0EVALUATION OF CLINICAL PERFORMANCE TOOL
Psychiatric Nursing- 2020
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Alexis Gennari   **Final Grade: Satisfactory/Unsatisfactory**

Semester: Summer Session   **Date of Completion:**

Faculty: Fran Brennan MSN, RN, Monica Dunbar MSN, RN, Lora Malfara MSN, Rn
          Carmen Patterson MSN, RN, Brittany Schuster MSN, RN
Teaching Assistants: 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)

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	

* End-of-Program Student Learning Outcomes

EBP presentations
Hospice Reflection Journal
Virtual Simulation Scenarios

Initials	Faculty Name/Teaching Assistant	
FB	Fran Brennan MSN. RN	
MD	Monica Dunbar MSN, RN	
LM	Lora Malfara MSN, RN	
CP	Carmen Patterson MSN, RN	
BS	Brittany Schuster MSN, RN	
DC	Devon Cutnaw 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.

* End-of-Program Student Learning Outcomes

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: a. Demonstrate an understanding of the relationship between mental health, physical health, and environment for those patients diagnosed with a mental disorder.	S	S	S						
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder.	NA S	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.	S	S	S						
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care	S	NA	S						
e. Recognize normal versus non-normal behavior patterns in terms of developmental milestones. (Erickson).	S	S	S						
f. Develop and implement an appropriate nursing therapy group activity.	NA	NA	S						
g. Develop a geriatric physical/mental health assessment and education plan. (**Geriatric Assessment**)									
Faculty Initials		MD	BS						
	1 SOUTH MONICA	AA/NA	1 SOUTH BRITTANY						

* End-of-Program Student Learning Outcomes

Comments:

Comments:
Week 1 1A-G- You did awesome during this clinical experience. You were able to demonstrate an understanding of mental health, physical health, and environment, correlated prescribed therapies in relation to a patient's disorder, provided cultural and spiritual care to the patients, identified appropriate methods that assist patients with regaining independence, and recognized normal versus non-normal behaviors. MD

Week 3-1(f) Alexis, you did an excellent job developing and implementing an appropriate nursing therapy group activity in clinical this week. You educated the patients on triggers, and had them complete a "What makes you fizz?" activity in order for them to identify their triggers. Great job! BS

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: a. Assemble a health history which includes past and current history of mental and medical health issues and chief reason for hospitalization. **(noticing)**	S	NA	S						
b. Identify the individual patient's symptoms related to the psychiatric diagnosis. **(interpreting)**	S	S	S						
c. Demonstrate ability to identify the patient's use of coping/defense mechanisms. **(noticing, interpreting)**	S	S	S						
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. **(noticing, interpreting, responding, reflecting)**	S	NA	~~S~~ NA						
e. Apply the principles of asepsis and standard precautions.	S	NA	S						
f. Practice use of standardized EBP tools that support safety and quality. **(noticing, responding)**	S	S	S						
Faculty Initials	MD	MD	BS						

Comments:
Week 1 2A-F-You were able to practice this competency well during your time on clinical. You assembled an in-depth health history of your patient, identified symptoms, identified coping/defense mechanisms, prioritized nursing care plan, applied standard precautions, and utilized EBP in your care. MD

* End-of-Program Student Learning Outcomes

Week 3-2(f) Excellent job with your EBP article presentation in debriefing about treatment satisfaction of home-based telehealth versus in person delivery of prolonged exposure for combat PTSD veterans. 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	7	8/Make Up	Final
a. Illustrate professionally appropriate and therapeutic communication skills in interactions with patients, and families.	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.	S	NA	~~S~~ NA						
c. Identify barriers to effective communication. **(noticing, interpreting)**	S	S	S						
d. Construct effective therapeutic responses.	S	S	S						
e. Construct a satisfactory patient-nurse therapeutic communication. **(Nursing Process Study)**									
f. Posts respectfully and appropriately in clinical discussion groups.	S	NA	S						
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.	S	S	S						
h. Teach patient/family based on readiness to learn and patient needs. **(responding, reflecting)**	S	NA	S						
Faculty Initials	MD	MD	BS						

Comments:

Week 1 3A-H- You were able to practice this competency very well in the clinical setting. MD

Week 3-3(a, f) Alexis, you did an excellent job appropriately and therapeutically communicating with your patient and other patients in clinical this week. You also did an excellent job with you CDG as well. Keep up all your great work! BS

* End-of-Program Student Learning Outcomes

* End-of-Program Student Learning Outcomes

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

Comments:
Week 1 4A-E-You were able to discuss safe administration of medications along with discussing all parts of medication administration during clinical. MD

Week 3-4(a-e) Satisfactory 1 on 1 discussion of medication administration in which you successfully discussed and met the objectives for all of these competencies. Great job! 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	7	8/Make up	Final
a. Identify the need for the community resources-detox unit available to patients with a mental illness.	NA	NA	NA						
b. Discuss recommendations for referrals to appropriate community resources and agencies.	NA	NA	NA						
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						
d. Attend Narcotics/ Alcoholics Anonymous meeting. **(Alcoholics/Narcotics Anonymous at the Artisans of Sandusky Observation)**	NA	~~S~~ NA	NA						
Faculty Initials	MD	MD	BS						

Comments:

Week 2 5D-This competency cannot be completed at this time due to not turning in your CDG that goes along with the AA meeting.
Once you have turned this in you can evaluate this competency. MD

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

Comments:
Week 1 6A-B- You were able to successfully navigate in the EHR during clinical and documented appropriately during clinical. MD

* 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 **(cite on tool)**	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.	S	NA	S						
c. Illustrate active engagement in self-reflection and debriefing.	S	NA	S						
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE" – attitude, commitment, and enthusiasm during all clinical interactions.	S	S	S						
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect.	S	S	S						
f. Follow the standards outlined in the FRMCSN policy, "Student Conduct While Providing Nursing Care."	S	S	S						
Faculty Initials	MD	MD	BS						

Comments:

WEEK 1 7(A) One of my strengths this week during clinical was the ability to go into 1 south with a open mind. With working at the hospital and having contact with some patients already it is easy to have a predetermination of who they actually are. But once I was down there in a clinical standpoint the patients are not actually how they act at 0400!! I was able to have meaningful conversations with a variety of different patients on different levels as well. With going there with a open mind it allowed me to open up to them as well and even discuss my struggle with anxiety and depression as well. It allowed me to get into a more meaningful interaction with some of the patients. Alexis-You communicated with the patients very well. You were able to connect with patients and it showed that you had an open mind during clinical. Great job! MD

WEEK 2 7(A)- One of my strengths this week going into the AA/NA meeting was that I was able to be completely engaged with the therapy group on the zoom meeting. This meeting only had the two group leaders, two patients, another student and myself that participated on Friday and it allowed me to have a more individualized session because there were only a few people that attended. During this session we were able to go around and introduce ourselves, in which we were able to hear about what these patients were suffering from. I was able to obtain some knowledge on what has helped keep them going into a manic state, and that schedules are very important to keep with mental health patients. It was a awesome experience that the two leaders were also recovering addicts as well and to hear their stories were truly inspiring. I was able to obtain some different coping mechanisms for example the schedule, but also just making sure I take a few moments when I get frustrated to unwind. It is important to keep yourself healthy so you can keep your family healthy as well. Awesome! MD

WEEK 3 7(A) One of my strengths this week was the ability to be able to comfortably talk with multiple different patients in the psychiatric unit. With this being my 3rd and 4th day in the unit it allowed me to engage in deeper conversations with a few different patients rather than just stinking to one. On Tuesday one patient JR was very intriguing to me to talk to as she seemed to be one of the patients that was freely open to talking about what was going on and why she was admitted to the inpatient unit. She originally started in the back part but then was moved up to the front part due to low census. I quickly became interested in everything that she was saying and wanted to learn more on Wednesday but learned that I was sort of being "played" by her. By getting the knowledge of her manipulation from the off going nurses it allowed me to step back, reevaluate my approach with talking to her and was able to try to see if she was going to be truthful or not to me. I was quickly able to adapt to my surroundings and learn even more about this patient because of doing so. **Great job! You excelled in your clinicals on 1 South. You do an awesome job communicating therapeutically with this patient population. Keep up all your great work! BS**

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	Impaired Verbal Communication Related To Schizophrenia
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Total Points Comments
Nursing Diagnosis: (3 points) 3 　Problem Statement (1) 1 　Etiology (1) 1 　Defining Characteristics (1)　1	Total Points 3 Comments: Well written! MD
Goal and Outcome (6 points total) 5 Student Name:　　Clinical Date: Goal Statement (1 point) 0 Outcome: 　Specific (1) 1 　Measurable (1) 1 　Attainable (1) 1 　Realistic (1) 1 　Time Frame (1) 1	Total Points 5 Comments: Remember a goal statement with any care plan. MD
Nursing Interventions: (8 points total) 8 　Prioritized (1) 1 　What (1) 1 　How Often (1) 1 　When (1) 1 　Individualized (1) 1 　Realistic (1) 1 　Rationale (1) 1 　All pertinent interventions listed (1) 1	Total Points 8 Comments: Very concise and pertinent to the nursing diagnosis. MD
Evaluation: (5 points total) 5 　Date (1) 1 　Goal Met/partially/unmet (1) 1 　Defining characteristics (1) 1 　Plan to continue//modify/terminate (1) 1 　Signature (1) 1	Total Points 5 Comments: Nice work! MD
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan <13 = Unsatisfactory care plan	Total Points for entire Care plan = 21 Comments: Excellent Care Plan! MD

Nursing Care Plan Grading Tool
Psychiatric Nursing
2020

Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2020
Simulation Evaluations

vSim Evaluation	vSim					
	(Bipolar Scenario)Sharon Cole	ab/ Acute Detox Andrew Davis enario)	ltural Scenario)Linda Waterfall	e Personality Sandra Littlefield r Scenario)	eimer's Disorder)George Palo	PTSD Scenario)Randy Adams
Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 7/3/2020	Date: 7/10/2020	Date: 7/17/2020	Date: 7/24/2020	Date: 7/31/2020	Date: 8/7/2020
Evaluation	S	S				
Faculty Initials	MD	BS				
Remediation: Date/Evaluation/Initials	NA	NA				

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Psychiatric Nursing

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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: