

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

Student: Lillian Royster
Satisfactory/Unsatisfactory

Final Grade:

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

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
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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	N/A	N/A	N/A	N/A				
a. Demonstrate an understanding of the relationship between mental health, physical health, and environment for those patients diagnosed with a mental disorder.		S	S	N/A	N/A	N/A	N/A				
b. Correlate prescribed therapies, psychotherapy, and alternative therapies in relation to the patient's mental disorder.		S	S	N/A	N/A	N/A	N/A				
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	S	N/A	N/A	N/A	N/A S				
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care		S	S	N/A	N/A	N/A	N/A S				
e. Recognize normal versus non-normal behavior patterns in terms of developmental milestones. (Erickson).		S	S	N/A	N/A	N/A	N/A				
f. Develop and implement an appropriate nursing therapy group activity.		S	S	N/A	N/A	N/A	N/A				
g. Develop a geriatric physical/mental health assessment and education plan. (Geriatric Assessment)					N/A						
Faculty Initials		BS	DC	KA	BL	DC	BL				
Clinical Location		1S 60YO	1S 59YO	NA	N/A	N/A	N/A Hospice AA/NA				

* End-of-Program Student Learning Outcomes

Comments:

Week 2- 1c- Nice job of discussing the social determinants of health for your patient and how they relate to his current condition. 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	9	Make Up	Final
Competencies:		S	S	N/A	N/A	N/A	N/A				
a. Assemble a health history which includes past and current history of mental and medical health issues and chief reason for hospitalization. (noticing)		S	S	N/A	N/A	N/A	N/A				
b. Identify the individual patient's symptoms related to the psychiatric diagnosis. (interpreting)		S	S	N/A	N/A	N/A	N/A S				
c. Demonstrate ability to identify the patient's use of coping/defense mechanisms. (noticing, interpreting)		S	S	N/A	N/A	N/A	N/A				
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. (noticing, interpreting, responding, reflecting)		S	N/A	N/A	N/A	N/A	N/A				
e. Apply the principles of asepsis and standard precautions.		S	S	N/A	N/A	N/A	N/A S				
f. Practice use of standardized EBP tools that support safety and quality. (noticing, responding)		S	S	N/A	N/A	N/A	N/A				
Faculty Initials		BS	DC	KA	BL	DC	BL				

Comments:

Week 2- 2a,b,d- Nice job discussing your patient's history and the circumstances surrounding her admission. Good job also of providing two nursing diagnoses for your patient and including etiology and defining characteristics. You chose the priority psychiatric nursing diagnosis for your patient and provided appropriate, realistic outcomes related to his admission. You provided a prioritized list of nursing interventions specific to your patient's diagnosis, along with a complete evaluation, nice work! BS

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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	S	N/A	N/A	N/A	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.		S	S	N/A	N/A	N/A	N/A				
c. Identify barriers to effective communication. (noticing, interpreting)		S	S	N/A	N/A	N/A	N/A				
d. Construct effective therapeutic responses.		S	S	N/A	N/A	N/A	N/A S				
e. Construct a satisfactory patient-nurse therapeutic communication. (Nursing Process Study)					S						
f. Posts respectfully and appropriately in clinical discussion groups.		S	S	N/A	N/A	N/A	S				
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		S	S	N/A	N/A	N/A	S				
h. Teach patient/family based on readiness to learn and patient needs. (responding, reflecting)		S	S	N/A	N/A	N/A	N/A				
Faculty Initials		BS	DC	KA	BL	DC	BL				

Comments:

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

* End-of-Program Student Learning Outcomes

Week 7-3(f) Lillian, 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. You also did an excellent job with your CDG for AA/NA. Keep up your great work! 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.		S	S	N/A	N/A	N/A	N/A				
b. Demonstrate ability to discuss the uses and implication of psychotropic medications		S	S	N/A	N/A	N/A	N/A				
c. Identify the major classification of psychotropic medications.		S	S	N/A	N/A	N/A	N/A				
d. Identify common barriers to maintaining medication compliance.		S	S	N/A	N/A	N/A	N/A				
e. Explain the effects, adverse effects, nursing interventions and safety issues, related to the use of psychotropic medications.		S	S	N/A	N/A	N/A	N/A				
Faculty Initials		BS	DC	KA	BL	DC	BL				

Comments:

* 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.		N/A	N/A	N/A	N/A	N/A	N/A				
b. Discuss recommendations for referrals to appropriate community resources and agencies.		S	S	N/A	N/A	N/A	N/A				
c. Attend Erie County Health Department Detox Unit observing the care of a patient with mental illness-substance abuse. (Community Agency Observation-Detox Unit)		N/A	N/A	N/A	N/A	N/A	N/A				
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	S				
Faculty Initials		BS	DC	KA	BL	DC	BL				

Comments:

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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:		S	S	N/A	N/A	N/A	N/A				
a. Demonstrate competence in navigating the electronic health record.		S	S	N/A	N/A	N/A	N/A				
b. Demonstrate satisfactory documentation of physical and psychiatric assessments and nursing notes utilizing the electronic health record.		S	S	N/A	N/A	N/A	N/A				
Faculty Initials		BS	DC	KA	BL	DC	BL				

Comments:

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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	S	N/A	N/A	N/A	N/A				
b. Demonstrates effective use of strategies to reduce risk of harm to self or others. Create a safe environment for patient care.		S	S	N/A	N/A	N/A	N/A S				
c. Illustrate active engagement in self-reflection and debriefing.		S	S	N/A	N/A	N/A	N/A				
d. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE” – attitude, commitment, and enthusiasm during all clinical interactions.		S	S	N/A	N/A	N/A	N/A S				
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect.		S	S	N/A	N/A	N/A	N/A S				
f. Follow the standards outlined in the FRMCSN policy, “Student Conduct While Providing Nursing Care.”		S	S	N/A	N/A	N/A	N/A S				
Faculty Initials		BS	DC	KA	BL	DC	BL				

Comments:

Week 3 – Good job this week, Lillian. You interacted well with the patients and provided support to your peers. Keep up the good work. DC

Nursing Care Plan Grading Tool
Psychiatric Nursing
2021

Student Name: **L. Royster**

Clinical Date: **6/8/21-6/9/21**

<p>Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*</p>	
<p>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</p>	<p>Total Points 21/22 Comments Great Job Lilly! BS</p>
<p>Nursing Diagnosis: (3 points) Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 1</p>	<p>Total Points 3 Comments: Keep in mind a nursing diagnosis should be written Ineffective coping RT.....AEB.....</p>
<p>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</p>	<p>Total Points 5 Comments: Put a positive spin on your nursing diagnosis for your goal statement, ex. Patient will display effective coping AEB.....</p>
<p>Nursing Interventions: (8 points total) Prioritized (1) 1 What (1) 1 How Often (1) 1 When (1) 1 Individualized (1) Realistic (1) 1 Rationale (1) 1 All pertinent interventions listed (1) 1</p>	<p>Total Points 8 Comments: Nice job here Lilly!</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) Signature (1) 1</p>	<p>Total Points 5 Comments: Good</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 = 21/22 Comments: Satisfactory</p>

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 (*1,2,3,4,5,77)	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
	S	S	S	S	S	
Faculty Initials	BS	KA	BL	DC	DC	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	

* Course Objectives

Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2021

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **N. Dilts, B. Lesch, L. Royster** OBSERVATION DATE/TIME: **7/7/2021 1350-1505** SCENARIO #: **1**

CLINICAL JUDGMENT	OBSERVATION NOTES
<p>COMPONENTS NOTICING:</p> <p>8. Focused Observation: E A D B</p> <p>9. Recognizing Deviations from Expected Patterns: E A D B</p> <p>h. Information Seeking: E A D B</p>	<p>Notices patient's history of alcohol use.</p> <p>Notices patient is feeling anxious.</p> <p>Notices patient's abrasion on left eye.</p> <p>Notices patient is agitated and hallucinating,</p> <p>Notices patient is itchy.</p> <p>Notices patient is restless.</p>
<p>INTERPRETING:</p> <p>10. Prioritizing Data: E A D B</p> <p>i. Making Sense of Data: E A D B</p>	<p>Prioritizes CIWA scale.</p> <p>Interprets CIWA score as 6.</p> <p>Interprets correct use of medications.</p> <p>Prioritizes CIWA scale.</p> <p>Interprets CIWA score as 17.</p> <p>Interprets patient's signs and symptoms as withdrawal symptoms.</p> <p>Interprets correct use of medications.</p>
<p>RESPONDING:</p> <p>11. Calm, Confident Manner: E A D B</p> <p>12. Clear Communication: E A D B</p> <p>j. Well-Planned Intervention/ Flexibility: E A D B</p> <p>k. Being Skillful: E A D B</p>	<p>Introduces self and identifies patient.</p> <p>Obtains vital signs.</p> <p>Assesses patient's left eye abrasion.</p> <p>Asks about patient's support system.</p> <p>Performs and prioritizes CIWA.</p> <p>Educates on purpose of CIWA scale.</p> <p>Attempts to utilize therapeutic communication with patient in</p>

* End-of-Program Student Learning Outcomes

	<p>regards to substance use.</p> <p>Asks about coping mechanisms.</p> <p>Educates about inpatient therapy groups.</p> <p>Sits next to patient and employs therapeutic communication (asks about recent losses, support system, coping mechanisms).</p> <p>Educates patient on medication.</p> <p>Administers 1 mg of lorazepam for CIWA score of 6.</p> <p>Educates patient on breathing exercises.</p> <p>Did not perform Brief Mental Status Evaluation or CAGE questionnaire.</p> <p>Presents reality, informs the patient that there are no spiders present.</p> <p>Prioritizes CIWA scale.</p> <p>Collaborates with medication nurse to determine appropriate lorazepam dose based on CIWA score.</p> <p>Administers 4 mg of lorazepam for CIWA score of 17.</p> <p>Offers to sit and communicate with patient.</p> <p>Performs breathing exercises with patient.</p> <p>Provides education to patient about outpatient services for substance abuse, counseling, AA, Detox center.</p> <p>Provides patient with a schedule of unit activities.</p>
<p>REFLECTING:</p> <p>13. Evaluation/Self-Analysis: E A D B</p> <p>I. Commitment to Improvement: E A D B</p>	<p>Participated well in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas for improvement such as performing the brief mental health examination and CAGE questionnaire. Group also discussed areas for improvement with therapeutic communication.</p>
<p>SUMMARY COMMENTS:</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</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 observes and monitors a variety of data,</p>

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<p>E= Exemplary A= Accomplished D= Developing B= Beginning</p>	<p>including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p>
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E = exemplary, A = accomplished, D = developing, B = Beginning
Based off of Lasater's Clinical Judgment Rubric

FDC/fb/5/2021 Reviewed

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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:

* End-of-Program Student Learning Outcomes

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Student eSignature & Date: