**CLINICAL PERFORMANCE EVALUATION SHEET**

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

Student No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A - COGNITIVE SKILLS SCORING CRITERIA**

**LEGEND:**

|  |  |  |
| --- | --- | --- |
| **2** | **Great Extent of Knowledge** | answered the questions correctly |
| **1** | **Great 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** | **Actual Score** | **REMARKS** |
| --- | --- | --- |
| **Patient’s History** |  |  |
| 1. Chief Complaint |  |  |
| 1. Past History |  |  |
| 1. Family History |  |  |
| 1. Social History |  |  |
| **Patient’s Current State of Health** |  |  |
| 1. Present health status / General Survey |  |  |
| 1. Medical Diagnosis |  |  |
| **Medications** |  |  |
| 1. Classification/ Mechanism of Action |  |  |
| 1. Indication / Contraindication |  |  |
| 1. Nursing Responsibilities |  |  |
| **Laboratory and Diagnostic Exams** |  |  |
| 1. Normal Values |  |  |
| 1. Patient Lab results / Significance |  |  |
| **Nursing Process** |  |  |
| 1. Assessment / Nursing Diagnosis |  |  |
| 1. Planning / Expected Outcome |  |  |
| 1. Nursing Intervention / Rationale |  |  |
| 1. Evaluation |  |  |
| **SubTotal Points ( 2 X 15 = 30)** |  |  |

**B - PSYCHOMOTOR SKILLS SCORING CRITERIA**

**LEGEND :**

|  |  |
| --- | --- |
| **2** | **Performed correctly with confidence** |
| **1** | **Performed with less errors** |
| **0** | **Performed with many errors** |

| **B - Psychomotor skills Scoring Criteria** | **Actual Score** | **REMARKS** |
| --- | --- | --- |
| 1. Assesses symptoms effectively |  |  |
| 1. Follows aseptic technique |  |  |
| 1. Applies Infection control measures |  |  |
| 1. Monitors Vital signs accurately |  |  |
| 1. Maintains safe environment |  |  |
| 1. Prioritizes nursing interventions |  |  |
| 1. Ensures comfort, and privacy in rendering care |  |  |
| 1. Provides hygienic care |  |  |
| 1. Handles medical technological apparatus appropriately |  |  |
| 1. Performs physical Assessment comprehensively |  |  |
| 1. provides care for elimination problems |  |  |
| 1. Assists patient in laboratory / diagnostic procedures |  |  |
| 1. Provides Patient education |  |  |
| 1. Monitors Intake and output |  |  |
| 1. Ensures proper disposal of wastes |  |  |
| **SubTotal Points**  **(2 X 15 = 30)** |  |  |

**C – Affective Skills Scoring Criteria**

**LEGEND**

|  |  |
| --- | --- |
| **2** | **High extent of Good Behavior** |
| **1** | **Moderate extent of Good behavior** |
| **0** | **Poor Extent of Good Behavior** |

| **C – Affective Skills Scoring Criteria** | **Actual Score** | **REMARKS** |
| --- | --- | --- |
| 1. Establishes properCommunication & cooperation with co workers |  |  |
| 1. Displays good and proper grooming |  |  |
| 1. Collaborates with staff, students and Teachers |  |  |
| 1. Follows Instructions appropriately |  |  |
| 1. Prompt and Punctual |  |  |
| 1. Shows honesty in data gathering |  |  |
| 1. Updates oneself with latest trends and development |  |  |
| 1. Accepts Criticisms and suggestions |  |  |
| 1. Shows good leadership and management qualities |  |  |
| 1. Displays critical thinking and good judgment |  |  |
| **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 ( 20 marks)** | |  |

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

Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_