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

Student: Erica Vargas   **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:	ABSENCE (Refer to Attendance Policy)			
Clinical Patient Profile	Date	Number of Hours	Comments	Make Up (Date/Time)
Documentation				
Evaluation of Clinical Performance Tool				
Onsite Clinical Debriefing				
Online Discussion Rubric				

* End-of-Program Student Learning Outcomes

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

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.

* End-of-Program Student Learning Outcomes

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.	S	NA	NA	S	NA				
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder.	S	NA	NA	S	NA				
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	NA	NA	S	S				
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care	S	NA	NA	S	NA				
e. Recognize normal versus non-normal behavior patterns in terms of developmental milestones. (Erickson).	S	NA	NA	S	NA				
f. Develop and implement an appropriate nursing therapy group activity.	NA	NA	NA	S	U				
g. Develop a geriatric physical/mental					NA				

* End-of-Program Student Learning Outcomes

health assessment and education plan. (**Geriatric Assessment**)									
Faculty Initials	MD	CP	LM	LM	BS				
Clinical Location	1S	NA	NA (No clinical)	1S	Stein Hospice				

Comments:
Week 1 1A-G-You did very well with participating in this competency. MD
Week 3 – Erica did not have clinical this week therefore an NA was placed for each competency. LM
Week 4 (1f)- Erica, you did an excellent job facilitating a nurse therapy group this week on 1-South. The goal was to identify and create adaptive coping strategies. The activity included having the patients write an adaptive and maladaptive coping skill on an index card.   Then Erica provided a handout discussing healthy coping strategies for the patients. You also did an excellent job identifying the correct leadership style used during group therapy on the 1-South unit. LM

Week 5-1(c) Excellent job assisting your nurse with caring for the patients on the inpatient Stein Hospice unit. You were able to satisfactorily achieve this competency. BS

Week 5-1(f) Unfortunately, you did not self-rate this competency, therefore it is an automatic "U." Please remember to double check that you have self-rated all competencies before submitting your clinical tool. Remember, a "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool the following week. The student response must include how the competency has been or will be met at a satisfactory level. 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

* End-of-Program Student Learning Outcomes

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

Comments:

Week 1 2A-F- This competency was met this week during your clinical rotation. You achieved competency in all areas. MD

Week 4 (2b, c, f)- Erica, you identified your patient's symptoms related to the psychiatric diagnosis and demonstrated the ability to identify patients' use of coping/defense mechanisms during the nurse therapy group you facilitated Tuesday on the 1-South unit. You facilitated a nurse therapy group discussing adaptive and maladaptive coping skills. You provided coping strategies for the patients to use when they encounter their stressors. You also researched an EBP article addressing suicide prevention training for health care professionals. You provided a detailed summary of the article and met all of the requirements for this activity. Great job! 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.	S	NA	NA	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~~ S	NA	NA	S	NA				
c. Identify barriers to effective communication. **(noticing, interpreting)**	S	NA	NA	S	S				
d. Construct effective therapeutic responses.	S	NA	NA	S	S				
e. Construct a satisfactory patient-nurse therapeutic communication. (**Nursing Process Study**)					S				
f. Posts respectfully and appropriately in clinical discussion groups.	S	NA	NA	S	S				
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.	S	NA	NA	S	S				
h. Teach patient/family based on readiness to learn and patient needs. **(responding, reflecting)**	S	NA	NA	S	NA				

* End-of-Program Student Learning Outcomes

Faculty Initials	MD	CP	LM	LM	BS/DC				

Comments:

Week 1 3B-You were able to communicate in debriefing in the SBAR format when discussing your patient. MD

Week 4 (3a, c, f, h)- Erica, you illustrated therapeutic communication with the patients on the 1-South unit this week as you interacted with the patients in the common area as well as during group therapy, which you facilitated. You recognized potential barriers to effective communication and you responded to patients' needs by answering questions during the nurse therapy session. You did an excellent job on your CDG post this week. Great job! LM

Week 5-3(a,c,d) Excellent job therapeutically communicating with the patients and their families while in your hospice clinical. BS

Week 5-3(e) You received an "S" with a total score of 100/100. You did a superb job on your Nursing Process Recording. You were descriptive concerning all criteria and made an appropriate nursing diagnosis with achievable measurable objectives. Great job, Erica! DC

Week 5-3(f) Erica, you did an excellent job with your hospice reflection journal. Thank you so much for sharing your experience and feelings. It is great that this was your favorite clinical experience thus far. I am glad that this clinical experience clarified your perspective of hospice, and demonstrated to you that death doesn't have to be a scary and uncomfortable process for patients and their families. Rather, it can be comfortable and peaceful, and patients do not have to be alone. BS

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

Comments:
Week 1 4A-We discussed in depth about medication administration during clinical. MD

* End-of-Program Student Learning Outcomes

Week 4 (4b, e)- Erica, 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

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.	~~S~~ NA	NA	NA	NA	NA				
b. Discuss recommendations for referrals to appropriate community resources and agencies.	S	NA	NA	S	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	~~S~~ NA	NA				
d. Attend Narcotics/ Alcoholics Anonymous meeting. **(Alcoholics/Narcotics Anonymous at the Artisans of Sandusky Observation)**	NA	NA	NA	~~S~~ NA	NA				
Faculty Initials	MD	CP	LM	LM	BS				

* End-of-Program Student Learning Outcomes

Comments:

Week 1 5A-You will achieve this competency during your detox rotation. MD

Week 4 (5c, d)- Erica is not scheduled for the detox clinical or the NA/AA virtual meeting until later in the semester. LM

* 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	NA	S	NA					
b. Demonstrate satisfactory documentation of physical and psychiatric assessments and nursing notes utilizing the electronic health record.	S	NA	NA	S	NA					
Faculty Initials	MD	CP	LM	LM	BS					

Comments:
Week 1 6A-B- You did very well with accessing the EHR and documenting on the patients. MD

Week 4 (6a, b)- Erica 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 Tuesday. 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)**	S	NA	NA	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	NA	S	NA				
c. Illustrate active engagement in self-reflection and debriefing.	S	NA	NA	S	S				
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE" – attitude, commitment, and enthusiasm during all clinical interactions.	S	NA	NA	S	S				
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect.	S	NA	NA	S	S				
f. Follow the standards outlined in the FRMCSN policy, "Student Conduct While Providing Nursing Care."	S	NA	NA	S	S				
Faculty Initials	MD	CP	LM	LM	BS				

Comments:

7A. This week I was nervous going to clinicals this week. I felt like I did not know how I would go about on approaching the patient and starting a conversation. My strength this was able to start a conversation with a patient and try to help a patient on some coping skills. I told my patient that I was there to listen and he felt comfortable telling me about his situation and we found ways to cope on stress. Excellent! MD

7A. This week I felt way comfortable than the first clinical I had. I felt like I had more experience and knew on how to approach the patient. This week's strength was able to help my patient understand the importance of using good coping skills. Not every coping skill will work for everyone and it is important to find one that works best on ourselves. I also was able to have patient open up to me about her problems. Patient thanked me because was there for a few days and felt hopeless. My advice I told her was that sometimes it is not to keep all your problems bottled up because it can effect you. There is always a time where we can just let loose and cry. Erica, you did an excellent job connecting with your patient, building a rapport. She felt comfortable enough opening up to you and you helped her create healthy coping strategies. Great job in clinical this week! LM

7A This week honestly has been one the greatest clinical experience I have had so far. My strength was using therapeutic skills with patient's and their loved ones. I made sure that the patients were comfortable and helped with the needs if possible. My strength was learning a lot of things from hospice. I learned that methadone must be given during inpatient stay to see effectiveness. Melissa was such a great nurse and explained what subcutaneous buttons were and how those are also only done inpatient. I learned about the tranquility briefs sometimes patients are in so much pain that moving them is just terrible so they use these briefs that absorb a lot urine without giving the patients sores. Excellent job, Erica! I am so glad you enjoyed this clinical experience. Keep up all your great work! BS

Nursing Care Plan Grading Tool
Psychiatric Nursing
2020

Student Name:	**Clinical Date:**

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	Risk For Self-Directed Or Other-Directed Violence Related To Negative Language
**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
Goal Statement (1 point) 1
Outcome:
    Specific (1) 1
    Measurable (1) 1
    Attainable (1) 1
	Total Points 5
	Comments: Remember, a goal statement must be present in all care plans. MD

Realistic (1) 1 Time Frame (1) 1	

Nursing Interventions: (8 points total) 7
  Prioritized (1) 1
  What (1) 1
  How Often (1) 0
  When (1) 1
  Individualized (1) 1
  Realistic (1) 1
  Rationale (1) 1
  All pertinent interventions listed (1) 1
	Total Points 7
	Comments: Only two of your three interventions had how often the intervention should be performed. This must be in all interventions. 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: This section was well done. 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 = 20 Comments: Overall, excellent job! MD

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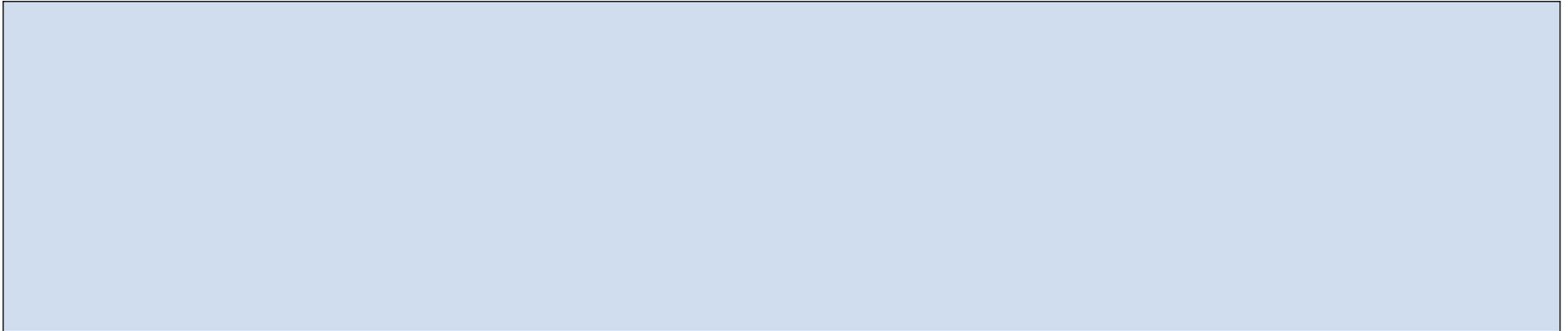Psychiatric Nursing 2020
Simulation Evaluations

	vSim

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