**CLINICAL PERFORMANCE EVALUATION SHEET**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Evaluation \_\_\_\_\_\_\_\_\_\_\_\_\_

Student No# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **LEGEND:**

|  |  |  |
| --- | --- | --- |
| **2** | **Great Extent of Knowledge**  | answered the questions correctly |
| **1** | **fair Extent of Knowledge** | answered the questions with errors |
| **0** | **Poor; No Knowledge At All**  | has not answered any of the questions |

**A - Cognitive skills Scoring Criteria**

| **A - Cognitive skills Scoring Criteria** | **Actual Score** | **REMARKS** |
| --- | --- | --- |
| **1- I ( *Identify* )**  |
| 1. Her self , position and unit
 |  |  |  |  |  |
|  b. Her patient by (name ,MRN ,unit , age ,sex )  |  |  |  |  |  |
| **2- S ( *situation*)** |
|  a.Patient’s Current Diagnosis and Condition |  |  |  |  |  |
|  b. What is the current situation and observation about patient? |  |  |  |  |  |
| **3- B *( background*)** |
| 1. reason of admission
 |  |  |  |  |  |
| 1. relevant history
	* past
	* medical
	* surgical
	* family
	* social
 |  |  |  |  |  |
| 1. current medication and IV fluid and why patient take them
2. allergies
3. resuscitation status
4. isolation
 |  |  |  |  |  |
|  **4- A *(Assessment)***  |
|  - V/S- GCS  - ECG - ABG - Pain - Hemodynamic reading |  |  |  |  |  |
| - Physical assessment. |  |  |  |  |  |
| r. Current Laboratory and Diagnostic Exams  -Normal Values  -Patient Lab results - Significance |  |  |  |  |  |
| **5- R (*Recommendation*)** |
|  s.what are the action to be taking |  |  |  |  |  |
| **Nursing Process** |
| 1. Assessment /nursing diagnosis
 |  |  |  |  |  |
| 1. Panning and expected outcome
 |  |  |  |  |  |
| 1. Nursing intervention and rational
 |  |  |  |  |  |
| 1. Evaluation
 |  |  |  |  |  |
|  **Sub Total points (2X15=30)** |  |  |  |  |  |

**B – Psychomotor skill scoring criteria**

 **LEGEND:**

|  |  |
| --- | --- |
| **2** | **High extend of Good behavior**  |
| **2** | **Perform correctly with confidence**  |
| **1** | **Perform with less errors**  |
| **0** | **Perform with many errors**  |

| **B-Psychomotor skills Scoring Criteria** | **Actual Score** | **REMARKS** |
| --- | --- | --- |
| 1. Assessing symptoms effectively
 |  |  |
| 1. Following aseptic technique
 |  |  |
| 1. Applying Infection control measures
 |  |  |
| 1. Monitoring hemodynamic
 |  |  |
| 1. Maintaining safe environment
 |  |  |
| 1. Prioritization of nursing interventions
 |  |  |
| 1. Ensuring comfort, and privacy in rendering care
 |  |  |
| 1. Providing hygienic care
 |  |  |
| 1. Handling medical technology apparatus (ventilator , central lines ,leads , IV pump)
 |  |  |
| 1. perform physical assessment comprehensively
 |  |  |
| 1. Assisting in medical procedures
 |  |  |
| 1. Assisting patient in laboratory / diagnostic procedures
 |  |  |
| 1. Patient education
 |  |  |
| 1. Monitoring of Intake and output
 |  |  |
| 1. Ensures proper disposal of wastes
 |  |  |
| **Sub Total Points****(2 X 15 = 30)** |  |  |

**C- Affective Skills Scoring Criteria:**

 **LEGEND:**

|  |  |
| --- | --- |
| **1** | Moderate Extent of Good Behavior  |
| **0** | Poor Extent of Good Behavior  |

| **C– Affective Skills Scoring Criteria** | **Actual Score** | **REMARKS** |
| --- | --- | --- |
| 1. Communication & cooperation
 |  |  |
| 1. Grooming
 |  |  |
| 1. Collaboration with staff, students and Teachers
 |  |  |
| 1. Following Instructions
 |  |  |
| 1. Promptness and Punctuality
 |  |  |
| 1. Honesty in data gathering
 |  |  |
| 1. Updates oneself with latest trends and development
 |  |  |
| 1. Accepting Criticisms and suggestions for improvement
 |  |  |
| 1. Display critical thinking and good judgment
 |  |  |
| 1. show good leadership and management qualities
 |  |  |
| **Sub Total Points (2 X 10=20)** |  |  |

|  |  |  |
| --- | --- | --- |
| **FINAL SCORING:CRITERIA** | **Student’s Score**  | **Total Points** |
| 1. **Cognitive**
 | **\_\_\_\_ X 8****30** |  |
| 1. **Psychomotor**
 | **\_\_\_\_ X 8****30** |  |
| 1. **Affective**
 | **\_\_\_\_ X 4****20** |  |
|  |  |
| **TOTAL ( marks ) /2 = (10 marks)**  |  **( / 10)** |

 Name & Signature of Evaluator\_\_\_\_\_\_\_\_\_\_\_\_\_