

QUINSIGAMOND COMMUNITY COLLEGE  
NURSE EDUCATION PROGRAM  
Nursing IV – Nur 212

CLINICAL PERFORMANCE EVALUATION GUIDE  
ACUTE CARE SETTING

CURRICULUM THREADS/PROFESSIONAL BEHAVIOR	SATISFACTORY PERFORMANCE	UNSATISFACTORY PERFORMANCE
1. <b>*States scientific rationales that provide basis for nursing actions.</b>	Is able to relate scientific principles underlying nursing actions to specific client care; principles are clearly and concisely stated and /or written; demonstrates this in care plans and individual or group conferences.	Is unable to relate scientific principles underlying nursing actions to specific client care; principles are not clearly and not concisely stated and /or written; and unable to demonstrates this in care plans and individual or group conferences.
2. Recognizes limitations and seeks out guidance when necessary.	Informs instructor or primary nurse when unable to complete assigned responsibilities.	Does not inform instructor or primary nurse when unable to complete assigned responsibilities.
3. <b>*Follows established nursing standards when implementing nursing actions.</b>	Uses established nursing and agency protocols in implementing nursing actions. Understands how the Nurse Practice Act and professional organizations determine nursing standards of care.	Does not use established nursing and agency protocols in implementing nursing actions. Does not understands how the Nurse Practice Act and professional organizations determine nursing standards of care.
4. <b>*Maintains confidentiality of clients and of clinical situations</b>	Maintains confidentiality of all situations, verbally and/or in writing. Provides for client privacy during provision of care, interviewing, teaching.....	Does not maintain confidentiality of all situations, verbally and/or in writing. Provides care and interviews client in a public manner.

<b>CURRICULUM THREADS/ COMMUNICATION</b>	<b>SATISFACTORY PERFORMANCE</b>	<b>UNSATISFACTORY PERFORMANCE</b>
5. <b>*Reports and documents client information that is timely, concise and accurate.</b>	Uses accurate, brief, professional terminology to describe manifestations and/or client response to nursing interventions; uses appropriate time sequence. Reports verbally to appropriate personnel prior to leaving unit; reports significant changes in client condition promptly to primary nurse. Uses institutional documentation procedures when recording information re: client status and works with primary nurse and other team members.	Does not use accurate, brief, professional terminology to describe manifestations and/or client response to nursing interventions; does not use appropriate time sequence. Does not report verbally to appropriate personnel prior to leaving unit; does not report significant changes in client condition promptly to primary nurse. Does not use institutional documentation procedures when recording information re: client status and works with primary nurse and other team members.
6. <b>*Responds to client concerns using therapeutic communication techniques.</b>	Validates perception of patient behavior and family interactions that may influence client outcomes and follows through with appropriate referrals using the multidisciplinary team approach when necessary, Effectively interprets verbal/non-verbal cues.	Does not validate perception of patient behavior and family interactions that may influence client outcomes and follows through with appropriate referrals using the multidisciplinary team approach when necessary,
<b>CURRICULUM THREADS/ ASSESSMENT</b>		
7. Describes cultural health practices/beliefs of selected clients.	Is able to address unique cultural needs of clients and families and use appropriate environmental resources (texts, interpreters, family members, etc.) to support client health care beliefs. Discusses during clinical conferences, the needs of culturally diverse patients/families.	Unable to address unique cultural needs of clients and families and unable to use appropriate environmental resources (texts, interpreters, family members, etc.) to support client health care beliefs.
8. Identifies universal requisites and therapeutic self-care demand.	Clearly identifies universal requisites and therapeutic demand, or needs for nursing encompassing all appropriate requisite areas	Unable to clearly identify universal requisites and therapeutic demand, or needs for nursing encompassing all appropriate requisite areas

<b>CURRICULUM THREADS/ CLINICAL DECISION- MAKING</b>	<b>SATISFACTORY PERFORMANCE</b>	<b>UNSATISFACTORY PERFORMANCE</b>
9. States pathophysiological manifestations of health care deviations.	Presents a strong knowledge of pathophysiology as it relates to clients presentation in clinical conferencing, throughout the clinical day and in nursing care plans.	Unable to present a strong knowledge of pathophysiology as it relates to clients presentation in clinical conferencing, throughout the clinical day and in nursing care plans.
10. States pharmacological implications for selected medications.	States nursing and pharmacological implications for clients receiving medications and includes individual plans for clients according to disease presentation. States implications in nursing care plan and in daily clinical experience.	Does not state nursing and pharmacological implications for clients receiving medications and includes individual plans for clients according to disease presentation. Does not state implications in nursing care plan and in daily clinical experience.
11. Prioritizes nursing diagnoses and/or collaborative problems	Lists nursing diagnoses in order of priority taking into consideration individual client presentation in care plans and in clinical day.	Does not list nursing diagnoses in order of priority taking into consideration individual client presentation in care plans and in clinical day.
12. Relates significance of diagnostic test results to specific health care deviation.	Demonstrates consistent improvement in stating significance of abnormal diagnostic tests; can state implications for nursing care; uses abnormal test results in objective assessment data base, and includes in nursing interventions and rationales.	Does not demonstrate consistent improvement in stating significance of abnormal diagnostic tests; cannot state implications for nursing care; cannot use abnormal test results in objective assessment data base, and does not include in nursing interventions and rationales.
13. <b>*Interprets generated data by identifying appropriate and validated nursing diagnoses.</b>	Using subjective/objective data, validates individualized nursing diagnoses to assist client in achieving self-care. Is able to delete and/or add nursing diagnoses as client presentation changes.	Unable to use subjective/objective data to validate individualized nursing diagnoses to assist client in achieving self-care. Is unable to delete and/or add nursing diagnoses as client presentation changes.

<b>CURRICULUM THREADS/ CLINICAL DECISION- MAKING (continued)</b>	<b>SATISFACTORY PERFORMANCE</b>	<b>UNSATISFACTORY PERFORMANCE</b>
14. Determines realistic and appropriate outcome criteria.	Outcome criteria is measurable, client-centered, reflects outcome behavior and is realistic and attainable. Uses assessment data and client generated information, if possible, and collaborates with primary nurse to determine realistic outcome criteria and/or care planning.	Unable to measure outcome criteria that is measurable, client-centered, reflects outcome behavior and is realistic and attainable. Does not use assessment data and client generated information, and does not collaborate with primary nurse to determine realistic outcome criteria and/or care planning.
15. Evaluates effects of nursing interventions and alters plan of care when necessary.	Written or daily care plan indicates satisfactory to evaluate use of nursing process; adjusts plan of care as client acuity changes; considers client input when making changes; collaborates with other team members when change is initiated; care plan evaluation reflects insights into changing client status.	Written or daily care plan indicates satisfactory to evaluate use of nursing process; adjusts plan of care as client acuity changes; considers client input when making changes; collaborates with other team members when change is initiated; care plan evaluation reflects insights into changing client status.

<b>CURRICULUM THREADS/ CARING INTERVENTION</b>	<b>SATISFACTORY PERFORMANCE</b>	<b>UNSATISFACTORY PERFORMANCE</b>
16. <b>*Applies scientific principles in the performance of nursing activities related to medication administration.</b>	Administers all medications accurately using five rights and uses proper protocols for reviewing patient medication kardex. Uses knowledge of pathophysiology, diagnostic test results in body on nursing care plan.	Unable to administer all medications accurately using five rights and uses proper protocols for reviewing patient medication kardex. Unable to use knowledge of pathophysiology, diagnostic test results in body on nursing care plan.
17. <b>*Applies scientific principles related to client safety.</b>	Maintains safety of clients; follows institutional protocol regarding safety of clients who are combative or aggressive and who pose a threat to others or to caregivers. Adheres to institutional protocols for medication administration; puts side rails up, monitors and calculates correct IV infusion rates and solution along with I/O calculation; ensures correct dietary intake for nutritional and diagnostic test purposes, monitors effects of medications, maintains proper function of feeding tubes and drains, ensures proper functioning technology, carries out treatment/procedures utilizing principles of asepsis. Immediately reports changing client status to primary nurse and faculty member.	Does not maintain safety of clients; does not follow institutional protocol regarding safety of clients who are combative or aggressive and who pose a threat to others or to caregivers. Does not adhere to institutional protocols for medication administration; does not put side rails up, does not monitor and calculate correct IV infusion rates and solution along with I/O calculation; does not ensure correct dietary intake for nutritional and diagnostic test purposes, does not monitor effects of medications, does not maintain proper function of feeding tubes and drains, does not ensure proper functioning technology, does not carry out treatment/procedures utilizing principles of asepsis. Does not immediately report changing client status to primary nurse and faculty member.

<b>CURRICULUM THREADS/ TEACHING AND LEARNING</b>	<b>SATISFACTORY PERFORMANCE</b>	<b>UNSATISFACTORY PERFORMANCE</b>
18. Integrates teaching principles into plan of care, based upon client/"family" identified learning needs.	Uses institutional protocols for documenting appropriate teaching re: medications, wound care, etc. Is able to spontaneously teach clients during clinical day with increasing ease and independence, and incorporates families into teaching/learning activities when appropriate. Uses teaching methodologies available on the unit, such as videos, medications information and other materials.	Does not use institutional protocols for documenting appropriate teaching re: medications, wound care, etc. Is unable to spontaneously teach clients during clinical day with increasing ease and independence, and incorporates families into teaching/learning activities when appropriate. Does not use teaching methodologies available on the unit, such as videos, medications information and other materials.
<b>CURRICULUM THREADS/ COLLABORATION</b>	<b>SATISFACTORY PERFORMANCE</b>	<b>UNSATISFACTORY PERFORMANCE</b>
19. Collaborates with health team members to improve management of client care.	Recognizes the need to utilize other members of the health care team to help client achieve outcomes. Communicates professionally and therapeutically with health care members such as case manager, nutritionist, enterostomal therapist, respiratory therapist, physical, occupational, and speech therapy, etc.	Does not recognize the need to utilize other members of the health care team to help client achieve outcomes. Does not communicate professionally and therapeutically with health care members such as case manager, nutritionist, enterostomal therapist, respiratory therapist, physical, occupational, and speech therapy, etc.
20. Completes a discharge summary and appropriate referrals.	Uses institutional protocols regarding discharge documentation; completes nursing referrals to nursing homes or visiting nurse agencies when appropriate. Completes discharge teaching about discharge medication regime, next MD appointments, and when to call physician with urgent information such as fever, wound drainage, medication questions, next blood work, etc. Gathers information about discharge such as home environment, equipment (ie. oxygen), nutritional needs and support systems available. Utilizes case manager as resource.	Does not use institutional protocols regarding discharge documentation; does not complete nursing referrals to nursing homes or visiting nurse agencies when appropriate. Does not complete discharge teaching about discharge medication regime, next MD appointments, and when to call physician with urgent information such as fever, wound drainage, medication questions, next blood work, etc. Does not gather information about discharge such as home environment, equipment (ie. oxygen), nutritional needs and support systems available. Does not utilize case manager as resource.

<b>CURRICULUM THREADS/ MANAGING CARE</b>	<b>SATISFACTORY PERFORMANCE</b>	<b>UNSATISFACTORY PERFORMANCE</b>
21. Prioritizes nursing diagnoses and/or collaborative problems	Lists nursing diagnoses in order of priority taking into consideration individual client presentation in care plans and in clinical day.	Does not list nursing diagnoses in order of priority taking into consideration individual client presentation in care plans and in clinical day.
22. Develops plan of care for multiple clients considering priorities and time management.	Identifies time elements or determines time schedules as they relate to scheduled activities for the day. Uses acuity data in planning delivery of care for multiple clients.	Does not identify time elements or determine time schedules as they relate to scheduled activities for the day. Does not use acuity data in planning delivery of care for multiple clients.
23. Manages client's care by implementing nursing activities which are prioritized and organized.	Nursing care reflects the multi-disciplinary nature of health care. Actions have incorporated elements from PT, respiratory therapy, social services....., as appropriate.	Nursing care provided is one-dimensional. Care is disorganized and not prioritized.
24. Identifies and implements cost-efficient strategies when providing care to clients.	Verbalizes and implements actions that demonstrate understanding of supply.	Fails to consider the cost of care resources when providing client care.

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