementation			5
Direct quotes are used for all statements (student's and patients).	5	Well written using quotes. MD	5
Non-verbal behavior is described (student & patient).	5	Well done MD	5
Student's thoughts and feelings are recorded.	5	Well written MD	5
<ul style="list-style-type: none"> <li>An analysis of the verbal &amp; non-verbal techniques is present using correct therapeutic communication terminology</li> <li>Student feelings regarding the patient's verbal or nonverbal communication is described.</li> <li>Appropriate nursing interventions are listed.</li> </ul>	20	Well done MD	20
Communication has a natural beginning & ending; the conversation	5	Sounds like you had a difficult conversation with your patient. You	5

flows from sentence to sentence; and has a logical conclusion.		used very good therapeutic communication. Thoughts and conversation flowed well. MD	
There are at least 10 inter-changes between client & student.	5	At least 10 interchanges noted. MD	5
<b>Evaluation</b>			
<ul style="list-style-type: none"> <li>Self evaluation of the Process Recording was completed.</li> <li>Strengths &amp; weaknesses of the therapeutic communication were identified.</li> </ul>	15	Nicely done. MD	15
<ul style="list-style-type: none"> <li>Were the objectives met?</li> <li>What could have been done differently?</li> <li>Barriers identified if appropriate.</li> </ul>	10	Well done. MD  Overall Score: 93% SATISFACTORY	10

Students must receive 77 points out of 100 to pass this assignment. The data process recording will be graded on Clinical Performance tool with a “S” or “U”. The Nursing Process Recording is counted as clinical hours and missed or late assignments will result in missed clinical hours and must be made up.

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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: