**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** | **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**

| **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 ( 20 marks )** | |  |

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