

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

Student:

Hannah Schoen

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

ABSENCE (Refer to Attendance Policy)

Date Number of Hours **Comments** **Make Up (Date/Time)**

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.

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

* End-of-Program Student Learning Outcomes

g. Develop a geriatric physical/mental health assessment and education plan. (Geriatric Assessment)					S				
Faculty Initials	LM	CP	LM	MD	BS	MD	BS		
Clinical Location	NA (No clinical)	Detox	NA (No clinical)	Hospice	AA	1S	1S		

Comments:

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

Week 3 - Hannah did not have clinical this week therefore all objectives and competencies are NA. LM

Week 5-1(g) Hannah, you have received an “S” for the Geriatric Assessment Assignment with a total score of 82/100. Overall, you did a very nice job on this assignment. One point was deducted because there was no score calculated on the Cognitive Assessment (Clock Drawing). One point was deducted for using a nursing diagnosis that was not NANDA approved, and an additional point was deducted because one of your outcome statements was not measurable. Four points were deducted for an incomplete education prioritization section, and lack of detail and information related to education barriers. One point was deducted from the teaching content and methods used for education due to minimal content included in the outline for teaching content. In relation to the paper, six points were deducted for an overall lack of detail and information related to the physiological and psychological changes of aging. The majority of the paper was just a summarization of all your findings from the assessment. Four points were deducted for APA errors. Please be sure to review all my feedback throughout the entire assessment. Please do not hesitate to reach out if you have any questions or concerns. BS

Week 6 1A-E-Hannah-you did an excellent job performing in all of these competencies while on 1S. You were very involved with the patients and you really expressed compassion to the patients. MD

Week 7-1(a-e) Hannah, you did an excellent job during your clinical rotation in 1 South this week in which you were able to satisfactorily meet all of these competencies. BS

Week 7-1(f) Hannah, you did an excellent job developing and implementing an appropriate nursing therapy group activity in clinical this week. You discussed relaxation techniques with the patients, provided them with a relaxation educational hand out, completed a “Letting Go” worksheet activity with them, and played a guided imagery relaxation video for them as well to help them relax. Excellent 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)	NA	NA	NA	S	NA	S	S		
b. Identify the individual patient's symptoms related to the psychiatric diagnosis. (interpreting)	NA	S	NA	S	NA	S	S		
c. Demonstrate ability to identify the patient's use of coping/defense mechanisms. (noticing, interpreting)	NA	S	NA	S	NA	S	S		
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. (noticing, interpreting, responding, reflecting)	NA	NA	NA	NA	NA	S	NA		
e. Apply the principles of asepsis and standard precautions.	NA	S	NA	S	NA	S	S		
f. Practice use of standardized EBP tools that support safety and quality. (noticing, responding)	NA	NA	NA	S	NA	S	S		
Faculty Initials	LM	CP	LM	MD	BS	MD	BS		

* End-of-Program Student Learning Outcomes

Comments:

Week 6 2A-F- You performed well in this section of competencies. You developed a very detailed history of your patient in your CDG including symptoms that the patient was experiencing. Great job! MD

Week 7-2(f) Excellent job with your EBP article presentation in debriefing about assessing anxiety in healthcare workers and professionals who are working on the frontlines against Covid-19. 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.	NA	S	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	S	NA	S	NA	S	S		
c. Identify barriers to effective communication. (noticing, interpreting)	NA	S	NA	S	NA	S	S		
d. Construct effective therapeutic responses.	NA	S	NA	S	NA	S	S		
e. Construct a satisfactory patient-nurse therapeutic communication. (Nursing Process Study)					NA				
f. Posts respectfully and appropriately in clinical discussion groups.	NA	S	NA	S	S	S	S		
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.	NA	S	NA	S	S	S	S		
h. Teach patient/family based on readiness to learn and patient needs. (responding, reflecting)	NA	NA	NA	S	NA	S	S		

* End-of-Program Student Learning Outcomes

Faculty Initials	LM	CP	LM	MD	BS	MD	BS		
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Week 5-3(f) Excellent job with your CDG post. Your responses reflected much thought and were very detailed. It is clear that you have a very good understanding of substance abuse, and the current trends, issues, and risk factors associated with it. Keep up the great work! BS

Week 6 5A-H-Excellent job this week with this competencies. You wrote an excellent CDG. You did really well with having therapeutic communication with the patients on 1S. MD

Week 7-3(a, f) Hannah, 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

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

Comments:

* End-of-Program Student Learning Outcomes

Week 6 4A-E-This week you were able to complete a very detailed medication list on your patient and discuss safe administration of the medications. Great job! MD

Week 7-4(a-e) Hannah, you did an excellent job discussing the safe administration of medications 1:1 on with me this week in clinical, as well as discussing the uses, classifications, side effects, pertinent nursing interventions and assessments for medications, and barriers to maintaining medication compliance within your CDG. Great job! BS

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

* End-of-Program Student Learning Outcomes

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

Comments:

Week 6 6A-B-Great job with these competencies. You demonstrated confidence and proficient skill with the electronic medical record and documentation. MD

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

Comments:

7A Week 2: I found a strength in being familiar with the drugs that are administered to patients going through an alcohol withdraw such as Ativan. I was able to identify this medication as a crucial medication utilized for patients enduring alcohol withdraw. It is important to administer every two hours to avoid severe withdrawal side effects. It is important to become familiar with specific medications, because they can significantly affect an individual going through the withdraw process. **Great work Hannah! CP**

7A Week 4: I found a strength in being able to show compassion while communicating with the patients on the inpatient hospice unit. I was able to communicate in a therapeutic way, which is important when caring for patients who are enduring the end of their life. I engaged in meaningful conversation with these patients, and even was given life advice from them which I will utilize in my lifetime. **This is great! Keep up the great work! MD**

7A Week 5: I found a strength in being able to listen to the individuals during the AA meeting. Sharing a personal story can contribute to a successful recovery journey, and sometimes individuals just want someone to provide a listening ear. **Excellent job! BS**

7A Week 6: I found a strength in being able to actively participate in activities with the patients. I was able to engage in conversation, as well as participate in playing games with them. I was able to form a relationship of trust with the patients I spoke to. **You did an amazing job with this! Great job this week! MD**

7A Week 7: I found a strength in being positive, and finishing this summer semester strong. It was difficult to have my 1 S clinicals the final two weeks of the semester and I found myself really stressed. This semester was challenging for me, but I am proud of how I have put forth my best effort despite the change in the course due to COVID. **Great job! BS**

Week 7-7(b) Excellent job discussing factors that create a culture of safety within your CDG this week. BS

Student Name:

Clinical Date:

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	Risk for Suicide
**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: Great job! MD
Goal and Outcome (6 points total) 6 Goal Statement (1 point) 1 Outcome: Specific (1) 1 Measurable (1) 1 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1	Total Points 6 Comments: Very detailed and well written. MD
Nursing Interventions: (8 points total) 7 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) 0	Total Points 7 Comments: Assessing for suicidal behavior should be one of your interventions every 15 minutes. Otherwise great job! MD
Evaluation: (5 points total) 4 Date (1) 0 Goal Met/partially/unmet (1) 1 Defining characteristics (1) 1 Plan to continue//modify/terminate (1) 1	Total Points 4 Comments: This section needs a date associated with it. Otherwise wonderful job. MD

Signature (1) 1	
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: Excellent! MD Satisfactory Care Plan-MD

Psychiatric Nursing 2020
Simulation Evaluations

<u>vSim Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory	vSim					
	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	S	S
Faculty Initials	LM	LM	MD	BS	MD	BS
Remediation: Date/Evaluation/Initials	NA	NA	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: