

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

Student: Melissa Wildman

Final Grade: Satisfactory/Unsatisfactory

Semester: Summer Session

Date of Completion: 8/11/2020

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: Devon Cutnaw, RN

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	
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	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	N/A	S	N/A	S	S	N/A	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	N/A	S	N/A	S	S	N/A	S	
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care	N/A	N/A	N/A	N/A	N/A	S	S	N/A	S	
e. Recognize normal versus non-normal behavior patterns in terms of developmental milestones. (Erickson).	S	N/A	N/A	N/A	N/A	S	S	N/A	S	
f. Develop and implement an appropriate nursing therapy group activity.	N/A	N/A	N/A	N/A	N/A	S	S NA	N/A	S	
g. Develop a geriatric physical/mental health assessment and education plan. (Geriatric Assessment)					S			N/A	S	
Faculty Initials	LM	CP	LM	BS	CP	MD	BS	DC	DC	
	ERIE COUNTY DETOX UNIT	N/A	N/A (No clinical)	Stein Hospice inpatient	No clinical	1-south	NA/AA 1 south	N/A (No clinical)		

nical
ation

* End-of-Program Student Learning Outcomes

Comments:

Week 1 (1e) – Melissa attended the Erie county detox center this week. She recognized various psychosocial developmental stages among the patients on the unit. LM
 Week 3 – Melissa did not have clinical this week therefore she received an NA for each competency. LM

Week 4-1(a-c) Excellent job assisting your nurse with caring for the patients on the inpatient Stein Hospice unit. You were able to satisfactorily achieve all of these competencies. BS

Week 5 Objective 1g: One point was deducted from your Geriatric Health Questionnaire for lacking a patient signature. For both Education Prioritization/Barriers to Education and Teaching Content/Methods used for Education 2.5 points were deducted each for lack of additional education. Your education prioritization did not match with your listed outcomes. More information is needed concerning the opportunities for education (rather than listing just the name of the opportunity). Remember that your need to use SMART as you have with previous care plans. You also did not provide any details on your instruction other than listing ‘Discussion.’ Five point were deducted concerning research/references. You listed four references but only one was cited within your text. Two points were deducted due to improper in-text citing throughout your paper. You did a good job relating the physiological and psychological changes that were appropriate to your patient and your assessment was done properly. For the future, remember to double-check your APA and spelling/grammar to avoid losing point in these areas. Be as descriptive and specific when completing any plans of education/care. DC

Week 6 1A-F- Melissa- you did a great job this week with these competencies. MD

Week 7-1(a-e) Melissa, 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) This week you were not assigned to develop and implement an appropriate nursing therapy group activity for the patients, therefore, this competency is graded as “NA.” 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)	N/A	N/A	N/A	S	N/A	S	S	N/A	S
b. Identify the individual patient’s symptoms related to the psychiatric diagnosis. (interpreting)	N/A	N/A	N/A	S	N/A	S	S	N/A	S
c. Demonstrate ability to identify the patient’s use of coping/defense mechanisms. (noticing, interpreting)	N/A	N/A	N/A	S	N/A	S	S	N/A	S

* End-of-Program Student Learning Outcomes

d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. (noticing, interpreting, responding, reflecting)	N/A	N/A	N/A	N/A	N/A	S	S NA	N/A	S
e. Apply the principles of asepsis and standard precautions.	S	N/A	N/A	S	N/A	S	S	N/A	S
f. Practice use of standardized EBP tools that support safety and quality. (noticing, responding)	N/A	N/A	N/A	S	N/A	S	S	N/A	S
Faculty Initials	LM	CP	LM	BS	CP	MD	BS	DC	DC

Comments:

Week 6 2A-F-Your health history and symptoms your patient was having was very detailed and full of great information. You did a great job with all of these competencies. MD

Week 7-2(d) This competency has been changed to “NA” because you were not required to, and did not formally develop a prioritized nursing care plan for you patient in clinical this week. 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.	S	N/A	N/A	S	N/A	S	S	N/A	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	N/A	N/A	N/A	S	S	N/A	S
c. Identify barriers to effective communication. (noticing, interpreting)	S	N/A	N/A	S	N/A	S	S	N/A	S
d. Construct effective therapeutic responses.	N/A	N/A	N/A	S	N/A	S	S	N/A	S
e. Construct a satisfactory patient-nurse therapeutic communication. (Nursing Process Study)					N/A			S	S
f. Posts respectfully and appropriately in clinical discussion groups.	S	N/A	N/A	S	N/A	S	S	N/A	S
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.	S	N/A	N/A	S	N/A	S	S	N/A	S
h. Teach patient/family based on readiness to learn and patient needs. (responding, reflecting)	N/A	N/A	N/A	N/A	N/A	S	S	N/A	S
Faculty Initials	LM	CP	LM	BS	CP	MD	BS	DC	DC

Comments:

Week 1 (3a, c, f, g)- Melissa had the opportunity to utilize therapeutic communication skills with the staff and patients at the Erie county detox center this week. Melissa identified potential communication barriers appropriately and respected HIPAA regulations during and after attending the detox center. Melissa posted the required CDG in a timely manner and provided substantive answers to each question. Melissa also provided an in-text citation and reference. Remember to use proper APA format. Please review APA format within your resources on Edvance. Great job! LM

* End-of-Program Student Learning Outcomes

Week 4-3(a,c,d) Excellent job therapeutically communicating with the patients and their families while in your hospice clinical. BS

Week 4-3(f) Melissa, you did an excellent job with your hospice reflection journal. Thank you so much for sharing your experience and feelings. 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

Week 6 3F-Excellent job with your CDG this week! MD

Week 7-3(a,c,d) Melissa, you did an excellent job therapeutically communicating with the patients during your clinical rotation in 1 South this week. Keep up all your great work! BS

Week 7-3(f) You did an excellent job with both of your CDGs this week. Your answers were all very detailed and well thought out. Keep up all your great work! BS

Wk 8 (3 e) Your nursing process received a 100/100! Great job, Melissa! You did a nice job of analyzing your conversation with your patient. You had great nursing interventions and descriptions of non-verbal behavior. This was well organized. Keep up the good work! Devon

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

Comments:

Week 6 4A-We discussed the 6 rights to medication administration during post conference. You did a great job! MD

Week 7-4(a-e) Melissa, 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.	S	N/A	N/A	N/A	N/A	S	S	N/A	S
b. Discuss recommendations for referrals to appropriate community resources and agencies.	S	N/A	N/A	N/A	N/A	S	S	N/A	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)	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S
d. Attend Narcotics/Alcoholics Anonymous meeting. (Alcoholics/Narcotics Anonymous at the Artisans of Sandusky Observation)	N/A	N/A	N/A	N/A	N/A	N/A	S	N/A	S
Faculty Initials	LM	CP	LM	BS	CP	MD	BS	DC	DC

Comments:

Week 1 (5a-c)- Melissa identified the need for a detox center in Erie county. She also observed the care of patients with substance abuse while attending the detox center for clinical. LM

Week 7- 5(a,b,d) Excellent job attending the NA/AA meeting this week. You also did an excellent job with your CDG for this clinical experience as well. BS

* 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								S
a. Demonstrate competence in navigating the electronic health record.		N/A	N/A	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	N/A	N/A	N/A	S	S	N/A	S
Faculty Initials	LM	CP	LM	BS	CP	MD	BS	DC	DC

Comments:

Week 6 6A-B-You did an excellent job with navigating the electronic medical record and documenting. 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)	N/A	N/A	N/A	N/A S	N/A	S	S	N/A	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	N/A	N/A	N/A	S	S	N/A	S
c. Illustrate active engagement in self-reflection and debriefing.	N/A	N/A	N/A	N/A	N/A	S	S	N/A	S
d. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE” – attitude, commitment, and enthusiasm during all clinical interactions.	S	N/A	N/A	S	N/A	S	S	N/A	S
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect.	S	N/A	N/A	S	N/A	S	S	N/A	S
f. Follow the standards outlined in the FRMCSN policy, “Student Conduct While Providing Nursing Care.”	S	N/A	N/A	S	N/A	S	S	N/A	S
Faculty Initials	LM	CP	LM	BS	CP	MD	BS	DC	DC

Comments:

WEEK 1: 7A) I did not provide any direct care this week at clinical. I observed intake of patients into the detox center. (7e, f) - Melissa exhibited professional behavior and adhered to the FRMCSN student conduct policy while attending clinical at the Erie county detox center. Great job, Melissa! LM

WEEK 4:7A) I did not provide direct patient care with any patients that had mental illness. I did provide care to a patient that was going through the end of life stage with the assist of the nurse that I was observing. My strength was continuously reassuring patient by asking her if she was alright or in any pain and taking time with the patient as to not cause any added pain or grief. Great job! BS

WEEK 6: 7A) A strength that I identified during this clinical week was my ability to relate/empathize with the patients. I spent the morning speaking with a few of the patients about music and how it made them feel. An area of weakness that I identified with myself this week was my inability to engage in conversation with patients that did not appear approachable. I should have just tried. You did great. Some people are difficult to approach depending on what is going on with them. It is important to let them know you are there for them and be available if they want to discuss anything. MD

WEEK7: 7A) A strength that I identified during this week of clinicals is my ability to be open with the clients of different backgrounds and mental illness. I was able to communicate with them in a non-judgmental manner. **Melissa, you did an excellent job in clinical this week! You connected very well with the patients. Great job this semester! BS**

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

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	Ineffective Coping Mechanisms Related To Stress from work and family dynamics
**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) 5 Goal Statement (1 point) 0 Outcome: Specific (1) 1 Measurable (1) 1 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1	Total Points 5 Comments: You did not have a goal statement with your care plan. Remember this for your next care plan. MD
Nursing Interventions: (8 points total) 8 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: Wonderful 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: Awesome! 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 = 21 Comments: Awesome job! Satisfactory Care Plan-MD

Nursing Care Plan Grading Tool
Psychiatric Nursing
2020

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

<u>vSim Evaluation</u>	vSim					
	(Bipolar Scenario) Sharon Cole	Ab/ Acute Detox (Scenario) Andrew Davis	(Tutal Scenario) Linda Waterfall	(e Personality Scenario) Sandra Littlefield	(eimer'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	S	S	S	S	S	S
Faculty Initials	LM	LM	BS	CP	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: