

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

Student: Makayla Crossan

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
7/3/2020	1	Missing portion of VSim- makeup completed on 7/6/2020
7/17/2020	2	Missing portion of VSim (Make-up completed on 7/19/2020) BS

* 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:	NA	S	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.	NA	S	S	S	s				
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder.	NA	NA	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.	NA	NA	S	S	s				
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care	NA	S	S	S	s				
e. Recognize normal versus non-normal behavior patterns in terms of developmental milestones. (Erickson).	NA	S	S	S	s				
f. Develop and implement an appropriate nursing therapy group activity.	NA	S	S	S	NA				
g. Develop a geriatric physical/mental health assessment and education plan. (Geriatric Assessment)					NA				
Faculty Initials	FB	MD	DC	CP	BS				
ical ation	No clinical	NA/AA MEETIN G	1S Day 1&2	1S Day 3&4	Detox Unit				

* End-of-Program Student Learning Outcomes

Comments:

Week 3 (1 a-f) – During these clinical days you recognized your patient’s need for improved coping skill and helped them through therapeutic communication. You and your partner did a great job during your current. You connected with the patients and many of them addressed their appreciation after group. Great job! DC

Week 5-1(a-e) Makayla, excellent job attending the Erie County Health Department Detox Unit this week in which you met 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:	NA	NA	S	S	S				
a. Assemble a health history which includes past and current history of mental and medical health issues and chief reason for hospitalization. (noticing)	NA	NA	S	S	S				
b. Identify the individual patient’s symptoms related to the psychiatric diagnosis. (interpreting)	NA	S	S	S	S				
c. Demonstrate ability to identify the patient’s use of coping/defense mechanisms. (noticing, interpreting)	NA	S	S	S	S				
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. (noticing, interpreting, responding, reflecting)	NA	NA	S	S	NA				
e. Apply the principles of asepsis and standard precautions.	NA	NA	S	S	S				
f. Practice use of standardized EBP tools that support safety and quality. (noticing, responding)	NA	NA	S	S	S				
Faculty Initials	FB	MD	DC	CP	BS				

Comments:

Week 3 2(a-f) – You did a good job of researching your patient’s history and correlating their current admission. You determined an appropriate care plan for the patient and if there was any need for change. DC

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

Comments:

Week 3 (3 f) – Good job with your CDG this week. Please see additional comments within the care plan rubric. DC

* End-of-Program Student Learning Outcomes

Week 4 Objective 3f: Great work on your discussion post. In your discussion you shared "setting boundaries" as creating a culture of safety. You also shared several examples to support this factor. Establishing boundaries and adhering to them can definitely promote a culture of safety. You also shared "One of the biggest things i took away from the groups was teaching the patients that mental illness is nothing to be ashamed of and if you feel yourself falling down it is never wrong to ask for help." This is great information to share with patients. Great work Makayla!

Week 5-3(a,d)-Excellent job therapeutically communicating with the patients this week while in clinical. BS

Week 5-3(e) Nursing Process Recording-Makayla-you received a satisfactory for this competency with a score of 77.5/100. Please review all of the comments on the rubric and throughout the document. If you have any questions please ask. MD

Week 5-3(f) You did an excellent job with your CDG this week. Keep up all your great work! 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	NA	NA	NA	S NA				
b. Demonstrate ability to discuss the uses and implication of psychotropic medications	NA	NA	S	S	S NA				
c. Identify the major classification of psychotropic medications.	NA	NA	S	S	S NA				
d. Identify common barriers to maintaining medication compliance.	NA	NA	S	S	S NA				
e. Explain the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications.	NA	NA	S	S	S NA				
Faculty Initials	FB	MD	DC	CP	BS				

Comments:

Week 3 (4 b-e) – You successfully communicated your patient’s medications, their classes, effects and interactions of these medications. DC

Week 5-4(a-e) You did not have to discuss medications 1:1 with your instructor, or within your CDG this week. Therefore, these competencies have been changed to “NA.” 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	S	S				
b. Discuss recommendations for referrals to appropriate community resources and agencies.	NA	S	S	S	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	S				
d. Attend Narcotics/Alcoholics Anonymous meeting. (Alcoholics/Narcotics Anonymous at the Artisans of Sandusky Observation)	NA	S NA	NA	NA	NA				
Faculty Initials	FB	MD	DC	CP	BS				

Comments:

Week 2 5D- This competency cannot be evaluated at this time until your CDG is completed for the AA meeting. MD

Week 3 (5 a, c, d) – Makayla was in 1 South clinicals this week. DC

* 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:	NA	NA	S	S	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	NA	S	NA	NA				
Faculty Initials	FB	MD	DC	CP	BS				

Comments:

Week 3 (6 a,b) – Makayla successfully documented for the nursing therapy group. She was able to appropriately look up her patient’s health history in the electronic health record. DC

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

Comments:

WEEK 2: 7a: One strength of care delivery I felt I did well with was the ability to listen to the participants in the NA meeting and relate to them with my own personal experiences. I felt this helped them to know that they were not alone in their fear of the unknown future with this Covid pandemic. Great! MD

WEEK 3 7a: One strength of care delivery I felt I did well with was the ability to listen to patients with a non-judgmental mind set and give education on health stress management techniques. You did great with the patients! You were actively listening but were able to talk with them to discussing positive coping skills and to create trust. Good job! DC

WEEK 4 7a: One strength of care delivery I felt I did well in was offering education on anger management techniques to help a patient control his emotions better. You did a great job interacting with patients and offering techniques to assist in recognizing and controlling emotions. Nice job! CP

WEEK 5 7a- I felt I had great strength in explaining the medication regimen to a patient when she asked about how medications were giving within the detoxification unit. Great job! BS

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	7/10/2020
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Total Points 18 Comments Risk for Suicide
Nursing Diagnosis: (3 points) Student Name: Problem Statement (1) 1 Etiology (1) 0 Defining Characteristics (1) 1	Total Points 2 Clinical Date: Comments: Nursing diagnosis should include the etiology (R/T). Under you aeb you would then include the defining characteristics. Remember that defining characteristics must be specific and individualized to the patient. For example, when listing 'disturbed sleeping patterns,' is she dealing with insomnia, increase sleep, etc.DC
Goal and Outcome (6 points total) Goal Statement (1 point) Outcome: Specific (1) 0 Measurable (1) 0 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1	Total Points 3 Comments: No goal statement was listed. Continue to increase specificity of your outcomes.DC
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	Total Points 8 Comments: Good nursing interventions. All requirements fulfilled. DC
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: Evaluation was complete and appropriate. DC
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 = 18 Comments: Overall, nice job. Your care plan was individualized and appropriate for your patient. Remember that you do need to increase in your specificity and measurability for your characteristics, goals and outcomes. DC

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	(Acute Detox Scenario) Andrew Davis	(Cultural Scenario) Linda Waterfall	(Personality Scenario) Sandra Littlefield	(Alzheimer'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	U	S	U	S		
Faculty Initials	MD	DC	BS	BS		
Remediation: Date/Evaluation/Initials	S	NA	S 7/19/2020 BS	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: