

EVALUATION OF CLINICAL PERFORMANCE TOOL
Psychiatric Nursing- 2021
Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student:

Kendall Bigler

Final Grade: Satisfactory/Unsatisfactory

Semester: Summer Session

Date of Completion:

**Faculty: Brian Seitz MSN, RN, Kelly Ammanniti MSN, RN,
 Liz Woodyard MSN, RN, Brittany Lombardi MSN, RN
 Teaching Assistants: Nick Simonovich BSN, RN, 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:

- al Patient Profile
- Meditech Documentation
- Evaluation of Clinical Performance Tool
- Onsite Clinical Debriefing
- Clinical Discussion Rubric
- Nursing Process Recording Rubric
- Geriatric Assessment Rubric Lasater Clinical Judgment Rubric
- Virtual Simulation scenarios
- ABCDEF Bundle Grading Rubric
- Pathophysiology Grading Rubric
- Participation in adjunctive therapies (N.A./A.A.; Erie County Health Department Detox Unit, Hospice inpatient/outpatient care
- EBP Presentations Rubric
- Hospice Reflection Journal
- Virtual Simulation Scenarios
- Lasater Clinical Judgment Rubric
- Observation of Clinical Performance
- Clinical Nursing Therapy Group Rubric

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
Initials	Faculty Name		
BS	Brian Seitz MSN, RN		
KA	Kelly Ammanniti MSN, RN		
BL	Brittany Lombardi MSN, RN		
LW	Liz Woodyard MSN, RN		
NS	Nick Simonovich BSN, RN		
DC	Devon Cutnaw BSN, RN		

* End-of-Program Student Learning Outcomes

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 diverse populations, 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	9	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	S							
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder.		S	NA	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.		S	NA	S							
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care		S	NA	S							
e. Recognize normal versus non-normal behavior patterns in terms of developmental milestones. (Erickson).		S	NA	S							
f. Develop and implement an appropriate nursing therapy group activity.		S	NA	NA							
g. Develop a geriatric physical/mental health assessment and education plan. (Geriatric Assessment)											
Faculty Initials		NS	BS								
Clinical Location		1South									

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Comments:

Week 2 1(a,c,g) – Nice job this week conducting research to understand your patient as a whole. You provided great insight during post-conference debriefing related to your patient’s mental health as well as other mental health topics. Throughout the week you were able to provide therapeutic care through communication that met the diverse needs of each patient you encountered. You did an awesome job implementing your nursing therapy group activity. You were able to incorporate a fun activity that helped to increase the self-awareness of those that participated and encouraged active discussion to help improve their overall mental health. Job well done! NS

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

Comments:

Week 2 2(a,b,d) – Very nice job this week discussing your patient and researching their health history while also identifying symptoms that were present related to their admitting diagnosis. You were insightful when discussing your patient during debriefing and provided good, detailed information on your CDG post. You were able to interpret her family history of mental illness and personal history as it related to her admitting diagnosis. You also noticed her history of substance abuse and were able to relate it to her depression and risk for suicide. Nice job. NS

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Week 2 (d) – See care plan grading rubric for comments. NS

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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	9	Make Up	Final
a. Illustrate professionally appropriate and therapeutic communication skills in interactions with patients, and families.		S	NA	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							
c. Identify barriers to effective communication. (noticing, interpreting)		S	NA	S							
d. Construct effective therapeutic responses.		S	NA	S							
e. Construct a satisfactory patient-nurse therapeutic communication. (Nursing Process Study)											
f. Posts respectfully and appropriately in clinical discussion groups.		S	NA	S							
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		S	NA	S							
h. Teach patient/family based on readiness to learn and patient needs. (responding, reflecting)		S	NA	S							
Faculty Initials		NS	BS								

Comments:

Week 2 3(a,d,f) – You did an excellent job all week interacting with the patients on the unit and providing therapeutic communication. I appreciated your willingness to interact with patients in the special care unit. You were able to expand your comfort zone and had a meaningful conversation with her. You were able to identify barriers

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and incorporated effective strategies to improve the mental health of your patients. Great work with your CDG this week, all necessary requirements were met for a satisfactory evaluation. NS

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	9	Make Up	Final
a. Discuss the safe administration of medication while observing the six rights of medication administration.		NA	NA	NA							
b. Demonstrate ability to discuss the uses and implication of psychotropic medications		S	NA	S							
c. Identify the major classification of psychotropic medications.		S	NA	S							
d. Identify common barriers to maintaining medication compliance.		S	NA	S							
e. Explain the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications.		S	NA	S							
Faculty Initials		NS	BS								

Comments:

Week 2 4(b,c,d,e) – Nice job discussing various medications during post-conference debriefing. Although we did not administer medications, you asked appropriate questions and you were able to research and discuss multiple medications by the end of the week. NS

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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	9	Make Up	Final
a. Identify the need for the community resources-detox unit available to patients with a mental illness.		NA	NA	NA							
b. Discuss recommendations for referrals to appropriate community resources and agencies.		NA	NA	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							
d. Attend Narcotics/Alcoholics Anonymous meeting. (Alcoholics/Narcotics Anonymous at the Artisans of Sandusky Observation)		S	NA	NA							
Faculty Initials		NS	BS								

Comments:

Week 2 5(d) – Attendance was confirmed by the Sandusky Artisans Recovery Center. Awesome job with your AA/NA CDG! You provided excellent detail and insight in your response. It seems like this was a beneficial learning experience for you. NS

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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	9	Make Up	Final
Competencies:											
a. Demonstrate competence in navigating the electronic health record.		S	NA	S							
b. Demonstrate satisfactory documentation of physical and psychiatric assessments and nursing notes utilizing the electronic health record.		S	NA	NA							
Faculty Initials		NS	BS								

Comments:

Week 2 6(a,b) – Nice job navigating the meditech system to research your patient. Accurate documentation was completed for the nursing therapy group intervention. NS

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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	9	Make Up	Final
a. Identify your strengths for care delivery of the patient with mental illness		S	NA	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	S							
c. Illustrate active engagement in self-reflection and debriefing.		S	NA	S							
d. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE” – attitude, commitment, and enthusiasm during all clinical interactions.		S	NA	S							
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect.		S	NA	S							
f. Follow the standards outlined in the FRMCSN policy, “Student Conduct While Providing Nursing Care.”		S	NA	S							
Faculty Initials		NS	BS								

Comments:

Week 2: I believe my strength this week was stepping out of my comfort zone and interacting with the patients. This was a whole different side of nursing compared to what we are used to, and I thought it went really well. **Great strength to note! I truly appreciated your willingness to have meaningful interactions with the patients on the unit. I noticed on multiple occasions you taking the initiative to have therapeutic interactions. I certainly agree that it went well, with numerous compliments from the staff related to the engagement of the students. Job well done! NS**

Week 3: I believe my strength this week was forming a therapeutic relationship with my patient. This week I truly connected with someone, and she opened up to me a lot about her past history, what she’s gone through, and how she currently feels.

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Total Points 18/22 Comments satisfactory
Nursing Diagnosis: (3 points) Problem Statement (1) 1 Etiology (1) 1 Student Name: Defining Characteristics (1) 1	Total Points 3 Comments: Nice job identifying a priority mental health nursing diagnosis for your patient. The etiology was appropriate and specific defining characteristics were provided. NS Clinical Date: 6/10-11/2021
Goal and Outcome (6 points total) 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: Remember to start this section with a generalized goal that relates specifically to the stated nursing problem. In this case, a generalized goal for the patient may be to remain safe and free of harm while admitted as an example. Outcomes met SMART criteria. Nice job. NS
Nursing Interventions: (8 points total) Prioritized (1) 1 What (1) 1 How Often (1) 0 When (1) 0 Individualized (1) 1 Realistic (1) 1 Rationale (1) 1 All pertinent interventions listed (1) 0	Total Points 5 Comments: Overall nice work with your intervention list. Remember to include when and how often the interventions should be performed; for example, q4h (0800, 1200, 1600, etc.). One point was deducted from all pertinent interventions listed. Remember to include the most important intervention for individuals at risk for suicide, which is to create a safe environment and maintain close observation. NS
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: Care plan evaluated effectively. NS
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 = 18/22 Comments: Nice job on your care plan for a mental health nursing diagnosis. 18 out of 22 points were received for a satisfactory evaluation. Keep up the hard work! NS

Nursing Care Plan Grading Tool
Psychiatric Nursing
2021

Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2021
Simulation Evaluations

<u>vSim Evaluation</u>						
	Performance Codes: S: Satisfactory U: Unsatisfactory	Linda Waterfall (Anxiety/Cultural Scenario) (*1,2,3,4,5)	Sharon Cole (Bipolar Scenario) (*1,2,3,4,5)	Sandra Littlefield (Borderline Personality Disorder Scenario) (*1,2,3,4,5)	Adult Live-Simulation (*1,2,3,4,5,7/7)	George Palo (Alzheimer's Disorder) (*1,2,3,4,5)
	Date: 6/11/2021	Date: 6/25/2021	Date: 7/2/2021	Date: 7/7/2021 7/8/2021	Date: 7/9/2021	Date: 7/23/2021
Evaluation	S					
Faculty Initials	NS					
Remediation: Date/Evaluation/Initials	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: