

Dallas Nursing Institute

Clinical Performance Evaluation: Pediatrics

Student Name: _____ Program Group: _____ Date: _____
(PLEASE PRINT)

Instructor: _____ Clinical Site: _____ Facility Orientation: ___ Yes ___ No

Scoring Guidelines: Each skill is graded based on direction from skills textbook.

5/10 = Completed **entire** component without instructor assistance or direction with a maximum of three (3) patients

3/5 = Required assistance to safely and accurately provide total care for 2 – 3 patients

1 = Required assistance to ensure safe practice. Unable to safely and accurately provide total care for 2 – 3 patients

0 = Unable to demonstrate/verbalize knowledge or understanding of component

Goal: total of 85 -100 = practicing at novice nurse level Score less than 75 = success plan

Competency Category	Key	Observations	Grading Scale						
			5	4	3	2	1	0	
I. Member of a Profession	A-D	Translates behaviors, code of ethics, skills, scope of practice, rationales, and knowledge learned during A & P, Fundamentals of Nursing, Med/ Surg I, and Med/Surg II to Med/Surg III clinical practice	5	4	3	2	1	0	
	B5, B4(CJ), D3(CJ)	Participates in self-evaluation and evaluation of peers process to modify and improve own nursing practice and facilitate professional growth	5	4	3	2	1	0	NA
	B2b(CJ)	Participate in evaluation of care administered by multi-disciplinary team	5	4	3	2	1	0	
II. Provider of Patient-Centered Care	A-H	Translates behaviors, code of ethics, skills, scope of practice, rationales, and knowledge learned during A & P, Fundamentals of Nursing through Med/Surg II to Med/Surg III clinical practice	10	5	3	2	1	0	NA
	A1,2a(CJ) C6, D3a,b, D5, D2a-d(CJ), H4(CJ)	Use problem-solving to organize; proactively manage priorities, assign, and follow-up with patient care assignments. Appropriately and effectively explain criteria for setting priorities in planning and evaluating care. Manage multiple responsibilities. Assign patient care activities taking safety into consideration	10	5	3	2	1	0	NA
	A2b(CJ)	From patient care assignments made above construct list of anticipated risks and formulate plan to minimize or prevent negative effects from identified risks	5	4	3	2	1	0	NA
	B6(CJ), C3	Assist with health screening activities. Incorporate fundamental principles of disease prevention and health promotion	5	4	3	2	1	0	NA
	B9(CJ)	Investigate and identify ways that economic and family processes may have affected the health of the patient	5	4	3	2	1	0	
	C5(CJ)	Assist in discharge planning of selected patients as appropriate. Develop discharge plan for specific patient	5	4	3	2	1	0	NA
III. Patient Safety Advocate	G1,2, 1-7(CJ)	Investigate health-related learning needs of patient and family. Using basic principles of teaching develop and implement individualized teaching plan related to health promotion, maintenance, and self-care. Provide patient with basic information needed to make choices	10	5	3	2	1	0	NA
	A-F	Translates behaviors, code of ethics, skills, scope of practice, rationales, and knowledge learned during A & P, Fundamentals of Nursing, Med/ Surg I, and Med/Surg II to Med/Surg III clinical practice	5	4	3	2	1	0	
	C1, C2b(CJ)	Identify principles of disaster preparedness and fundamental principles of communicable disease prevention for patient and family. Appropriately identify risks for patient	5	4	3	2	1	0	NA
	F1 - 3(CJ)	Make assignments for patient care considering patient safety and facility policies and procedures. Ensure clear communication regarding other caregivers' level of knowledge, skills, and abilities. Retain accountability and supervise delegated care	10	5	3	2	1	0	NA
IV. Member of Health Care Team	A-E	Translates behaviors, code of ethics, skills, scope of practice, rationales, and knowledge learned during A & P, Fundamentals of Nursing, Med/ Surg I, and Med/Surg II to Med/Surg III clinical practice	5	4	3	2	1	0	NA
	D1	Implement principles of communication with patients, their families, and interdisciplinary health care team	5	4	3	2	1	0	
	F2a, F4a,	Assign and supervise nursing care based upon an analysis of patient need while following principles of communication, supervision, and team work	5	4	3	2	1	0	NA

Grades for day: Clinical: _____ **Care Plan:** _____ **Post Conference:** _____

Comments:

Instructor Signature: _____ **Student Signature:** _____

VOCATIONAL ESSENTIAL COMPETENCIES

(PER BOARD OF NURSING MARCH 2011)

Pediatrics Nursing

Scoring guidelines: your grade is an accumulation of points from each designated line on the evaluation tool. The points allowed for the line are based on what the student is expected to know coming in to the clinical. The line with a range of numbers from 0 to 10 indicates skills, tasks, knowledge, etc. that the student is learning and is not expected to be perfect. The score for each line is determined by how much assistance the instructor needs to provide the student regarding the task and safe practice. The expectation is the student will improve with each clinical and this will be reflected by the grade.

The Student Vocational Nurse (SVN) will note there is an expectation for the student to use knowledge, skills, and experiences learned from the previous terms and classes. As the patients and clinical opportunities become more challenging it is expected that the SVN will transfer material already learned to these clinical experiences. The information and behaviors you learn build on each other; you will be expected to remember and use what you have learned. Use of this information or inability to transfer this information will be reflected in your grades.

Complete Explanation for Identified Competency

The Forth term Student Vocational Nurse (SVN) as:

I. Member of a Profession

A1-D4(CJ) The SVN will transfer/translate (demonstrate understanding) behaviors, code of ethics, skills, scope of practice, rationales, and knowledge learned during A & P, Fundamentals of Nursing, Med/Surg I, and Med/Surg II to Med/Surg III clinical. This includes all of the requirements from previous Clinical Performance Evaluations, i.e.:

A2(CJ)	Assist in determination of predictable healthcare needs and provide individualized, goal-directed nursing care to two (2) to three (3) patients and family members during one clinical day
B3	Recognize need for and deliver culturally-sensitive care across the life-span to two (2) to three (3) patients and family members during one clinical day
D3-4 (CJ)	Demonstrates accountability to reassess and establish new competency when faced with new experiences and skills

SEE

CLINICAL

EVALUATION FORM FROM FUNDAMENTALS OF NURSING AND MED/SURG I FOR SPECIFIC DETAILS

SEE CLINICAL EVALUATION FORM FROM FUNDAMENTALS OF NURSING AND MED/SURG II FOR SPECIFIC DETAILS

B5, B4(CJ), D3(CJ) Participates in self-evaluation and evaluation of peers to modify and improve own nursing process and facilitate professional growth

B2b(CJ) Participate in evaluation of care administered by multi-disciplinary team

II. Provider of Patient-Centered Care

A1-H6(CJ) The SVN will transfer/ translate (demonstrate understanding) behaviors, code of ethics, skills, scope of practice, rationales, and knowledge learned during A & P, Fundamentals of Nursing, Med/Surg I, and Med/Surg II to Med/Surg III clinical. This includes all of the requirements from previous Clinical Performance Evaluations, i.e.:

A2b, A1- 2(CJ), D3, D3a(CJ)	Implement plan of care for multiple patients. Demonstrates use of clinical reasoning to accurately prioritize and provide culturally appropriate patient care for two (2) to three (3) patients and family members during one clinical day
B1-2, B1 (CJ), E4 (CJ), E12, F1(CJ)	Safely and effectively complete and document focused assessment on all patients with whom care is provided during this clinical day. Identify predictable and multiple healthcare needs. Recognize signs/symptoms of decompensation. Report changes in assessment data to instructor and facility nurse.

B3, B1(CJ)	Safely and effectively conduct and document structured patient history on all patients with whom care was provided during this clinical day
B7 (CJ), F2-6(CJ)	Recognize and accurately interpret abnormal vs. normal findings during focused assessment on each patient. Report abnormal findings, signs/symptoms of decompensation, as well as reasons for changes to instructor and facility representative.
B7, C5, E4 (CJ), E6	Medication administered as ordered while adhering to 10 rights of medication administration and following guidelines from BON Standards of Practice
SEE F3(CJ)	Recognize deviations from plan of care and communicate with instructor and facility nurse as directed. Explain reasons for deviations. Document.
F5(CJ)	Report to facility nurse and instructor and document (for instructor)patient's response to nursing interventions

CLINICAL EVALUATION FORM FROM FUNDAMENTALS OF NURSING AND MED/SURG II FOR SPECIFIC DETAILS

A1,2a(CJ) C6, D3a,b, D5, D2a-d(CJ), H4(CJ) Use problem-solving to organize; proactively manage priorities, assign, and follow-up with patient care assignments. Appropriately and effectively explain criteria for setting priorities in planning and evaluating care. Manage multiple responsibilities. Assign patient care activities taking safety into consideration.

A2b(CJ) Related to patient assignments construct list of anticipated risks and formulate plan to minimize or prevent negative effects from identified risks.

B6(CJ), C3 Assist with health screening activities. Incorporate fundamental principles of disease prevention and health promotion.

B9(CJ) Investigate and identify ways that economic and family processes may have affected the health of the patient.

C5(CJ) Assist in discharge planning of selected patients as appropriate. Develop discharge plan for specific patient.

EG1, 2, G1-47(CJ) Investigate health-related learning needs of patient and family. Using basic principles of teaching develop and implement individualized teaching plan related to health promotion, maintenance, and self-care. Provide patient with basic information needed to make choices.

III. Patient Safety Advocate

A1-F3(CJ) The SVN will transfer/translate (demonstrate understanding) behaviors, skills, scope of practice, rationales, and knowledge learned during A & P, Fundamentals of Nursing and Med/Surg I to Med/Surg II clinical. This includes all of the requirements from Fundamentals of Nursing Clinical Performance Evaluation and Med/Surg I Clinical Performance Evaluation, i.e.:

A5(CJ)	Recognize and report unsafe practices to instructor. Discuss with instructor ideas to improve practice.
B2-5, D6b(CJ)	Consistently monitor for physicians' orders that require clarification; any non-efficacious treatment; patients for reactions or untoward effects of medication; documents and accurately communicates same information to instructor and facility representative. Based on current clinical situation question orders, policies, and procedures that may not be in patient's best interest – discuss with instructor
B3b-5(CJ)	Medication administered as ordered while adhering to 10 rights of medication administration and following guidelines from BON Standards of Practice

SEE CLINICAL EVALUATION FORM FROM FUNDAMENTALS OF NURSING AND MED/SURG I FOR SPECIFIC DETAILS

D6b(CJ) Based on current clinical situation question orders, policies, and procedures that may not be in patient's best interest – discuss with instructor. While following the physician's orders, nursing care plan, as well as facility's policies and procedures be cognizant if physician's orders, nursing care plan, and policies/procedures are in the best interest of the patient

A6 Identifies principles of quality improvement and aspects of quality improvement plan specific to facility.

A5 (CJ) SVN will recognize and report unsafe practices to instructor. Identify how to improve practices to insure safety.

IV. Member of Health Care Team

A1 – G4(CJ) The SVN will transfer/translate (demonstrate understanding) behaviors, skills, scope of practice, rationales, and knowledge learned during A & P, Fundamentals of Nursing and Med/Surg I to Med/Surg II clinical. This includes all of the requirements from Fundamentals of Nursing Clinical Performance Evaluation and Med/Surg I Clinical Performance Evaluation, i.e.:

B2-3(CJ)	Identify and report patient(s) unmet health needs. (Consider Maslow) Discuss with instructor.
B5(CJ)	Recognize need for and refer patient/family to community resource as appropriate
D2	Utilize basic time management skills to safely and appropriately provide total patient care to 2-3 patients

SEE CLINICAL EVALUATION FORM FROM FUNDAMENTALS OF NURSING AND MED/SURG I FOR SPECIFIC DETAILS

A1-2 SVN demonstrates coordination and communication with health care tem

B2-3(CJ) SVN identifies and proposes a list of patient’s unmet needs to nursing instructor and follows chain of command as identified by instructor.

D2 Utilize basic time management skills to safely and appropriately provide total patient care to 2-3 patients