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

Student: | Jillian Schloemer | **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

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	S	NA	S	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	NA	NA	S				
d. Identify appropriate methods that will assist the patient to regain independence and achieve self-care		~~NA~~ S	S	S	NA	S	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	S	NA	NA	NA	NA				
g. Develop a geriatric physical/mental health assessment and education plan. (**Geriatric Assessment**)					NA						
Faculty Initials		**BL**	DC	**BL**	**BL**	DC	**BL**				
Clinical Location		**AA**	1S	1S	NA		Stein Hospice				

* 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	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	S̶ NA	NA	NA	NA				
e. Apply the principles of asepsis and standard precautions.		NA	S	S	NA	NA	S				
f. Practice use of standardized EBP tools that support safety and quality. **(noticing, responding)**		NA	S	S	NA	NA	NA				
Faculty Initials		**BL**	DC	**BL**	**BL**	DC	**BL**				

Comments:

* 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.		NA	S	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	S	S	NA	NA	NA				
c. Identify barriers to effective communication. **(noticing, interpreting)**		~~NA~~ S	S	S	NA	S	S				
d. Construct effective therapeutic responses.		NA	S	S	NA		S				
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	S				
g. Respect the privacy of patient health and medical information as required by federal HIPAA regulations.		~~NA~~ S	S	S	NA	S	S				
h. Teach patient/family based on readiness to learn and patient needs. **(responding, reflecting)**		NA	S	S	NA	NA	S				
Faculty Initials		**BL**	DC	**BL**	**BL**	DC	**BL**				

Comments:

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

Week 4-3(a) Jillian, 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 4-3(f) Excellent job with your CDG this week. 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 7-3(f) Jillian, 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

* 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	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**	DC	**BL**	**BL**	DC	**BL**				

Comments:

Week 4-4(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. 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	S	~~S~~ NA	NA	S	NA				
b. Discuss recommendations for referrals to appropriate community resources and agencies.		~~NA~~ S	S	~~S~~ NA	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	NA	NA	S	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**	DC	**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	S	NA	NA	NA	NA				
Faculty Initials		**BL**	DC	**BL**	**BL**	D	**BL**				

Comments:

* 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	NA	NA	S				
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	NA	S	S				
e. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect.		~~NA~~ S	S	S	NA	S	S				
f. Follow the standards outlined in the FRMCSN policy, "Student Conduct While Providing Nursing Care."		~~NA~~ S	S	S	NA	S	S				
Faculty Initials		**BL**	DC	**BL**	**BL**	DC	**BL**				

Comments:

Nursing Care Plan Grading Tool
Psychiatric Nursing
2021

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	6/182021
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Total Points Comments

Nursing Diagnosis: (3 points)
  Problem Statement (1)
  Etiology (1)
  Defining Characteristics (1)
	Total Points 3
	Comments: All components met. DC

Goal and Outcome (6 points total)
Goal Statement (1 point)
Outcome:
  Specific (1)
  Measurable (1)
  Attainable (1)
  Realistic (1)
  Time Frame (1)
	Total Points 6
	Comments:
	
	Appropriate goals and outcomes for this patient. DC

Nursing Interventions: (8 points total)
  Prioritized (1)
  What (1)
  How Often (1)
  When (1)
  Individualized (1)
  Realistic (1)
  Rationale (1)
  All pertinent interventions listed (1) 0
	Total Points 7
	Comments: Overall, good nursing interventions. Re-examine needed additional interventions for this patient. DC

Evaluation: (5 points total)
  Date (1)
  Goal Met/partially/unmet (1)
  Defining characteristics (1)
  Plan to continue//modify/terminate (1)
  Signature (1)
	Total Points 5
	Comments: All components met. DC

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 Comments: Greta job on your care plan! DC

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	BL	BL	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: L. Chesser, V. Glaze, T. Jones, J. Schloemer OBSERVATION DATE/TIME: 7/7/2021 0920-1035 SCENARIO #: 1

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: 8. Focused Observation: E A D B 9. Recognizing Deviations from Expected Patterns: E A D B h. Information Seeking: E A D B	Notices abrasion on patient's eye. Notices patient history of alcohol use and recent loss. Notices patient's restlessness. Notices patient's stress with job. Notices patient is feeling anxious. Notices patient is feeling itchy and numb. Notices patient is hallucinating (seeing spiders).
INTERPRETING: 10. Prioritizing Data: E A D B i. Making Sense of Data: E A D B	Interprets patient's behavior as restless and anxious. Interprets patient's feelings of loneliness and recent loss as risk factors for depression. Interprets correct use of medications for patient. Interprets CIWA score as 8. Interprets patient's signs and symptoms as alcohol withdrawal symptoms. Interprets CIWA score as 15. Interprets correct use of Lorazepam.
RESPONDING: 11. Calm, Confident Manner: E A D B 12. Clear Communication: E A D B j. Well-Planned Intervention/ Flexibility: E A D B	Introduces self to patient. Remains calm with patient. Medication nurse identifies patient and introduces herself. Obtains vital signs.

* End-of-Program Student Learning Outcomes

k. Being Skillful: E A D B	Performs head to toe assessment.
	Asks about history of alcohol use and current alcohol use.
	Attempts to utilize therapeutic communication to assess patient's alcohol use and history.
	Performs CIWA and educates patient on reasoning for use.
	Excellent therapeutic communication with patient about recent loss, feelings of unhappiness, and coping mechanisms.
	Provides education to patient about medication.
	Administers 2mg of Lorazepam for CIWA score of 8.
	Performs Brief Mental Status Evaluation. Uses open-ended questions and therapeutic communication to obtain further information.
	Asks about coping mechanisms.
	Gives thorough SBAR report.
	Introduces self to patient.
	Remains calm with patient.
	Obtains vital signs.
	Asks about patient's signs and symptoms of anxiety.
	Performs CIWA assessment.
	Medication nurse introduces self and identifies patient.
	Administers 4 mg Lorazepam for CIWA score 15.
REFLECTING:	Identified strengths and areas of improvement for performance.
13. Evaluation/Self-Analysis: E A D B l. Commitment to Improvement: E A D B	Reflected on the importance of providing education to the patient about substance abuse and community resources available.
	Reflected on the importance of providing education when it is appropriate.
	Reflected on the importance of therapeutic communication.
	Identified risk factors patient had related to substance abuse.
SUMMARY COMMENTS: **Satisfactory completion of the simulation scenario is a**	*Lasater Clinical Judgement Rubric: Information provided relates to the Clinical Judgement Rubric based on comments listed above*

* End-of-Program Student Learning Outcomes

score of "Developing" or higher in all areas of the rubric. **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning**	*from student performance. Refer to Lasater's Clinical Judgement Rubric for more detailed information.* **Noticing:** Regularly observes and monitors a variety of data, 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. **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. **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 relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. **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.

E = exemplary, A = accomplished, D = developing, B = Beginning
Based off of Lasater's Clinical Judgment Rubric

* End-of-Program Student Learning Outcomes

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

Student eSignature & Date: