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

Student:

Riley Hager

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

* End-of-Program Student Learning Outcomes

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

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

* End-of-Program Student Learning Outcomes

Comments:

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

Comments:

* End-of-Program Student Learning Outcomes

Week 6-2(f) Great job with discussion of your EBP article titled "Efficacy of the Mindfulness Meditation Mobile App "Calm" to Reduce Stress Among College Students: Randomized Controlled Trial" during debriefing. BL

* End-of-Program Student Learning Outcomes

		Objective

	1, 2,	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.		NA	S	NA	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	NA	NA	S					
c. Identify barriers to effective communication. **(noticing, interpreting)**		NA	S	NA	NA	S					
d. Construct effective therapeutic responses.		NA	S	NA	NA	S					
e. Construct a satisfactory patient-nurse therapeutic communication. (**Nursing Process Study**)					NA						
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	S	NA	NA	S					
Faculty Initials		EW	NS	DC	BL	BL					

Comments:
Week 4 3(f): Riley – Nice discussion concerning your detox experience. You were open about your thoughts prior to attending to this clinical and addressed areas of improvement. DC

Week 5-3(f) Riley, you did an excellent job with your CDG posting for your Sandusky Artisans clinical experience. Your responses were very detailed and reflected much thought. Keep up all your excellent work! BL

* End-of-Program Student Learning Outcomes

Week 6-3(a, d) Riley, you did an excellent job therapeutically communicating with all the patients this week. Keep up your excellent work! BL

Week 6-3(f) Excellent job with your CDG posting this week. You also did an excellent job with your care plan as well. BL

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

Comments:

Week 6-4(a-e) Excellent job demonstrating knowledge of frequently prescribed medications utilized in treating mental illness through one-on-one discussion with your instructor during clinical. Keep up the great work! BL

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

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

Comments:

Week 6-6(b) Excellent job documenting on the Nursing Therapy Group this week. BL

* End-of-Program Student Learning Outcomes

* 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	9	Make Up	Final
a. Identify your strengths for care delivery of the patient with mental illness		NA	S	NA	NA	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	NA	S					
c. Illustrate active engagement in self-reflection and debriefing.		NA	S	S	~~S~~ NA	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		EW	NS	DC	BL	BL					

Comments:

Week 3 7(c) – Riley, you did a very nice job with your hospice reflection. It was evident that you put good thought and insight into your responses. I am glad that this was a beneficial experience for you. I appreciate the honesty regarding your nerves and expectations going into a new type of nursing unit. I am happy to see that you were able to learn from this clinical experience and that you will incorporate the importance of communication in your future practice. Hospice can be a difficult environment to work in, especially if you are not used to end of life care. There are a lot of emotions from patients, family members, and caregivers that are witnessed. However, it truly is an amazing service to help facilitate higher quality of life at the end of life. Understanding the importance of taking your time to care for people as a whole can really make a difference in your career. Great discussion on respite care and how important it is for the care givers! Overall, very well done. NS

Nursing Care Plan Grading Tool
Psychiatric Nursing
2021

Student Name: Riley Hager   **Clinical Date:** 7/8/2021-7/9/2021

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	Disturbed sensory perception: Auditory R/T psychotic process
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Total Points Comments

Nursing Diagnosis: (3 points)
   Problem Statement (1)-1
   Etiology (1)-1
   Defining Characteristics (1)-1
	Total Points: 3
	Comments: Excellent job! Nursing diagnosis is appropriate for your patient, and defining characteristics are specific. BL

Goal and Outcome (6 points total)
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: Great job! Goal statement is correctly written and all outcome statements are SMART. BL

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: Excellent job with all nursing interventions. BL

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: Great job! BL

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 = 22/22 Comments: Satisfactory care plan. Excellent job! BL

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

vSim Evaluation 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 (*1,2,3,4,5,77/)	George Palo (Alzheimer's Disorder) (*1,2,3,4,5)	Randy Adams (PTSD Scenario) (*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	S	S	S	S	
Faculty Initials	EW	DC	BL	BL	BL	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: R. Hager (Group 4) OBSERVATION DATE/TIME: 7/7/21 1230-1345 SCENARIO #: Substance Use Disorder

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING:					Focused observation on vital signs when entering the room. Introduced self and identified the patient. Noticed history of substance use. Sought further information related to use of substances.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Group 2
• Information Seeking:	E	A	D	B	Noticed increased anxiety and agitation when entering the room. Noticed tremors. Noticed hallucinations.
INTERPRETING:					Prioritized neuro assessment to establish orientation. Prioritized mental health evaluation to determine baseline status.
• Prioritizing Data:	E	A	D	B	Made sense that the patient's level of orientation could be altered due to substance use disorder.
• Making Sense of Data:	E	A	D	B	Prioritized drug and alcohol history assessment.
					Prioritized CIWA assessment. Made sense of result of 5 not indicating the need for lorazepam.
					Prioritized CAGE-AID questionnaire. Made sense that the patient is denying existing problems. Made sense of the results indicating a substance use disorder.
					Group 2
					Prioritized vital sign assessment with change in patient's behavior. Made sense of patient data.
					Made sense of withdrawal symptoms. Prioritized CIWA assessment. Interpreted CIWA score accurately and made sense of the need for substitution therapy.
RESPONDING:					Communicated vital sign results to the patient. Communicated the purpose of the mental health status exam.
• Calm, Confident Manner:	E	A	D	B	A little hesitant with the mental health evaluation, however it is to be expected as this is the first time. Nice job.
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/ Flexibility:	E	A	D	B	Good therapeutic communication with the patient during the mental health evaluation. Explored the patient's feelings, asked further questions related to use of substances.
• Being Skillful:	E	A	D	B	Ensured accurate vital signs were obtained for medication

	administration.
	CIWA assessment performed with confidence. Accurate assessment completed.
	Good communication from med nurse related to ordered medication. Communicated CIWA result with the patient and lack of need for PRN medication based on CIWA protocol.
	Communicated the need to ask further questions related to substance use. Nice job providing an explanation to the patient regarding sensitive questions. Good follow up therapeutic communication provided. Good eye contact with the patient.
	Educated patient on results of CAGE-AID questionnaire.
	Educated the patient on coping mechanisms and dangers or continued use of substances.
	Educated on AA and community resources. Awesome job!
	Group 2
	Communicated vital signs and increase in BP since previous assessment.
	Good education provided on CIWA assessment for appropriate dosage. Good job re-orienting patient to hallucinations.
	Nice job educating patient on withdrawal symptoms related to substance use. Responded to increased CIWA score with good communication with the medication nurse.
	Correct dose or lorazepam (4mg) administered. Communicated the need to re-assess after administration. Gave the patient space.
REFLECTING: • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Reflected on and discussed the use of effective therapeutic communication for a patient with an acute mental health crisis. Identified areas for improvement when utilizing the CIWA scale. Reflected on appropriate education and timing related to community support and resources. All members of the team evaluated personal performance, identifying areas of strength and areas for improvement. Decision points were identified and alternatives considered. All members of the group discussed a commitment for improvement in the future.
SUMMARY COMMENTS: **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary**	*Lasater Clinical Judgement Rubric: Information provided relates to the Clinical Judgement Rubric based on comments listed above from student performance. Refer to Lasater's Clinical Judgement Rubric for more detailed information.* Noticing: Regularly observed and monitored a variety of data pertinent to the scenario, including both subjective and objective information. Most useful information was noticed. The team

A= Accomplished **D= Developing** **B= Beginning**	recognized most obvious patterns and deviations in data and used the information provided in the scenario to continually assess the patient. The group actively sought subjective information about the patient and her situation to support planning of interventions and pursued important leads. Interpreting: Generally focused on most important data and sought further relevant information. In most situations, the group interpreted the patient's data patterns accurately and compared with known patterns to develop an intervention plan with appropriate rationale; exceptions were rare. Responding: The group generally displayed leadership and confidence and was able to control and calm the situation. Communication was effective; interventions were explained; patient was calmed and reassured; team members interacted effectively; assessed for understanding of education and direction given. Interventions were developed on the basis or relevant data; progress was monitored regularly. Proficiency demonstrated in the use of nursing assessments. Reflecting: Evaluated and analyzed clinical performance individually and as a team, noted decision making points, elaborated on decisions, and evaluated alternatives. Committed to ongoing improvement, reflected on experience, accurately identified strengths and weaknesses and developed a plan for improvement in the future. **Satisfactory Completion of Psychiatric Nursing Simulation Scenario on Substance Use.**

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: