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

Student: Tamara Ryan   **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)

EBP presentations
Hospice Reflection Journal
Virtual Simulation Scenarios

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments

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

<div align="center">**PERFORMANCE CODE**</div>

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: a. Demonstrate an understanding of the relationship between mental health, physical health, and environment for those patients diagnosed with a mental disorder.	N/A	N/A	S	S	N/A				
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder.	N/A	N/A	S	S	N/A				
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	N/A				
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care	N/A	N/A	S	S	N/A				
e. Recognize normal versus non-normal behavior patterns in terms of developmental milestones. (Erickson).	N/A	N/A	S	S	N/A				
f. Develop and implement an appropriate nursing therapy group activity.	N/A	N/A	~~S~~ NA	S	N/A				
g. Develop a geriatric physical/mental health assessment and education plan. (**Geriatric Assessment**)					N/A				
Faculty Initials	LM	CP	BS	LM	BS				
	No Clinical	No Clinical	1 South	1 SOUTH	AA/NA meeting				

Comments:

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

Week 3-1(f) This competency will become satisfactory when you develop and implement an appropriate nursing therapy group activity on your assigned date. BS

Week 4- (1f)- Tamara did an excellent job facilitating a nurse therapy group this week on 1-South. The goal was to identify triggers. The activity the patients completed was titled, "What bugs you"? The patients had to write down their triggers within the bug. Tamara then discussed healthy ways to cope when certain triggers are identified. Great job! LM

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)**	N/A	N/A	S	S	N/A				
b. Identify the individual patient's symptoms related to the psychiatric diagnosis. **(interpreting)**	N/A	N/A	S	S	N/A				
c. Demonstrate ability to identify the patient's use of coping/defense mechanisms. **(noticing, interpreting)**	N/A	N/A	S	S	N/A				
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. **(noticing, interpreting, responding, reflecting)**	N/A	N/A	~~S~~ U	S	N/A				
e. Apply the principles of asepsis and standard precautions.	N/A	N/A	S	S	N/A				
f. Practice use of standardized EBP tools that support safety and quality. **(noticing, responding)**	N/A	N/A	S	S	N/A				
Faculty Initials	LM	CP	BS	LM	BS				

Comments:
Week 3-2(d) Unfortunately, the nursing diagnosis you chose for your nursing care plan was not a NANDA approved nursing diagnosis. Please see the Nursing Care Plan Rubric at the end of this document for my feedback. The care plan will need to be revised in order to become satisfactory in this competency. Remember to address this U on your tool for Week 4. BS

Week 3-2(d) I fixed my nursing diagnosis to be NANDA approved. I did this by using my nursing pocket guide. In the future I will double check and use the rubric to make sure I follow the correct guidelines expected of me. **Tamara properly addressed the "U" she received for competency 2d for week #3. LM**

Week 4 (2c, f)- Tamara demonstrated the ability to identify patients use of coping/defense mechanisms during the nurse therapy group she facilitated on Wednesday on the 1-South unit. Tamara also researched an EBP article discussing smartphone applications for educating and helping non-motivated mental health patients to adhere to taking their medications. Tamara provided a detailed summary of the article and met all of the requirements for this activity. Great job! LM

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	N/A	S	S	N/A				
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~~ NA	N/A	N/A				
c. Identify barriers to effective communication. (noticing, interpreting)	N/A	N/A	S	S	N/A				
d. Construct effective therapeutic responses.	N/A	N/A	S	S	N/A				
e. Construct a satisfactory patient-nurse therapeutic communication. (Nursing Process Study)	N/A	N/A	N/A	N/A	S				
f. Posts respectfully and appropriately in clinical discussion groups.	N/A	N/A	~~S~~ NI	S	S				
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.	N/A	N/A	~~S~~ NI	S	S				
h. Teach patient/family based on readiness to learn and patient needs. (responding, reflecting)	N/A	N/A	S	S	N/A				
Faculty Initials	LM	CP	BS	LM	BS/CP				

Comments:

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

Week 3-3(f, g) Unfortuantely these competencies had to be changed to an "NI" due to the fact your care plan was completed incorrectly with a nursing diagnosis that is not NANDA approved, and you identified the patient by her name in your CDG post. Although you only used the patient's first name, you described

Objective 3-3 f,g: I corrected my nursing diagnosis to be NANDA approved. I will now use the back of the pocket guidebook for reference to find an appropriate nursing diagnosis in the future. I had also forgot about not using the patient's name even if it is the first name only. I corrected this and, in the future, refer to the person as "patient, he ,or she. I can also use the patient's initials only to help describe the patient . I will take my time in the future and go slower to make sure I do not make little mistakes. Thank you for addressing this. LM

* 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.	N/A	N/A	~~N/A~~ S	S	N/A				
b. Demonstrate ability to discuss the uses and implication of psychotropic medications	N/A	N/A	S	S	N/A				
c. Identify the major classification of psychotropic medications.	N/A	N/A	S	S	N/A				
d. Identify common barriers to maintaining medication compliance.	N/A	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	N/A	S	S	N/A				
Faculty Initials	LM	CP	BS	LM	BS				

Comments:
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

Week 4 (4b, e)- Tamara, you properly discussed in your CDG post for this week your patient's use of psychotropic medications, listed the potential side effects, and identified appropriate nursing interventions.   Great job! LM

* 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	N/A	N/A	N/A	N/A				
b. Discuss recommendations for referrals to appropriate community resources and agencies.	N/A	N/A	N/A	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	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	N/A	N/A	S				
Faculty Initials	LM	CP	BS	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: a. Demonstrate competence in navigating the electronic health record.	N/A	N/A	S	S	N/A				
b. Demonstrate satisfactory documentation of physical and psychiatric assessments and nursing notes utilizing the electronic health record.	N/A	N/A	S	S	N/A				
Faculty Initials	LM	CP	BS	LM	BS				

Comments:

Week 4 (6a, b)- Tamara, you displayed competence navigating through the EMR this week while documenting each patient's attendance for the nurse therapy group. You also accurately documented your observations for each patient who attended the nurse therapy group on Wednesday. Great job! LM

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

Comments:

WEEK 7a: strength I had for this clinical was communicating and starting a conversation with the patient. I think it is hard to know where to start but I am good at finding something the patient likes and to talk on that. **Great job! You did an excellent job in clinical this week. Keep up all your hard work! BS**

Week 4 (7a)- A strength I had this week was observing. I think I noticed body language and how some patients reacted to others. Being a people watcher can be beneficial at times. **You recognized various non-verbal actions between the patients this week. You informed me about a situation that was unfolding between a few patients; recognizing that one patient was leaving notes on top of the T.V. and another patient would walk by and retrieve the notes. You did a great job identifying the "games" the patients were playing amongst each other and reported this. Thank you and great observation! LM**

Week 5 (7a)- A strength I had this week was just observing. During the AA/NA meeting some of the people went in depth about what they have been through and sometimes just listening to them is therapeutic and letting them talk it out. **Great job! BS**

Nursing Care Plan Grading Tool

2020

		Psychiatric Nursing
Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	Non-compliance R/T not taking medications Ineffective coping R/T self-induced vomiting	
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating student name: tamara anyan	Total Points: 0 Comments: Tamara, unfortunately the nursing diagnosis you have chosen is not a NANDA approved nursing diagnosis. If you refer to your "Pocket Guide To Psychiatric Nursing" text book (green little book), on page 646-653 there is a list of NANDA approved nursing diagnoses you could choose from. Remember, your priority nursing diagnosis should be psych related. Might I suggest you look into the diagnosis related to ineffective coping? How would this apply to your patient and her bulimia? Please let me know if you have questions or need assistance. BS Clinical Date: 7/7/2020- 7/8/2020	

Nursing Diagnosis: (3 points)
   Problem Statement (1)-(1)
   Etiology (1)-(1)
   Defining Characteristics (1)-(1)
	Total Points: 3
	Comments: Excellent job! Nursing diagnosis is appropriate for your patient and defining characteristics are concise and well written. BS	

Goal and Outcome (6 points total)
Goal Statement (1 point)-(1)
Outcome:
   Specific (1)-(1)
   Measurable (1)-(1)
   Attainable (1)-(1)
   Realistic (1)-(1)
   Time Frame (1)-(0)
	Total Points: 5
	Comments: Great job! Your goal statement is written correctly. Your outcome statements are nicely done as well, but remember to include a time frame. For example, you could make your time frame by discharge. BS	

Nursing Interventions: (8 points total)
   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)-(1/2)
	Total Points: 7.5
	Comments: Excellent job! Your nursing interventions are very nicely done. My only feedback would be that I feel as if you should have included an intervention related to the patient taking her medications. It is important that she takes her medications in order to have successful coping skills as well. Overall, these were very nicely done. BS	

Evaluation: (5 points total)
   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: Great job! BS	

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 = 20.5/22 Comments: Revised care plan is satisfactory. Excellent job! BS	

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

vSim Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	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
	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	S		
Faculty Initials	BS	BS	LM	BS		
Remediation: Date/Evaluation/Initials	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: