

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

Student: Sydney Steffanni
Unsatisfactory

Final Grade: Satisfactory/

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
 eSignature:**

Faculty

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

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		

* End-of-Program Student Learning Outcomes

DC	Devon Cutnaw BSN, RN
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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.		NA S	S	S	S	NA	NA				
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder.		NA	S	S	NA	NA	NA				
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	S	S	NA	NA				
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care		NA S	S	S	S	NA	NA				
e. Recognize normal versus non-normal behavior patterns in terms of developmental milestones. (Erickson).		NA	S	S	NA	NA	NA				
f. Develop and implement an appropriate nursing therapy group activity.		NA	NA	S	NA	NA	NA				
g. Develop a geriatric physical/mental health assessment and education plan. (Geriatric Assessment)					NA						
Faculty Initials		BL	BL	BL	BL	DC	BL				
Clinical Location		NA AA	1S	1S	Hospice	No Clinical	NA				

* End-of-Program Student Learning Outcomes

Comments:

Week 4-1(f) Sydney, you did an excellent job facilitating nursing therapy group for the patients. Your “Circle of Control” activity was engaging and a great way for patients to identify situations and circumstances that are within and without of their control, and how better to cope with those that are without. BL

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

Comments:

Week 3-2(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

Week 4-2(f) Great job with discussion of your EBP article titled “Addiction, Childhood Experiences and Nurse’s Role in Prevention: A Qualitative Study.” during debriefing. BL

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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.		NA	S	S	S	NA	NA				
b. Demonstrate professional and appropriate communication with the treatment team by using the SBAR format for handoff communication during transition of care.		NA	S	S	NA	NA	NA				
c. Identify barriers to effective communication. (noticing, interpreting)		NA S	S	S	NA	NA	NA				
d. Construct effective therapeutic responses.		NA	S	S	NA S	NA	NA				
e. Construct a satisfactory patient-nurse therapeutic communication. (Nursing Process Study)					S						
f. Posts respectfully and appropriately in clinical discussion groups.		NA S	S	S	NA S	NA	NA				
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		NA S	S	S	S	NA	NA				
h. Teach patient/family based on readiness to learn and patient needs. (responding, reflecting)		NA	S	S	NA	NA	NA				
Faculty Initials		BL	BL	BL	BL	DC	BL				

Comments:

Week 2-3(f) Sydney, you did an excellent job with your CDG. Your responses were very detailed and thorough. Keep up all your great work! BL

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

* End-of-Program Student Learning Outcomes

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

Week 4-3(f) Satisfactory CDG. Excellent job! BL

Week 5-3(e) Excellent job with your Nursing Process Study. You have been graded as satisfactory for this assignment. Please see the Nursing Process Study Rubric for detailed feedback. BL

Week 5-3(f) Sydney, you did an excellent job with your Hospice Reflection Journal. I'm glad you learned a lot during this experience and enjoyed your time spent there. Thank you so much for sharing your thoughts and feelings about the experience. 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	S	S	NA	NA	NA				
b. Demonstrate ability to discuss the uses and implication of psychotropic medications		NA	S	S	NA	NA	NA				
c. Identify the major classification of psychotropic medications.		NA	S	S	NA	NA	NA				
d. Identify common barriers to maintaining medication compliance.		NA	S	S	NA	NA	NA				
e. Explain the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications.		NA	S	S	NA	NA	NA				
Faculty Initials		BL	BL	BL	BL	DC	BL				

Comments:

Week 3-4(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

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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	NA	NA	NA				
b. Discuss recommendations for referrals to appropriate community resources and agencies.		NA S	NA	NA	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	NA	NA	NA				
d. Attend Narcotics/Alcoholics Anonymous meeting. (Alcoholics/Narcotics Anonymous at the Artisans of Sandusky Observation)		NA S	NA	NA	NA	NA	NA				
Faculty Initials		BL	BL	BL	BL	DC	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	S	S	NA	NA	NA				
b. Demonstrate satisfactory documentation of physical and psychiatric assessments and nursing notes utilizing the electronic health record.		NA	NA	S	NA	NA	NA				
Faculty Initials		BL	BL	BL	BL	DC	BL				

Comments:

Week 4-6(b) Excellent job documenting on the Nursing Therapy Group this week. 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	S	S	NA	NA	NA				
b. Demonstrates effective use of strategies to reduce risk of harm to self or others. Create a safe environment for patient care.		NA	S	S	S	NA	NA				
c. Illustrate active engagement in self-reflection and debriefing.		NA	S	S	NA	NA	NA				
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	NA	NA				
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect.		NA S	S	S	S	NA	NA				
f. Follow the standards outlined in the FRMCSN policy, “Student Conduct While Providing Nursing Care.”		NA S	S	S	S	NA	NA				
Faculty Initials		BL	BL	BL	BL	DC	BL				

Comments:

Nursing Care Plan Grading Tool
Psychiatric Nursing
2021

Student Name: **Sydney Steffanni**

Clinical Date: **6/15-6/16/2021**

<p>Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*</p>	<p>Post-Trauma Syndrome related to rape</p>
<p>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</p>	<p>Total Points Comments</p>
<p>Nursing Diagnosis: (3 points) Problem Statement (1)-1 Etiology (1)-1 Defining Characteristics (1)-1</p>	<p>Total Points: 3 Comments: Excellent job! Nursing diagnosis is appropriate for your patient, and defining characteristics are specific. BL</p>
<p>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</p>	<p>Total Points: 6 Comments: Great job! Goal statement is correctly written and all outcome statements are SMART. BL</p>
<p>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</p>	<p>Total Points: 8 Comments: Excellent job with all nursing interventions. BL</p>
<p>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</p>	<p>Total Points: 5 Comments: Great job! BL</p>
<p>Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan <13 = Unsatisfactory care plan</p>	<p>Total Points for entire Care plan = 22/22 Comments: Satisfactory care plan. Excellent job! BL</p>

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
Evaluation	S	S	S	S	S	
Faculty Initials	BL	BL	BL	DC	DC	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	

* Course Objectives

<p>4. Calm, Confident Manner: E</p> <p>5. Clear Communication: B</p> <p>c. Well-Planned Intervention/ Flexibility: E</p> <p>d. Being Skillful: B</p>	<p>A D B</p> <p>E A D</p> <p>A D B</p> <p>E A D</p>	<p>Explored patient's feelings with open ended questions. Empathetic listening during patient responses. Consider explaining to the patient why you are asking sensitive questions with each assessment.</p> <p>Educated patient on medications to be administered. Ensured patient understood the rationale behind the medication. Helps to build trust. Allowed the patient the opportunity to ask questions.</p> <p>All assessments performed appropriately. CIWA result in group one incorrectly scored. Improvement in this area comes with practice.</p> <p>Environment was calm, helps to decrease anxiety and agitation for the patient.</p> <p>Consider educating the patient on community resources at appropriate times.</p> <p>Explored visual hallucinations further.</p> <p>A little task oriented during second assessment, not responding to patient's feelings and emotions initially. Remember to provide therapeutic communication.</p> <p>Administered lorazepam for withdrawal symptoms. No education provided related purpose of the medication. Could lead to mistrust in this environment.</p> <p>Correctly performed CIWA assessment with a score of 22. Nice job.</p> <p>Is education appropriate during heightened withdrawal symptoms? Consider appropriateness of time. However, good education was provided. Good job explaining to the patient that assessment indicate a problem with substance. Good therapeutic communication provided with empathy. Educated on risk factors related to substance use disorders.</p>
<p>REFLECTING:</p> <p>6. Evaluation/Self-Analysis: E</p> <p>e. Commitment to Improvement: B</p>	<p>A D B</p> <p>E A D</p>	<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>

* End-of-Program Student Learning Outcomes

SUMMARY COMMENTS:

Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.

E= Exemplary

A= Accomplished

D= Developing

B= Beginning

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 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: 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 displayed leadership and confidence and was able to calm and control the situation. Some stress was shown during complex situations. Communicated well with team members and the patient. Explained some aspects to the patient while others were not explained clearly at times. Developed interventions on the basis of most obvious data; monitored progress regularly; unable to make some adjustments as indicated by the patient’s responses at times. Displayed proficiency in the use of most nursing skills.

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.

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Psychiatric Nursing**

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* End-of-Program Student Learning Outcomes

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: