

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

Student:

Alyssa Riehl

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
MB	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.

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:	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.	n/a	S	S	S						
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder.	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.	n/a	n/a	S	S						
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care	n/a	n/a	S	S						
e. Recognize normal versus non-normal behavior patterns in terms of developmental milestones. (Erickson).	n/a	n/a	S	S						
f. Develop and implement an appropriate nursing therapy group activity.	n/a	n/a	n/a	n/a						
g. Develop a geriatric physical/mental health assessment and education plan. (Geriatric Assessment)										
Faculty Initials	LM	CP	LM	BS						
	n/a	detox	hospice	AA/NA						
nical ation										

* End-of-Program Student Learning Outcomes

Comments:

Week 1 – Alyssa did not have clinical this week therefore all objectives and competencies are NA. LM

Week 4-1(a-e) Excellent job attending the Alcohol Anonymous meeting in which you were able to satisfactorily achieve all of these competencies. 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:	n/a	S	S	n/a					
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	S	S	n/a					
b. Identify the individual patient's symptoms related to the psychiatric diagnosis. (interpreting)	n/a	S	S	n/a					
c. Demonstrate ability to identify the patient's use of coping/defense mechanisms. (noticing, interpreting)	n/a	S	S	S					
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. (noticing, interpreting, responding, reflecting)	n/a	n/a	n/a	n/a					
e. Apply the principles of asepsis and standard precautions.	n/a	S	S	n/a					
f. Practice use of standardized EBP tools that support safety and quality. (noticing, responding)	n/a	S	S	n/a					
Faculty Initials	LM	CP	LM	BS					

Comments:

Week 3 (2c)- Alyssa observed patients' coping/defense mechanisms during the dying process while on the hospice unit this week. LM

* 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/Make Up	Final
a. Illustrate professionally appropriate and therapeutic communication skills in interactions with patients, and families.	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.	n/a	n/a	S	n/a					
c. Identify barriers to effective communication. (noticing, interpreting)	n/a	S	S	S					
d. Construct effective therapeutic responses.	n/a	n/a	S	S					
e. Construct a satisfactory patient-nurse therapeutic communication. (Nursing Process Study)									
f. Posts respectfully and appropriately in clinical discussion groups.	n/a	S	S	S					
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.	n/a	S	S	S					
h. Teach patient/family based on readiness to learn and patient needs. (responding, reflecting)	n/a	n/a	n/a	n/a					
Faculty Initials	LM	CP	LM	BS					

Comments:

Week 2 Objective 3f: You did a great job on your discussion post this week. You did a great job describing the roles/responsibilities of the healthcare professionals within the agency. I was able to visualize a patient going through the process based on your description, great work! I appreciate your nonjudgmental approach towards the individuals you interacted with. Having a non-judgmental attitude and being

* End-of-Program Student Learning Outcomes

open to listen and understand what others are going through can help to build a trusting relationship and may also assist the individual in their recovery process. Keep up the great work! CP

Week 3 (3f)- Alyssa, you provided detailed responses in your hospice CDG post. You were able to observe and participate in patient care on the hospice unit., which in many aspects is different from nursing care on the medical-surgical units. Great job! LM

Week 4-3(f) Alyssa, you did an excellent job with your CDG post this week. Keep up all your hard work! BS

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.	n/a	S	S	n/a					
b. Demonstrate ability to discuss the uses and implication of psychotropic medications	n/a	S	S	n/a					
c. Identify the major classification of psychotropic medications.	n/a	S	S	n/a					
d. Identify common barriers to maintaining medication compliance.	n/a	S	S	n/a					
e. Explain the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications.	n/a	S	S	n/a					
Faculty Initials	LM	CP	LM	BS					

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/Make up	Final
a. Identify the need for the community resources-detox unit available to patients with a mental illness.	n/a	S	n/a	n/a					
b. Discuss recommendations for referrals to appropriate community resources and agencies.	n/a	S	n/a	n/a					
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/a	S	n/a	n/a					
d. Attend Narcotics/Alcoholics Anonymous meeting. (Alcoholics/Narcotics Anonymous at the Artisans of Sandusky Observation)	n/a	n/a	n/a	S					
Faculty Initials	LM	CP	LM	BS					

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/Make up	Final
Competencies:	n/a	n/a	n/a	n/a					
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.	n/a	n/a	S	n/a					
Faculty Initials	LM	CP	LM	BS					

Comments:

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)	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.	n/a	n/a	S	n/a					
c. Illustrate active engagement in self-reflection and debriefing.	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.	n/a	S	S	S					
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect.	n/a	S	S	S					
f. Follow the standards outlined in the FRMCSN policy, “Student Conduct While Providing Nursing Care.”	n/a	S	S	S					
Faculty Initials	LM	CP	LM	BS					

Comments:

Week 2 7a: I did not truly take care of any patients at the detox unit 1:1, but I did observe an intake and medication being given and was conscious to be respectful and kind at all times. I made sure to not make any of the patients feel uncomfortable or that judgement of their current situation was being made in any way.

Week 3 7a: My patient this week had some confusion due to hypoxic encephalopathy she had suffered during cardiac arrest. I felt my patient safety and hands-on patient care went well this week, as I sat with my patient at times to keep her from falling out of a chair, as well as assisting with feeding, bathing, and brief care. Great job, Alyssa! You knew that your patient’s safety was top priority. I am glad you were able to experience the hospice unit to witness and participate in the nursing care. LM

Week 4 7a: This week at AA I feel I my strength was active listening. Even though we were meeting virtually, I found myself still referencing the SOLER method to make sure each member of the group knew I took active interest in what they were saying, and that I cared about the struggles they are currently having. **Excellent job! BS**

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Total Points Comments
Nursing Diagnosis: (3 points) Problem Statement (1) Student Name: Etiology (1) Defining Characteristics (1)	Total Points Comments: Clinical Date:
Goal and Outcome (6 points total) Goal Statement (1 point) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)	Total Points Comments:
Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)	Total Points Comments:
Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue//modify/terminate (1) Signature (1)	Total Points Comments:
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 = Comments:

Nursing Care Plan Grading Tool
Psychiatric Nursing
2020

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

<u>vSim Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory	vSim					
	(Bipolar Scenario) Sharon Cole	(Lab/ Acute Detox Scenario) Andrew Davis	(Cultural Scenario) Linda Waterfall	(The Personality of Sandra Littlefield Scenario)	(Alzheimer's Disorder) George Palo	(PTSD Scenario) Randy Adams
	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	S			
Faculty Initials	LM	LM	BS			
Remediation: Date/Evaluation/Initials	NA	NA	NA			

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
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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: