

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

Student: LeAnn Erf

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: | | S | S | NA | S | S | | | | | |
| a. Demonstrate an understanding of the relationship between mental health, physical health, and environment for those patients diagnosed with a mental disorder. | | S | S | NA | S | S | | | | | |
| b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder. | | S | S | NA | 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 | NA | NA | S | | | | | |
| d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care | | S | S | NA | S | S | | | | | |
| e. Recognize normal versus non-normal behavior patterns in terms of developmental milestones. (Erickson). | | S | S | NA | NA | S | | | | | |
| f. Develop and implement an appropriate nursing therapy group activity. | | NA | NA | NA | NA | NA | | | | | |
| g. Develop a geriatric physical/mental health assessment and education plan. (Geriatric Assessment) | | | | | S | | | | | | |
| Faculty Initials | | EW | NS | DC | KA | BL | | | | | |
| Clinical Location | | Hospice | ECHD Detox | NA | AA/NA meeting | 1 south | | | | | |

* End-of-Program Student Learning Outcomes

Comments:

Week 5 – 1g – You satisfactorily completed your geriatric assessment. See your rubric for further comments. KA

| 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 | NA | NA | S | | | | | |
| b. Identify the individual patient’s symptoms related to the psychiatric diagnosis. (interpreting) | | S | S | NA | NA | S | | | | | |
| c. Demonstrate ability to identify the patient’s use of coping/defense mechanisms. (noticing, interpreting) | | S | NA | 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. | | S | S | NA | NA | S | | | | | |
| f. Practice use of standardized EBP tools that support safety and quality. (noticing, responding) | | S | S | NA | NA | S | | | | | |
| Faculty Initials | | EW | NS | DC | KA | BL | | | | | |

Comments:

Week 6-2(d) Excellent job formulating a prioritized nursing care plan for your patient utilizing clinical judgment skills. Please see the Care Plan Grading Rubric at the end of this document for my feedback. BL

* 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 | 9 | Make Up | Final |
| a. Illustrate professionally appropriate and therapeutic communication skills in interactions with patients, and families. | | S | NA | NA | S | S | | | | | |
| b. Demonstrate professional and appropriate communication with the treatment team by using the SBAR format for handoff communication during transition of care. | | S | NA | NA | NA | S | | | | | |
| c. Identify barriers to effective communication. (noticing, interpreting) | | S | S | NA | S | S | | | | | |
| d. Construct effective therapeutic responses. | | S | NA | 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 | | | | | |
| g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations. | | S | S | NA | S | S | | | | | |
| h. Teach patient/family based on readiness to learn and patient needs. (responding, reflecting) | | S | NA | NA | NA | S | | | | | |
| Faculty Initials | | EW | NS | DC | KA | BL | | | | | |

Comments:

Week 3 3(f) – Nice work with your CDG responses based on your Detox unit clinical experience. You provided good insight related to your experience and even provided some suggestions that you noticed could be utilized for improving the mental health of the clients. All criteria met for a satisfactory evaluation. See my response on your initial post for further comments. Great job! NS

* End-of-Program Student Learning Outcomes

Week 5 – 3f – You did a nice responding to the CDG questions with thorough and thoughtful comments. You did a great job sharing your thoughts on AA and substance abuse. KA

Week 6-3(a, d) LeAnn, 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 a great job with your care plan as well. BL

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

* 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 | S | NA | NA | NA | | | | | |
| b. Discuss recommendations for referrals to appropriate community resources and agencies. | | NA | S | NA | NA | 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 | S | NA | 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 | KA | BL | | | | | |

Comments:

Week 3 5(a,b,c) – Nice job responding to the reflection questions based on your experience at the Detox center. Good detail and insight were provided in each response. Hopefully it yielded some good learning opportunities. Great job! NS

* End-of-Program Student Learning Outcomes

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

Comments:

Week 6-6(a) Great job navigating the electronic health record in order to research more information on your patient. BL

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

Comments:

Nursing Care Plan Grading Tool
Psychiatric Nursing
2021

| | |
|---|---|
| Student Name: LeAnn Erf | 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)* | Risk for injury r/t risks associated with ECT |
| **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)-0.5 Plan to continue//modify/terminate (1)-1 Signature (1)-1 | Total Points: 4.5 Comments: Overall, very nice job with your evaluation portion of your care plan. Remember that for your defining characteristics, they should have the same time frame as your outcome statements. Therefore, they should be written like "Patient denied confusion within 2 hours post-procedure." 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 = 21.5/22 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 (*1,2,3,4,5,7/7) | 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 |
| | S | S | S | S | S | |
| Evaluation | S | S | S | S | S | |
| Faculty Initials | EW | DC | KA | BL | BL | |
| Remediation: Date/Evaluation/Initials | NA | NA | NA | NA | NA | |

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **L. Erf (Group 1)** OBSERVATION DATE/TIME: **7/7/21 0800-0915** SCENARIO #: **Substance Use Disorder**

| CLINICAL JUDGMENT | OBSERVATION NOTES |
|---|--|
| <p>COMPONENTS NOTICING:</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B | <p>Sough information by performing brief mental status evaluation. Focused observation on drug history. Focused on withdrawal symptoms after completing the CAGE-AID questionnaire. Noticed patient restless and fidgety in the bed. <u>Group 2</u> Noticed increased agitation and symptoms. Noticed elevated blood pressure on re-assessment.</p> |
| <p>INTERPRETING:</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B | <p>Prioritized mental health status evaluation. Prioritized drug history assessment. Prioritized CAGE-AID after performed drug history assessment. Utilized the CIWA protocol. Appropriately determined CIWA score of 3. Interpreted as mild anxiety not needing substitution therapy. <u>Group 2</u> Prioritized new CIWA assessment due to changes in patient behavior. Appropriately interpreted CIWA score as 19. Prioritized vital sign assessment prior to administering substitution therapy. Prioritized education on community resources. Didn't make sense of current situation related to appropriate timing of education during increased agitation.</p> |
| <p>RESPONDING:</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B | <p>A little hesitant in performing the brief mental health status evaluation. Drug history assessment performed. Consider more therapeutic approach to sensitive questions. Explain to the patient why these questions are being asked. Consider adding more open-ended questions to explore the patient's feelings rather than simply reading each question one after another. Good eye contact when communicating with the patient. Task oriented with assessment. Don't be afraid to converse with the patient based on her response. CIWA Assessment performed accurately. Be sure to explain the</p> |

| | |
|---|--|
| | <p>assessments being performed and why they are being performed.</p> <p>Initiated communication with the patient while the med nurse was preparing medications.</p> <p>Good communication about medications with the patient.</p> <p><u>Group 2</u></p> <p>Responded to increased agitation by performing CIWA assessment.</p> <p>Communicated CIWA score with medication nurse to determine appropriate dosage per protocol.</p> <p>Focused on therapeutic communication with the increasingly agitated patient. Remember safety precautions.</p> <p>Communicated with patient regarding the Ativan.</p> <p>Would it be appropriate to provide education during a period of increased agitation? Great job providing education on resources and prioritizing, just consider the timing of the education.</p> |
| <p>REFLECTING:</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B | <p>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.</p> |
| <p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> | <p><i>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.</i></p> <p>Noticing: Regularly observed and monitored a variety of data, including both subjective and objective; noticed most useful information related to the scenario; missed some subtle cues by the patient. Recognized most obvious patterns and deviations in data and used this information to continually assess the patient based on the scenario. At times made limited effort to seek additional information from the patient, became task-oriented with assessments; unsure when to pursue unrelated information such as patient cues.</p> <p>Interpreting: Generally focused on most important data and sought further relevant information. At times did not pursue or prioritize patient cues. In most situations during the scenario, patient data was interpreted appropriately and compared to known data patterns</p> |

to develop an intervention plan with appropriate rationale.

Responding: Displayed leadership and confidence as a team; Able to control and calm the situation related to substance withdrawal; showed some stress in complex or unfamiliar cases.

Communicated well as a team and with the patient; could show improvement in explaining aspects of care to the patient; established rapport with team members and patient. Interventions were developed on the basis of most obvious data; did not adjust at times related to patient responses.

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: