

ADVANCED AND PROFICIENT CLINICAL SKILLS AND COMPETENCIES

by Lyna M. N. Hutapea

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ADVANCED AND PROFICIENT CLINICAL SKILLS AND COMPETENCIES



Fungsi dan sifat hak cipta Pasal 4

Hak Cipta sebagaimana dimaksud dalam Pasal 3 huruf a merupakan hak eksklusif yang terdiri atas hak moral dan hak ekonomi.

Pembatasan Pelindungan Pasal 26

Ketentuan sebagaimana dimaksud dalam Pasal 23, Pasal 24, dan Pasal 25 tidak berlaku terhadap:

1. Penggunaan kutipan singkat Ciptaan dan/atau produk Hak Terkait untuk pelaporan peristiwa aktual yang ditujukan hanya untuk keperluan penyediaan informasi aktual;
2. Pengandaan Ciptaan dan/atau produk Hak Terkait hanya untuk kepentingan Karya Ilmiah ilmu pengetahuan;
3. Pengandaan Ciptaan dan/atau produk Hak Terkait hanya untuk keperluan pengajaran, kecuali pertunjukan dan Fonogram yang telah dilakukan Pengumuman sebagai bahan ajar; dan
4. Penggunaan untuk kepentingan pendidikan dan pengembangan ilmu pengetahuan yang memungkinkan suatu Ciptaan dan/atau produk Hak Terkait dapat digunakan tanpa izin Pelaku Pertunjukan, Produser Fonogram, atau Lembaga Penyiaran.

Sanksi Pelanggaran Pasal 113

1. Setiap Orang yang dengan tanpa hak melakukan pelanggaran hak ekonomi sebagaimana dimaksud dalam Pasal 9 ayat (1) huruf i untuk Penggunaan Secara Komersial dipidana dengan pidana penjara paling lama 1 (satu) tahun dan/atau pidana denda paling banyak Rp100.000.000 (seratus juta rupiah).
2. Setiap Orang yang dengan tanpa hak dan/atau tanpa izin Pencipta atau pemegang Hak Cipta melakukan pelanggaran hak ekonomia Pencipta sebagaimana dimaksud dalam Pasal 9 ayat (1) huruf c, huruf d, huruf f, dan/atau huruf h untuk Penggunaan Secara Komersial dipidana dengan pidana penjara paling lama 3 (tiga) tahun dan/atau pidana denda paling banyak Rp500.000.000,00 (lima ratus juta rupiah).

**ADVANCED AND PROFICIENT
CLINICAL SKILLS AND COMPETENCIES**

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Lyna M. N. Hutapea, SKep, Ners, MSc(PHN), PhD
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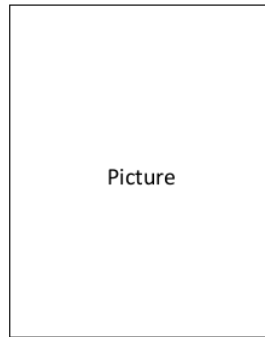
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AUTHOR'S REMARKS

This handbook is intended to provide you with user – friendly information that will facilitate your success in the nursing clinical program.

As a nursing student, you are expected to function in an increasingly professional manner and some of your education is designed specifically to mold you into the role of a professional nurse. You also are expected to assume responsibility to complete the program.

Student, before you do your clinical work, let this be your prayer: Lord, I pray for wisdom in all I do today. I'm ready to take on my assignment. Help me to rely on You, to seek Your face, to follow Your glory. Fill me with patience and kindness, to give each patient a tender word and touch in Your name. Grant me the endurance to shoulder the physical challenges and the clarity to use my clinical skills to their utmost advantage to complete all that needs to be accomplished. At the end of each day, I want to hear your praise, "Well done, good and faithful student." Amen.

Lyna M. N. Hutapea, SKep, Ners, MSc (PHN), PhD

Go Light Your World

There is a candle in every soul
Some brightly burning, some dark and cold
There is who brings a fire
Ignites a candle and makes his home

So carry your candle, run to the darkness
Seek out the hopeless, confused and torn
Hold out your candle for all to see it
Take your candle, and go light your world
Take your candle, and go light your world

Frustrated brother, see how he's tried to
Light his own candle some other way
See now your sister, she's been robbed and lied to
Still holds a candle without a flame

So carry your candle, run to the darkness
Seek out the lonely, the tired and worn
Hold out your candle for all to see it
Take your candle, and go light your world
Take your candle, and go light your world

'Cause we are a family whose hearts are blazing
So let's raise our candles and light up the sky
Praying to our Father, in the name of Jesus
Make us a beacon in darkest times

So carry your candle, run to the darkness
Seek out the helpless, deceived and poor
Hold out your candle for all to see it
Take your candle, and go light your world

So carry your candle, run to the darkness
Seek out the hopeless, confused and torn
Hold out your candle for all to see it
Take your candle, and go light your world
Take your candle, and go light your world



THE FLORENCE NIGHTINGALE PLEDGE

I solemnly pledge myself before God
And in the presence of this assembly
To pass my life in purity
And to practice my profession faithfully
I will abstain from whatever is deleterious and mischievous
And will not take or knowingly administer any harmful drug
I will do all in my power to maintain and elevate
The standard of my profession
And will hold in confidence all personal matters
Committed to my keeping
And all family affairs coming to my knowledge
In the practice of my calling
With loyalty will I endeavor
To aid the physician in his work
And devote myself to the welfare
Of those committed to my care



Nursing Student Agreement to Abide by the Clinical Skills and Competencies Practice Rules

The under sign, have read and therefore understand the written Clinical Skills Practice Rule, and hereby willing to:

1. Wear a complete nurse's uniform, which includes: white uniform, white shoes, name tag, whitecap, and white stocking for Female, and white socks for male. All of them should be clean and neat.
2. Keep natural hair clean (no coloring hair) and neat when entering the hospital: For female: not wearing hair ornament, except hairnet. Keep the hair above the collar. For male: keep the hair short, not wearing moustache or beard.
3. Wear certain outfit as specified by each department.
 - O.R: Wear O.R gown, cap and mask. Bring personal rubber sandal.
 - ICU: Wear personal lab gown outside white uniform. Bring personal rubber sandal.
 - R.U: same with ICU
4. Carry objective book; procedure book and lab book, daily, as required by the Clinical Practice Experience.
5. Carry no music players.
6. Turn off hand phone during practice hours.
7. Stay courteous and polite.
8. Participate in the clinical orientation activities:
 - Per department, which is given by the head department, at the beginning the rotation to that department.
9. Come and leave on time, as scheduled, and fill the attendance record daily.
10. Report Clinical Instructor on duty for the day, if unable to practice because of ill condition or other emergency, at least on hour to the time scheduled.
11. Not leave the practicum area without permission from Clinical Instructor, Head Nurse, or Nurse in Charge.
12. Not change schedule without permission from Clinical Instructor, Head Nurse, or Nurse in Charge.

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CLINICAL SKILLS AND COMPETENCIES - ADVANCED LEVEL

- Pre-Clinical Medical Abbreviation and Terminology
- Pre-Clinical Competencies of Diseases: Integument System, Musculoskeletal System, Endocrine System, Psychiatric
- Clinical and Competencies: Outpatient Dept., Emergency Dept., Community, Psychiatric
- Management Client with: Family Nursing, Community, Musculoskeletal System, Geriatric System, Integument System, Endocrine System
- Notes
 1. NAR (Nursing Assignment Report)
 2. NAR Submission
 3. Practical Performance
 4. Attendance Report and Hour of Practice
 5. Anecdotal Records Evaluation
 6. Department Performance Evaluation
 7. Lab Day Performance Evaluation
 8. Mid & Final Performance Evaluation
 9. Approval Sheet

PRE-CLINICAL MEDICAL ABBREVIATION AND TERMINOLOGY – ADVANCED LEVEL

| Competencies | Approval | |
|--------------------------------|----------|--------------|
| | Date | CI Signature |
| Integument System: | | |
| 1. Alopecia | | |
| 2. Cautery | | |
| 3. Comedo | | |
| 4. Debridement | | |
| 5. Decubitus ulcer | | |
| 6. Diaphoresis | | |
| 7. Ecchymosis | | |
| 8. Erythema | | |
| 9. Furuncle | | |
| 10. Hirsutism | | |
| 11. Ichthyosis | | |
| 12. Keloid | | |
| 13. Keratosis | | |
| 14. Pediculosis | | |
| 15. Petechiae | | |
| 16. Pruritus | | |
| 17. Purpura | | |
| 18. Urticaria | | |
| 19. Vitiligo (etc↓) | | |
| 20. | | |
| 21. | | |
| 22. | | |
| 23. | | |
| 24. | | |
| 25. | | |
| 26. | | |
| | | |
| Musculoskeletal System: | | |
| 1. Ankylosis | | |
| 2. Asthenia | | |
| 3. Ataxia | | |
| 4. Athetosis | | |
| 5. Atrophy | | |
| 6. Avulsion | | |
| 7. Chvostek's sign | | |
| 8. Contracture | | |
| 9. Fracture | | |
| 10. Isometric | | |
| 11. Isotonic | | |
| 12. Kinesthesia | | |

| Competencies | Approval | |
|--------------------------|----------|--------------|
| | Date | CI Signature |
| 13. Spasm | | |
| 14. Strain | | |
| 15. Trosseau's sign | | |
| 16. Arthroscopy | | |
| 17. Herniated disk | | |
| 18. HNP | | |
| 19. Kyphosis | | |
| 20. Laminectomy | | |
| 21. Lordosis | | |
| 22. Myelogram | | |
| 23. Orthopedics | | |
| 24. Osteoarthritis | | |
| 25. Prosthesis | | |
| 26. Rheumatoid Arthritis | | |
| 27. Scoliosis | | |
| 28. Spondylosis | | |
| 29. Sprain | | |
| 30. Traction (etc↓) | | |
| 31. | | |
| 32. | | |
| 33. | | |
| 34. | | |
| 35. | | |
| | | |
| Endocrine System: | | |
| 1. Acromegaly | | |
| 2. Cretinism | | |
| 3. Exophthalmos | | |
| 4. Glycosuria | | |
| 5. Goiter | | |
| 6. Ketoacidosis | | |
| 7. Ketosis | | |
| 8. Myxedema | | |
| 9. Tetany | | |
| 10. ACTH | | |
| 11. ADH | | |
| 12. DM | | |
| 13. FBS | | |
| 14. GTT | | |
| 15. IDDM | | |
| 16. NIDDM | | |
| 17. SIADH | | |
| 18. TSH | | |

| Competencies | Approval | |
|--------------------|----------|--------------|
| | Date | CI Signature |
| 19. T3 | | |
| 20. T4 (etc ↓) | | |
| 21. | | |
| 22. | | |
| 23. | | |
| 24. | | |
| 25. | | |
| | | |
| Psychiatry: | | |
| 1. Anxiety | | |
| 2. Catatonia | | |
| 3. Compulsion | | |
| 4. Euphoria | | |
| 5. Hypochondriasis | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

PRE-CLINICAL COMPETENCIES OF DISEASES – ADVANCED LEVEL

| Competencies | Approval | |
|-----------------------|----------|--------------|
| | Date | CI Signature |
| Integument System: | | |
| 1. Burn | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 2. Dermatitis | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 3. Herpes Simplex | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 4. Herpes Zoster | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 5. Molluscum | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 6. Pruritus | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 7. Psoriasis | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 8. Ulcus Decubitus | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 9. Varicella | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 10. Osteoporosis | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| Competencies | Approval | |
| | Date | CI Signature |
| 11. Paget's disease | | |

| | | | |
|-------------------|-----------------------|--|--|
| 2 | a. Definition | | |
| | b. Etiology | | |
| | c. Signs and Symptoms | | |
| Others | | | |
| 12. | | | |
| | a. Definition | | |
| | b. Etiology | | |
| | c. Signs and Symptoms | | |
| 13. | | | |
| | a. Definition | | |
| | b. Etiology | | |
| | c. Signs and Symptoms | | |
| Endocrine System: | | | |
| 1. | Adison's Disease | | |
| | a. Definition | | |
| | b. Etiology | | |
| | c. Signs and Symptoms | | |
| 2. | Cushing's Syndrome | | |
| | a. Definition | | |
| | b. Etiology | | |
| | c. Signs and Symptoms | | |
| 3. | Diabetes Mellitus | | |
| | a. Definition | | |
| | b. Etiology | | |
| | c. Signs and Symptoms | | |
| 4. | Hyperthyroidism | | |
| | a. Definition | | |
| | b. Etiology | | |
| | c. Signs and Symptoms | | |
| 5. | Pancreatitis | | |
| | a. Definition | | |
| | b. Etiology | | |
| | c. Signs and Symptoms | | |
| 6. | | | |
| | a. Definition | | |
| | b. Etiology | | |
| | c. Signs and Symptoms | | |
| 7. | | | |
| | a. Definition | | |
| | b. Etiology | | |
| | c. Signs and Symptoms | | |

| Competencies | Approval | |
|-----------------------|----------|--------------|
| | Date | CI Signature |
| Psychiatry: | | |
| 1. Autism | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 2. Delusion | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 3. Depression | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 4. Hallucination | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 5. Neurosis | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 6. Paranoia | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 7. Psychosis | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 8. Schizophrenia | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 9. 2 | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 10. | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |

CLINICAL SKILLS AND COMPETENCIES OF DISEASES – ADVANCED LEVEL

| Competencies | 1 st Performance | | 2 nd Performance | | 3 rd Performance | | 4 th Performance | | 5 th Performance | | 6 th Performance | | CI Approval | |
|--|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-------------|------|
| | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign |
| Outpatient Department: | | | | | | | | | | | | | | |
| 1. Taking Anamnesis | | | | | | | | | | | | | | |
| 2. Preparing and Delivering Immunization: | | | | | | | | | | | | | | |
| a. BCG | | | | | | | | | | | | | | |
| b. DPT | | | | | | | | | | | | | | |
| c. Polio | | | | | | | | | | | | | | |
| d. Hepatitis | | | | | | | | | | | | | | |
| e. MMR | | | | | | | | | | | | | | |
| f. Tetanus | | | | | | | | | | | | | | |
| 3. Preparing and Delivering Contraception Injection | | | | | | | | | | | | | | |
| 4. Assisting Doctors: | | | | | | | | | | | | | | |
| a. EENT | | | | | | | | | | | | | | |
| b. Pulmonist | | | | | | | | | | | | | | |
| c. Gastroenterologist | | | | | | | | | | | | | | |
| d. Cardiologist | | | | | | | | | | | | | | |
| e. Psychiatrist | | | | | | | | | | | | | | |
| f. Orthopedist | | | | | | | | | | | | | | |
| g. Obstetrician and Gynecologist | | | | | | | | | | | | | | |
| 5. Perform Snellen Test | | | | | | | | | | | | | | |
| Emergency Room: | | | | | | | | | | | | | | |
| A. Responsible to the ER nurses (AM and PM) and to the ER supervisor | | | | | | | | | | | | | | |
| B. Tasks | | | | | | | | | | | | | | |
| 1. Documenting patient's registration | | | | | | | | | | | | | | |
| 2. Assisting the doctor in client's preparation | | | | | | | | | | | | | | |
| 3. Taking vital signs | | | | | | | | | | | | | | |
| 4. Assisting nurses to prepare needed instruments | | | | | | | | | | | | | | |
| 5. Assisting in ER Supplies preparation | | | | | | | | | | | | | | |
| 6. Keeping ER cleanliness and tidiness | | | | | | | | | | | | | | |

| Competencies | 1 st Performance | | 2 nd Performance | | 3 rd Performance | | 4 th Performance | | 5 th Performance | | 6 th Performance | | CI Approval | |
|--|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-------------|------|
| | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign |
| 7. Perform Triage | | | | | | | | | | | | | | |
| 8. Identify the signs and symptoms of febrile convulsions and its management | | | | | | | | | | | | | | |
| 9. Identify the signs and symptoms of shock and its management | | | | | | | | | | | | | | |
| a. Hypovolemic shock | | | | | | | | | | | | | | |
| b. Anaphylactic shock | | | | | | | | | | | | | | |
| c. Cardiogenic shock | | | | | | | | | | | | | | |
| d. Neurogenic shock | | | | | | | | | | | | | | |
| e. Sepsis shock | | | | | | | | | | | | | | |
| 10. Knowing the rule of nine, burns degree, and its management | | | | | | | | | | | | | | |
| 11. Performing appropriate action of wound care and stop bleeding | | | | | | | | | | | | | | |
| 12. Perform wound wrapping and splinting | | | | | | | | | | | | | | |
| 13. Identify the signs and symptom of dehydration and its management | | | | | | | | | | | | | | |
| 14. Identify the signs and symptom of toxicity and its management | | | | | | | | | | | | | | |
| 15. Managing airway obstruction and applying O ₂ therapy | | | | | | | | | | | | | | |
| 16. Performing basic life support | | | | | | | | | | | | | | |
| 17. Others: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| Competencies | 1 st Performance | | 2 nd Performance | | 3 rd Performance | | 4 th Performance | | 5 th Performance | | 6 th Performance | | CIA Approval | |
|---|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|--------------|------|
| | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign |
| Community Health Services (PUSKESMAS): | | | | | | | | | | | | | | |
| 1. Caring and maintaining: | | | | | | | | | | | | | | |
| a. Pregnant woman | | | | | | | | | | | | | | |
| b. Labor woman | | | | | | | | | | | | | | |
| c. Lactating mother | | | | | | | | | | | | | | |
| d. Babies | | | | | | | | | | | | | | |
| e. Pediatrics (5 years) | | | | | | | | | | | | | | |
| 2. Knowing the proper pregnancy planning | | | | | | | | | | | | | | |
| 3. Knowing the contraceptives and its working mechanism | | | | | | | | | | | | | | |
| 4. Knowing the good nutrition guide for community | | | | | | | | | | | | | | |
| 5. Knowing the proper maintenance of clean and health environment | | | | | | | | | | | | | | |
| 6. Knowing the maintenance of self-hygiene and cleanliness | | | | | | | | | | | | | | |
| 7. Giving urgent care for accidents | | | | | | | | | | | | | | |
| 8. Knowing the importance of understanding the meaning of health and sick for family, specific groups and community | | | | | | | | | | | | | | |
| 9. Knowing how to give health teachings for school age children (7-21 years) | | | | | | | | | | | | | | |
| 10. Knowing the importance of exercise in supporting the health levels and life quality | | | | | | | | | | | | | | |
| 11. Knowing the importance of the safety for the workers in their working environment | | | | | | | | | | | | | | |
| 12. Caring and maintaining teeth and mouth health | | | | | | | | | | | | | | |
| 13. Knowing the psychiatric abnormalities | | | | | | | | | | | | | | |
| 14. Caring and maintaining eyes health | | | | | | | | | | | | | | |

| Competencies | 1 st Performance | | 2 nd Performance | | 3 rd Performance | | 4 th Performance | | 5 th Performance | | 6 th Performance | | CI Approval | |
|---|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-------------|------|
| | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign |
| Management of the Client with Geriatric disorders: | | | | | | | | | | | | | | |
| 1. Perform complete physical assessment for geriatric | | | | | | | | | | | | | | |
| a. Musculoskeletal disorders | | | | | | | | | | | | | | |
| b. Neurologic disorders | | | | | | | | | | | | | | |
| c. Sensory disorders: | | | | | | | | | | | | | | |
| • Smelling impairment | | | | | | | | | | | | | | |
| • Hearing impairment | | | | | | | | | | | | | | |
| • Vision impairment | | | | | | | | | | | | | | |
| • Tasting impairment | | | | | | | | | | | | | | |
| • Touching impairment | | | | | | | | | | | | | | |
| d. Cardiovascular disorders | | | | | | | | | | | | | | |
| e. Reproductive System disorders | | | | | | | | | | | | | | |
| • Male | | | | | | | | | | | | | | |
| • Female | | | | | | | | | | | | | | |
| f. GI disorders | | | | | | | | | | | | | | |
| g. Endocrine System disorders | | | | | | | | | | | | | | |
| h. Genitourinary System disorders | | | | | | | | | | | | | | |
| i. Pain | | | | | | | | | | | | | | |
| j. Sleeping disturbances | | | | | | | | | | | | | | |
| k. Alcohol abuse | | | | | | | | | | | | | | |
| 2. Managing the geriatric clients with: | | | | | | | | | | | | | | |
| 3. End of life care | | | | | | | | | | | | | | |
| 4. Others: | | | | | | | | | | | | | | |
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NOTES

- NAR (Nursing Assignment Report)
- NAR Submission
- Practical Performance
- Attendance Report and Hour of Practice
- Anecdotal Record Evaluation
- Department Performance Evaluation
- Lab Day Performance Evaluation
- Midterm and Final Evaluation
- Approval Sheet

SUMMARY OF ASSIGNMENT RECORD

| NON-SEGREGATED SERVICE | NO. OF CASE | | CALENDER DAYS | SEGREGATED SERVICE | CALENDER DAYS |
|---|-------------|---|---------------|-------------------------------|---------------|
| | M | S | | | |
| Basic Nursing Practice | | | | UPPKM | |
| Cardiovascular System | | | | Psychiatric Nursing | |
| Respiratory System | | | | Pediatric Nursing | |
| Digestive System | | | | Obstetric Nursing | |
| Nervous System | | | | Laboratory Department | |
| Sensory (Eye, Ear, Nose, Throat) System | | | | Diet and Nutrition Department | |
| Musculoskeletal System | | | | Family Nursing | |
| Genitourinary System | | | | Renal Unit | |
| Endocrine System | | | | Outpatient Department (OPD) | |
| Integumentary System | | | | Emergency Department | |
| Immunology System | | | | Surgery Room | |
| Hematology System | | | | Chaplain Department | |
| Geriatric Unit | | | | TOTAL | |
| Intensive Care Unit | | | | Class | |
| High Care Unit | | | | Off | |
| SEGREGATED SERVICE | | | CALENDER DAYS | Sick Leave | |
| Leadership and Management | | | | Excuse Absent | |
| Medicine Department | | | | Unexcused Absent | |
| Physiotherapy | | | | Vacation | |
| Neonatal Intensive Care Unit | | | | IPD | |
| Community Health Nursing | | | | Total days in a month | |

Coordinator's Signature : _____ Date Submitted : _____

Student's Signature : _____

M: Medical
 S: Surgical
 CNP: Clinical Nursing Practice
 IPD: In Patient Department

*Circle one

NAR SUBMISSION

CLINICAL SKILLS AND COMPETENCIES - ADVANCED LEVEL

| Month | Submissions (*) | CI's Signature |
|-------|-----------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

(*) give a check mark (✓)

Practicing Date: _____

Student Clinical – Advanced Level
Faculty of Nursing Science

Clinical Practice Coordinator
Advanced Level

Chairperson, Faculty of Nursing Science

Dean, Faculty of Nursing Science

NOTES
ATTENDANCE REPORT AND HOUR OF PRACTICE
CLINICAL SKILLS AND COMPETENCIES – ADVANCED LEVEL

| | Quantity | Explanation | CI's Signature |
|------------------------------------|----------|---|----------------|
| Absent | | | |
| Absent with permission | | | |
| Sick leave | | | |
| Accident Slip | | | |
| Total Hour Clinical Advanced Level | | <ul style="list-style-type: none"> • Medical Surgical Ward : 5 days = 1 week = 40 hours • Lab Day : 5 days = 1 week = 40 hours • OPD Dept. : 5 days = 1 week = 40 hours • ER Dept. : 10 days = 2 weeks = 80 hours • Psychiatric : 10 days = 2 weeks = 80 hours • Community/PKMD : 10 days = 2 weeks = 80 hours <p style="text-align: right;">Total : 45 days = 9 weeks = 360 hours</p> <ul style="list-style-type: none"> • Assignment performance/ preparation weeks : 2 hrs/day = 2 hrs X 40 days = 80 hrs/8 = 10 hrs/week | |

Clinical Practice Coordinator
Advanced Level

Chairperson, Faculty of Nursing Science

Dean, Faculty of Nursing Science

ANECDOCTAL RECORD EVALUATION

| Date | Description | CI's Signature |
|------|-------------|-------------------|
| | | |
| | | |
| | | |
| | | |

Notes: Contains of progress notes which an objective written descriptions of observed student performance or both negative and positive behaviors that may impact care.

DEPARTMENT PERFORMANCE EVALUATION

| No | Department | Date | Score | CI Signature |
|----|-----------------------|------|-------|--------------|
| 1 | Outpatient Department | | | |
| 2 | Emergency Room | | | |
| 3 | Community | | | |
| 4 | Psychiatric | | | |
| 5 | Geriatric | | | |
| 6 | LAB DAY | | | |

Clinical Practice Instructor
Advanced Level

Student Attitude Evaluation Form

Student Name :

Program / Level :

Date of Practice :

Date of Evaluation :

Department :

Please tick one column (number 1, 2, 3, 4) according to your perception/judgement.

| No | Aspect Evaluated | Score |
|----|---|-------|
| 1. | Honesty and frankness (4) Task performed honestly (3) Reports and tries to correct mistakes (2) Does not report mistakes (1) Tells lies | |
| 2. | Attendance (4) Always comes on time (never been late) (3) On time late with acceptable reason (2) One time late without reason (1) In spite of correction late still | |
| 3. | Responsibility (4) Does more than required task (3) Accomplishes what is required/Does not accomplish required task with sound reason (2) Does not accomplish the task without reason, sometimes (1) Does not accomplish the required task without sound reason, frequently | |
| 4. | Creativity (4) Accomplishes task based on principle, creatively (3) Overcomes problem based on principle, routinely (2) Overcomes problem without on principle, routinely (1) Overcomes problem based on other people's advice | |
| 5. | Motivation for learning/personal development (4) Eager to know (pays attention, asks question, tries to do new things) (3) Learn things when asked (2) Learns something new when encouraged required (1) No interest to know important things | |
| 6. | Attitude toward idea or constructive criticism (4) Accepts and respects other's ideas (3) Respect constructive criticism (2) Defensive attitude toward constructive criticism (1) Reject constructive criticism | |
| 7. | Good appearance (clean, neat): wears complete, neat and clean uniform. Without body odor, short nail. For woman: hair above collar of the uniform; for man: short hair and clean shave. (4) Neat and clean, always | |

| | | |
|-----|---|--|
| | (3) Neat and clean, usually (2) Neat and clean, sometimes (1) Neat and clean, never | |
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| | Total score | |

Comment:

Signature

(Head Unit/Head Department/Head Nurse/CI)

Student Attitude Evaluation Form

Student Name :
 Program / Level :
 Date of Practice :
 Date of Evaluation :
 Department :

Please tick one column (number 1, 2, 3, 4) according to your perception/judgement.

| No | Aspect Evaluated | Score |
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Comment:

Signature

(Head Unit/Head Department/Head Nurse/CI)

Student Attitude Evaluation Form

Student Name :

Program / Level :

Date of Practice :

Date of Evaluation :

Department :

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Signature

(Head Unit/Head Department/Head Nurse/CI)

Student Attitude Evaluation Form

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Signature

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Student Attitude Evaluation Form

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| | Total score | |

Comment:

Signature:

(Head Unit/Head Department/Head Nurse/CI)

| Met | Not met | Communication |
|-----|---------|--|
| | | 1. Language is appropriate for client's age and culture. |
| | | 2. Oral report to preceptor is effective and accurate. |
| | | 3. Written record is complete, organized and legible. |

Comments:

LAB DAY PERFORMANCE EVALUATION

| Met | Not met | Assessment |
|-----|---------|--|
| | | 1. Obtains an accurate health history. |
| | | 2. Completes a problem focused physical exam. |
| | | 3. Completes a comprehensive well child or adult physical exam. |
| | | 4. Identifies age, gender and cultural differences. |
| | | 5. Assesses support resources for patient and/or caregiver. |
| | | 6. Selects age and condition specific diagnostic tests and screening procedures. |
| | | |
| Met | Not met | Diagnosis |
| | | 1. Identifies signs and symptoms of common physical and emotional illnesses. |
| | | 2. Appropriately analyses collected historical, physical and diagnostic data. |
| | | 3. Differentiates relevant from irrelevant diagnostic cues. |
| | | 4. Formulates differential diagnoses. |
| | | |
| Met | Not met | Plan and Implementation |
| | | 1. Initiates interventions based on select patient outcomes. |
| | | 2. Plans appropriate non-pharmacological interventions. |
| | | 3. Prescribes appropriate medication therapy-properly written and legible. |
| | | 4. Therapeutic plan allows for differences in age, gender and culture. |
| | | 5. Plans care in the context of safety, cost, and appropriateness. |
| | | 6. Promotes self-care for individuals as appropriate. |
| | | 7. Initiates referrals to other disciplines based on patients need. |
| | | 8. Implements the therapeutic plan for the assigned patient(s). |
| | | |
| Met | Not met | Evaluation |
| | | 1. Uses outcome measures to evaluate effectiveness of therapeutic plan. |
| | | 2. Modifies plan or care based on evaluation. |
| | | |
| Met | Not met | Patient Relationship |
| | | 1. Establishes therapeutic rapport with patient family. |
| | | 2. Assists patient in resolving troubling issues. |
| | | 3. Assists patient with health promotion decision making. |
| | | |
| Met | Not met | Teaching |
| | | 1. Provides anticipatory guidance, teaching, counselling, and information to patients. |
| | | 2. Provides patient specific educational materials, as appropriate. |
| | | 3. Identifies special learning needs of clients, families/caregivers. |
| | | |
| Met | Not met | Professional Role |
| | | 1. Demonstrates commitment to caring for patient and family. |
| | | 2. Maintains standards of professional behavior, dress and decorum. |
| | | 3. Relates well to patients and their family significant others, staff and preceptors/faculty. |
| | | 4. Accepts responsibility for own actions and learning. |
| | | |

| Met | Not met | Communication |
|-----|---------|--|
| | | 1. Language is appropriate for client's age and culture. |
| | | 2. Oral report to preceptor is effective and accurate. |
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Comments:

LAB DAY PERFORMANCE EVALUATION

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| Met | Not met | Plan and Implementation |
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Comments:

LAB DAY PERFORMANCE EVALUATION

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| | | | Plan and Implementation |
| | | | 1. Initiates interventions based on select patient outcomes. |
| | | | 2. Plans appropriate non-pharmacological interventions. |
| | | | 3. Prescribes appropriate medication therapy-properly written and legible. |
| | | | 4. Therapeutic plan allows for differences in age, gender, and culture. |
| | | | 5. Plans care in the context of safety, cost, and appropriateness. |
| | | | 6. Promotes self-care for individuals as appropriate. |
| | | | 7. Initiates referrals to other disciplines based on patients need. |
| | | | 8. Implements the therapeutic plan for the assigned patient(s). |
| | | | |
| | | | Evaluation |
| | | | 1. Uses outcome measures to evaluate effectiveness of therapeutic plan. |
| | | | 2. Modifies plan or care based on evaluation. |
| | | | |
| | | | Patient Relationship |
| | | | 1. Establishes therapeutic rapport with patient family. |
| | | | 2. Assists patient in resolving troubling issues. |
| | | | 3. Assists patient with health promotion decision making. |
| | | | |
| | | | Teaching |
| | | | 1. Provides anticipatory guidance, teaching, counselling, and information to patients. |
| | | | 2. Provides patient specific educational materials, as appropriate. |
| | | | 3. Identifies special learning needs of clients, families/caregivers. |
| | | | |
| | | | Professional Role |
| | | | 1. Demonstrates commitment to caring for patient and family. |
| | | | 2. Maintains standards of professional behavior, dress and decorum. |
| | | | 3. Relates well to patients and their family significant others, staff and preceptors/faculty. |
| | | | 4. Accepts responsibility for own actions and learning. |

| Met | Not met | Communication |
|-----|---------|--|
| | | 1. Language is appropriate for client's age and culture. |
| | | 2. Oral report to preceptor is effective and accurate. |
| | | 3. Written record is complete, organized and legible. |

Comments:

MID AND FINAL PERFORMANCE EVALUATION

| Professional Domain Practice within legal boundaries according to standards | MID TERM | | | FINAL | |
|---|--------------|----------------|-----------------|--------------|----------------|
| | Satisfactory | Unsatisfactory | Not Observed | Satisfactory | Unsatisfactory |
| Uses professional nursing standards to provide patient safety | | | | | |
| Follows nursing procedures and institutional policy inn delivery of patient care | | | | | |
| Displays professional behaviors with staff, peers, instructors, patient system | | | | | |
| Demonstrates ethical principles of respect for person and confidentiality | | | | | |
| Participates appropriately in clinical conferences | | | | | |
| Reports on time, follows procedures for absenteeism | | | | | |

Clinical Practice Coordinator - Advanced Level

SKILL PERFORMANCE OF PRACTICAL EXPERIENCE – ADVANCED LEVEL

| Competencies | 1 st Performance | | 2 nd Performance | | 3 rd Performance | | 4 th Performance | | 5 th Performance | | 6 th Performance | | CI Approval | |
|---|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-------------|------|
| | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign |
| Geriatric Nursing: | | | | | | | | | | | | | | |
| 1. Perform complete physical assessment for geriatric | | | | | | | | | | | | | | |
| 2. Managing the geriatric clients with: | | | | | | | | | | | | | | |
| a. Musculoskeletal disorders | | | | | | | | | | | | | | |
| b. Neurologic disorders | | | | | | | | | | | | | | |
| Sensory disorders: | | | | | | | | | | | | | | |
| – Smelling impairment | | | | | | | | | | | | | | |
| – Hearing impairment | | | | | | | | | | | | | | |
| – Vision impairment | | | | | | | | | | | | | | |
| – Tasting impairment | | | | | | | | | | | | | | |
| – Touching sensory impairment | | | | | | | | | | | | | | |
| c. Cardiovascular disorders | | | | | | | | | | | | | | |
| d. Reproductive System disorders | | | | | | | | | | | | | | |
| – Male | | | | | | | | | | | | | | |
| – Female | | | | | | | | | | | | | | |
| e. GI disorders | | | | | | | | | | | | | | |
| f. Endocrine System disorders | | | | | | | | | | | | | | |
| g. Genitourinary System disorders | | | | | | | | | | | | | | |
| h. Pain | | | | | | | | | | | | | | |
| i. Sleeping disturbances | | | | | | | | | | | | | | |
| j. Alcohol abuse | | | | | | | | | | | | | | |
| 3. End of life care | | | | | | | | | | | | | | |

FACULTY OF NURSING SCIENCE

These Clinical Skills and Competencies of Advanced Level, accomplished by

.....

Has been examined and approved by the Clinical Instructors Faculty of Nursing Science.

Clinical Practice Coordinator - Advanced Level

Accepted / Unaccepted as partial fulfilment of the requirements in continuing to Proficient Level

Chairperson, Faculty of Nursing Science

Dean, Faculty of Nursing Science

CLINICAL SKILLS AND COMPETENCIES - PROFICIENT LEVEL

- Pre-Clinical Medical Abbreviation and Terminology
- Pre-Clinical Competencies of Diseases: Blood and Immunity system, Genitourinary system, Reproduction system, Department of Pediatric and Obstetric.
- Clinical Skills and Competencies: ASHN, Team Leader, Pediatric Dept., Obstetric Dept., Renal Unit Dept.
- Management of the Client with: Genitourinary system
- Notes
 1. NAR (Nursing Assignment Report)
 2. NAR Submission
 3. Practical Performance
 4. Attendance Report and Hour of Practice
 5. Anecdotal Records Evaluation
 6. Department Performance Evaluation
 7. Lab Day Performance Evaluation
 8. Mid & Final Performance Evaluation
 9. Approval Sheet

**PRE-CLINICAL MEDICAL ABBREVIATION AND TERMINOLOGY – PROFICIENT
LEVEL**

| Competencies | Approval | |
|----------------------------|----------|--------------|
| | Date | CI Signature |
| Blood and Immunity System: | | |
| 1. Allergen | | |
| 2. Antibody | | |
| 3. Anticoagulant | | |
| 4. Antigen | | |
| 5. Antihistamine | | |
| 6. Coagulation | | |
| 7. Cytopenia | | |
| 8. Ecchymosis | | |
| 9. Erythrocyte | | |
| 10. Fibrinogen | | |
| 11. Hemoglobin | | |
| 12. Hemolysis | | |
| 13. Hemostasis | | |
| 14. Hyperalbuminemia | | |
| 15. Hypersensitivity | | |
| 16. Hypoproteinemia | | |
| 17. Immunity | | |
| 18. Immunosuppression | | |
| 19. Leucocyte | | |
| 20. Leukopenia | | |
| 21. Lymphocyte | | |
| 22. Lymphocytopoietic | | |
| 23. Macrophage | | |
| 24. Megakaryocyte | | |
| 25. Petechiae | | |
| 26. Phagocytosis | | |
| 27. Plasma | | |
| 28. Platelet | | |
| 29. Purpura | | |
| 30. Serum | | |
| 31. Stem cell | | |
| 32. T cell | | |
| 33. Azot/o | | |
| 34. APPT | | |
| 35. BT | | |
| 36. CBC | | |
| 37. Diff | | |
| 38. ESR | | |
| 39. Hb | | |
| 40. Ht | | |
| 41. MCH | | |
| 42. MCV | | |

| | | |
|------------------|--|--|
| 43. Ox/y | | |
| 44. PCV | | |
| 45. PT | | |
| 46. PTT | | |
| 47. RBC | | |
| 48. TT | | |
| 49. WBC (etc.↓) | | |
| 50. | | |
| 51. | | |
| 52. | | |
| 53. | | |
| | | |
| | | |

| Competencies | Approval | |
|----------------------------|----------|--------------|
| | Date | CI Signature |
| Genitourinary System: | | |
| 1. ADH | | |
| 2. Anuria | | |
| 3. Azotemia | | |
| 4. CAPD | | |
| 5. Cystectomy | | |
| 6. Dehydration | | |
| 7. Diuresis | | |
| 8. Dysuria | | |
| 9. Enuresis | | |
| 10. ESWL | | |
| 11. Glycosuria | | |
| 12. Hematuria | | |
| 13. Hydronephrosis | | |
| 14. Incontinence | | |
| 15. Nocturia | | |
| 16. Oliguria | | |
| 17. Polydipsia | | |
| 18. Polyuria | | |
| 19. Pyuria | | |
| 20. Uremia | | |
| 21. Urinary stasis (etc.↓) | | |
| 22. | | |
| 23. | | |
| 24. | | |
| 25. | | |
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| 27. | | |
| 28. | | |
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| 30. | | |
| 31. | | |

| Competencies | Approval | |
|----------------------|----------|--------------|
| | Date | CI Signature |
| Reproductive System: | | |
| 1. Androgen | | |
| 2. BPH | | |
| 3. Circumcision | | |
| 4. Contraception | | |
| 5. D&C | | |
| 6. Estrogen | | |
| 7. FSH | | |
| 8. Gamete | | |
| 9. Gonad | | |
| 10. Herniorrhaphy | | |
| 11. Hysterectomy | | |
| 12. Insemination | | |
| 13. IUD | | |
| 14. LG | | |
| 15. Mammography | | |
| 16. Mastectomy | | |
| 17. Menarche | | |
| 18. Menstruation | | |
| 19. Ovulation | | |
| 20. Pap smear | | |
| 21. PID | | |
| 22. PMS | | |
| 23. Progesterone | | |
| 24. Prostatectomy | | |
| 25. Puberty | | |
| 26. STD | | |
| 27. Testosterone | | |
| 28. TPUR | | |
| 29. Vasectomy | | |
| 30. VDRL (etc.↓) | | |
| 31. | | |
| 32. | | |
| 33. | | |
| 34. | | |
| 35. | | |
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| 37. | | |
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| 41. | | |
| 42. | | |
| 43. | | |

| Competencies | Approval | |
|---------------------|----------|--------------|
| | Date | CI Signature |
| Development: | | |
| 1. Amniocentesis | | |
| 2. Antepartum | | |
| 3. Apgar score | | |
| 4. Embryo | | |
| 5. Fetus | | |
| 6. Gravida | | |
| 7. Hydramnios | | |
| 8. Intrapartum | | |
| 9. Lactation | | |
| 10. Lochia | | |
| 11. Meconium | | |
| 12. Neonate | | |
| 13. Obstetrics | | |
| 14. Oligohydramnios | | |
| 15. Oxytocin | | |
| 16. Para | | |
| 17. Pediatrics | | |
| 18. Postpartum | | |
| 19. Premature | | |
| 20. Preterm | | |
| 21. Puerperium | | |
| 22. AB | | |
| 23. C section | | |
| 24. FHR | | |
| 25. FHT | | |
| 26. GA | | |
| 27. HCG | | |
| 28. LMP | | |
| 29. NICU (etc. ↓) | | |
| 30. | | |
| 31. | | |
| 32. | | |
| 33. | | |
| 34. | | |
| 35. | | |
| 36. | | |
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| 40. | | |
| 41. | | |

PRE-CLINICAL COMPETENCIES OF DISEASES – PROFICIENT LEVEL

| Competencies | Approval | |
|--|----------|--------------|
| | Date | CI Signature |
| Blood and Immunity System: | | |
| 1. Acute Lymphoblastic Leukemia (ALL) | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 2. AIDS | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 3. Anemia | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 4. Dengue High Fever (DHF) | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 5. Idiopathic Thrombocytopenic Purpura (ITP) | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 6. Systemic Lupus Erythematosus (SLE) | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 7. Thrombotic Thrombocytopenic Purpura (TTP) | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 8. | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 9. | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 10. | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |

| Competencies | Approval | |
|--|----------|--------------|
| | Date | CI Signature |
| Reproductive System: | | |
| 1. Benign Prostatic Hyperplasia | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 2. Breast Cancer | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 3. Cancer of the Female Reproductive Tract Pelvic | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 4. Cancer of the Prostate | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 5. Cryptorchidism | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 6. Endometriosis | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 7. Infertility | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 8. Inguinal Hernia | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 9. Menstrual disorder | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 10. Orchitis | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |

| Competencies | Approval | |
|----------------------------|----------|--------------|
| | Date | CI Signature |
| Genitourinary System: | | |
| 1. Acute Renal Failure | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 2. BPH | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 3. Chronic Renal Failure | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 4. Cystitis | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 5. Urinary Tract Infection | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 6. Urolithiasis | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 7. | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 8. | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 9. | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 10. | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |

| Competencies | Approval | |
|----------------------------------|----------|--------------|
| | Date | CI Signature |
| Reproductive System: | | |
| 11. Inflammatory Disease | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 12. Sexually Transmitted Disease | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| Others | | |
| 13. | | |
| d. Definition | | |
| e. Etiology | | |
| f. Signs and Symptoms | | |
| 14. | | |
| d. Definition | | |
| e. Etiology | | |
| f. Signs and Symptoms | | |
| 15. | | |
| d. Definition | | |
| e. Etiology | | |
| f. Signs and Symptoms | | |
| Development System: | | |
| 1. Cystic Fibrosis | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 2. Down Syndrome | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 3. Hemophilia | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| 4. Rubella | | |
| a. Definition | | |
| b. Etiology | | |
| c. Signs and Symptoms | | |
| Others | | |

CLINICAL SKILLS AND COMPETENCIES OF DISEASES – PROFICIENT LEVEL

| Competencies | 1 st Performance | | 2 nd Performance | | 3 rd Performance | | 4 th Performance | | 5 th Performance | | 6 th Performance | | CI Approval | |
|--|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-------------|------|
| | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign |
| Assistant Head Nurse: | | | | | | | | | | | | | | |
| 1. Giving orders and set tasks to subordinates/nurses/student | | | | | | | | | | | | | | |
| 2. Evaluating the task result | | | | | | | | | | | | | | |
| 3. Checking the cleanliness and tidiness of tools in client's rooms, bathrooms, and utility room | | | | | | | | | | | | | | |
| 4. Make a report in shift exchange: | | | | | | | | | | | | | | |
| a. AM | | | | | | | | | | | | | | |
| b. PM | | | | | | | | | | | | | | |
| c. Night | | | | | | | | | | | | | | |
| 5. Taking doctor's order | | | | | | | | | | | | | | |
| 6. Knowing "R" order for every surgery | | | | | | | | | | | | | | |
| 7. Knowing "R" as providence for every X-Ray performance | | | | | | | | | | | | | | |
| 8. Checking client medical record perfectly on: | | | | | | | | | | | | | | |
| a. AM care | | | | | | | | | | | | | | |
| b. PM care | | | | | | | | | | | | | | |
| c. Night care | | | | | | | | | | | | | | |
| d. Medicine Record | | | | | | | | | | | | | | |
| e. Nurses note | | | | | | | | | | | | | | |
| f. Laboratory reports | | | | | | | | | | | | | | |
| g. X-Ray reports | | | | | | | | | | | | | | |
| h. Surgical permit | | | | | | | | | | | | | | |
| 9. Assisting doctor in "Round" | | | | | | | | | | | | | | |
| 10. Helping and tidying up client's necessity to be discharged | | | | | | | | | | | | | | |
| 11. Providing blood transfusion | | | | | | | | | | | | | | |
| 12. Watching visitors | | | | | | | | | | | | | | |
| 13. Others: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| Competencies | 1st Performance | | 2nd Performance | | 3rd Performance | | 4th Performance | | 5th Performance | | 6th Performance | | CI Approval | |
|---|-----------------|------|-----------------|------|-----------------|------|-----------------|------|-----------------|------|-----------------|------|-------------|------|
| | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign |
| Team Leader: | | | | | | | | | | | | | | |
| 1. Staffing fresh nursing student | | | | | | | | | | | | | | |
| 2. Guiding fresh nursing student to implementing nursing care: | | | | | | | | | | | | | | |
| a. Ambulation | | | | | | | | | | | | | | |
| b. Bed making | | | | | | | | | | | | | | |
| c. Elimination | | | | | | | | | | | | | | |
| d. Infection Control | | | | | | | | | | | | | | |
| e. Nutrition | | | | | | | | | | | | | | |
| f. Personal hygiene | | | | | | | | | | | | | | |
| g. Vital signs | | | | | | | | | | | | | | |
| 3. Supervise fresh nursing student with documentation | | | | | | | | | | | | | | |
| 4. Assisting the clinical instructor with pre and post conference for fresh nursing student | | | | | | | | | | | | | | |
| 5. Other: | | | | | | | | | | | | | | |
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| Competencies | 1 st | | 2 nd | | 3 rd | | 4 th | | 5 th | | 6 th | | CIA Approval | |
|-----------------------------------|-----------------|------|-----------------|------|-----------------|------|-----------------|------|-----------------|------|-----------------|------|--------------|------|
| | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign |
| Pediatric Department: | | | | | | | | | | | | | | |
| 1. Perform physical assessment | | | | | | | | | | | | | | |
| 2. Assessing vital signs: | | | | | | | | | | | | | | |
| a. Temperature | | | | | | | | | | | | | | |
| b. Pulse | | | | | | | | | | | | | | |
| c. Respiration | | | | | | | | | | | | | | |
| 3. Bathing: | | | | | | | | | | | | | | |
| a. Baby (0-1 year) | | | | | | | | | | | | | | |
| b. Child (1-14 years) | | | | | | | | | | | | | | |
| 4. Measurements | | | | | | | | | | | | | | |
| a. Weight | | | | | | | | | | | | | | |
| b. Height | | | | | | | | | | | | | | |
| 5. Inserting NGT for baby | | | | | | | | | | | | | | |
| 6. Feeding via: | | | | | | | | | | | | | | |
| a. NGT | | | | | | | | | | | | | | |
| b. Bottle | | | | | | | | | | | | | | |
| 7. Collecting urine for specimen: | | | | | | | | | | | | | | |
| a. Baby in incubator | | | | | | | | | | | | | | |
| b. Baby with blue light | | | | | | | | | | | | | | |
| 8. Drug therapy | | | | | | | | | | | | | | |
| 9. Sterilize baby's utensils | | | | | | | | | | | | | | |
| 10. Others: | | | | | | | | | | | | | | |
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| Competencies | 1 st Performance | | 2 nd Performance | | 3 rd Performance | | 4 th Performance | | 5 th Performance | | 6 th Performance | | CI Approval | |
|--|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-------------|------|
| | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign |
| Obstetrics and Gynecology (OB): | | | | | | | | | | | | | | |
| 1. Ante-natal care: | | | | | | | | | | | | | | |
| a. Physical examination to the pregnant | | | | | | | | | | | | | | |
| b. Leopold maneuver | | | | | | | | | | | | | | |
| c. Fetal assessment | | | | | | | | | | | | | | |
| d. Breast care | | | | | | | | | | | | | | |
| e. Personal hygiene | | | | | | | | | | | | | | |
| f. Health Teaching (nutrition and ante natal care) | | | | | | | | | | | | | | |
| 2. Intra-natal care | | | | | | | | | | | | | | |
| a. Physical examination | | | | | | | | | | | | | | |
| b. Monitoring uterine contraction | | | | | | | | | | | | | | |
| c. Monitoring fetal heart rate | | | | | | | | | | | | | | |
| d. Preparing instruments | | | | | | | | | | | | | | |
| e. Monitoring vital signs during labor | | | | | | | | | | | | | | |
| f. Positioning the mother | | | | | | | | | | | | | | |
| g. Emptying the bladder | | | | | | | | | | | | | | |
| h. Identify the placenta | | | | | | | | | | | | | | |
| i. Observe the bleeding | | | | | | | | | | | | | | |
| j. Bathing | | | | | | | | | | | | | | |
| k. Applying the under pad | | | | | | | | | | | | | | |
| l. Cleaning the instruments | | | | | | | | | | | | | | |
| 3. Newborn care: | | | | | | | | | | | | | | |
| a. Suctioning | | | | | | | | | | | | | | |
| b. Physical Examination | | | | | | | | | | | | | | |
| c. Measuring weight | | | | | | | | | | | | | | |
| d. Monitoring vital signs | | | | | | | | | | | | | | |
| e. Bathing with oil and Daravine | | | | | | | | | | | | | | |
| f. Administering eye drop | | | | | | | | | | | | | | |
| g. Umbilical care | | | | | | | | | | | | | | |
| h. Putting personal ID on the baby | | | | | | | | | | | | | | |
| i. Feeding test | | | | | | | | | | | | | | |
| j. Assisting breast feeding | | | | | | | | | | | | | | |
| k. Providing formula feeding | | | | | | | | | | | | | | |
| l. Burping the baby after feeding | | | | | | | | | | | | | | |
| m. Checking the reflexes | | | | | | | | | | | | | | |
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| Competencies | 1 st Performance | | 2 nd Performance | | 3 rd Performance | | 4 th Performance | | 5 th Performance | | 6 th Performance | | CI Approval | |
|---|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-------------|------|
| | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign |
| 4. Post-natal care: | | | | | | | | | | | | | | |
| a. Observation and massaging the fundus uteri | | | | | | | | | | | | | | |
| b. Observe the vagina condition | | | | | | | | | | | | | | |
| c. Monitoring the elimination | | | | | | | | | | | | | | |
| d. Breast care | | | | | | | | | | | | | | |
| e. Vulva hygiene | | | | | | | | | | | | | | |
| f. Health Teaching: | | | | | | | | | | | | | | |
| • Breast feeding for the baby | | | | | | | | | | | | | | |
| • Usage of the breast feeding | | | | | | | | | | | | | | |
| • Caring for the baby | | | | | | | | | | | | | | |
| • Nutrition | | | | | | | | | | | | | | |
| • Promoting for immunization | | | | | | | | | | | | | | |
| 5. Others: | | | | | | | | | | | | | | |
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| Competencies | 1 st Performance | | 2 nd Performance | | 3 rd Performance | | 4 th Performance | | 5 th Performance | | 6 th Performance | | CIA Approval | |
|--|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|-----------------------------|------|--------------|------|
| | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign | Date | Sign |
| Renal Unit: | | | | | | | | | | | | | | |
| 1. Pre-HD | | | | | | | | | | | | | | |
| a. Machine preparation: | | | | | | | | | | | | | | |
| • Identifying and preparing reverse Osmosis | | | | | | | | | | | | | | |
| • Identifying and preparing hemodialysis machine | | | | | | | | | | | | | | |
| b. Instruments preparation: | | | | | | | | | | | | | | |
| • Preparing pre-Priming instruments | | | | | | | | | | | | | | |
| • Performing Priming | | | | | | | | | | | | | | |
| • Preparing instruments before Blood Access performance | | | | | | | | | | | | | | |
| c. Monitoring the elimination | | | | | | | | | | | | | | |
| • Measuring weight and vital signs | | | | | | | | | | | | | | |
| • Identify, note, and report objective and subjective complaints | | | | | | | | | | | | | | |
| 2. Hemodialysis performance | | | | | | | | | | | | | | |
| a. Assisting in blood accessing and connecting circulation | | | | | | | | | | | | | | |
| b. Counting TMP, bicnat dose | | | | | | | | | | | | | | |
| c. Perform HD monitoring | | | | | | | | | | | | | | |
| d. Identifying and managing complications during HD | | | | | | | | | | | | | | |
| 3. Post-HD | | | | | | | | | | | | | | |
| a. Assisting in HD accomplishment | | | | | | | | | | | | | | |
| b. Obtaining and documenting weight and vital signs post-HD | | | | | | | | | | | | | | |
| c. Sterilizing HD instruments | | | | | | | | | | | | | | |
| 4. Others: | | | | | | | | | | | | | | |
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NOTES

- NAR (Nursing Assignment Report)
- NAR Submission
- Practical Performance
- Attendance Report and Hour of Practice
- Anecdotal Record Evaluation
- Student Attitude Evaluation Form
- Department Performance Evaluation
- Lab Day Performance Evaluation
- Midterm and Final Evaluation
- Approval Sheet

FACULTY OF NURSING BSN PROGRAM/DIPLOMA PROGRAM*
NURSING ASSIGNMENT RECORD

MONTH _____ SCHOOL YEAR _____ LEVEL* B I A P CNP* B I A P NAME _____

| DEPT | DIAGNOSIS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | TOTAL | | | | | | | | | | | | | | | |
|------|-----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CASE | DAY | | | | | | | | | | | | | | |
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Note: B: Beginner, I: Intermediate, A: Advanced, P: Proficient *: Circle one

WORK HOURS REPORT

| NON-SEGREGATED SERVICE | NO. OF CASE | | CALENDER DAYS | SEGREGATED SERVICE | CALENDER DAYS |
|---|-------------|---|---------------|-------------------------------|---------------|
| | M | S | | | |
| Basic Nursing Practice | | | | UPPKM | |
| Cardiovascular System | | | | Psychiatric Nursing | |
| Respiratory System | | | | Pediatric Nursing | |
| Digestive System | | | | Obstetric Nursing | |
| Nervous System | | | | Laboratory Department | |
| Sensory (Eye, Ear, Nose, Throat) System | | | | Diet and Nutrition Department | |
| Musculoskeletal System | | | | Family Nursing | |
| Genitourinary System | | | | Renal Unit | |
| Endocrine System | | | | Outpatient Department (OPD) | |
| Integumentary System | | | | Emergency Department | |
| Immunology System | | | | Surgery Room | |
| Hematology System | | | | Chaplain Department | |
| Geriatric System | | | | | |
| Intensive Care Unit | | | | TOTAL | |
| High Care Unit | | | | Class | |
| | | | | Off | |
| | | | | Sick Leave | |
| | | | | Excuse Absent | |
| | | | | Unexcused Absent | |
| | | | | Vacation | |
| | | | | IPD | |
| | | | | Total days in a month | |
| SEGREGATED SERVICE | | | CALENDER DAYS | | |
| Leadership and Management | | | | | |
| Medicine Department | | | | | |
| Physiotherapy | | | | | |
| Neonatal Intensive Care Unit | | | | | |
| Community Health Nursing | | | | | |

Date Submitted : _____ : _____ Student's Signature : _____

Coordinator's Signature _____

M: Medical
S: Surgical
CNP: Clinical Nursing Practice
IPD: In Patient Department

*Circle one

Chairperson, Faculty of Nursing Science _____

Dean, Faculty of Nursing Science _____

NAR SUBMISSION

CLINICAL SKILLS AND COMPETENCIES – PROFICIENT LEVEL

| Month | Submissions (*) | CI's Signature |
|-------|-----------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

(*) give a check mark (√)

Practicing Date: _____

Student Clinical – Proficient Level
Faculty of Nursing Science

Clinical Practice Coordinator
Proficient Level

Chairperson, Faculty of Nursing Science

Dean, Faculty of Nursing Science

PRACTICAL PERFORMANCE

NAME:

| NO. | DESCRIPTION | TOTAL WEEKS | TOTAL DAYS | TOTAL HOURS |
|-----|---|-------------|------------|-------------|
| 1 | Assistant Head Nurse | | | |
| 2 | Genitourinary | | | |
| 3 | Obstetric (Maternity, Delivery Room, Gynecology, Nursery) | | | |
| 4 | Pediatric Nursing | | | |
| 5 | Renal Unit | | | |
| | | | | |
| | | | | |
| | | | | |
| | TOTAL | | | |

Dean, Faculty of Nursing Science

**ATTENDANCE REPORT AND HOUR OF PRACTICE
CLINICAL SKILLS AND COMPETENCIES – PROFICIENT LEVEL**

| | Quantity | Explanation | CI's sign |
|---|----------|---|-----------|
| Absent | | | |
| Absent with permission | | | |
| Sick leave | | | |
| Accident Slip | | | |
| Total Hour Clinical Proficient Level | | <ul style="list-style-type: none"> • Medical Surgical Ward : 5 days = 1 week = 40 hours • Lab Day : 5 days = 1 week = 40 hours • Pediatrics : 5 days = 1 week = 40 hours • Team Leader (TL) : 10 days = 2 weeks = 80 hours • Assistant of Head Nurse : 5 days = 1 week = 40 hours • Renal Unit Dept. : 5 days = 1 week = 40 hours • OB Dept. : 10 days = 2 weeks = 80 hours <p style="text-align: right; margin-right: 20px;">Total : 45 days = 9 weeks = 360 hours</p> <ul style="list-style-type: none"> • Assignment performance/ : 2 hrs/day preparation weeks = 2 hrs X 40 days = 80 hrs/8 = 10 hrs/week | |

Clinical Practice Coordinator
Proficient Level

Chairperson, Faculty of Nursing Science

Dean, Faculty of Nursing Science

ANECDOTAL RECORD EVALUATION

| Date | Description | CI's Signature |
|------|-------------|-------------------|
| | | |
| | | |
| | | |
| | | |

Notes: Contains of progress notes which an objective written descriptions of observed student performance or both negative and positive behaviors that may impact care.

DEPARTMENT PERFORMANCE EVALUATION

| No | Department | Date | Score | CI Signature |
|----|----------------------|------|-------|--------------|
| 1 | Pediatric Department | | | |
| 2 | OB Department | | | |
| 3 | ASHN | | | |
| 4 | Team Leader | | | |
| 5 | RU Department | | | |
| 6 | LAB DAY | | | |

Clinical Practice Instructor
Proficient Level

Student Attitude Evaluation Form

Student Name :
 Program / Level :
 Date of Practice :
 Date of Evaluation :
 Department :

Please tick one column (number 1, 2, 3, 4) according to your perception/judgement.

| No | Aspect Evaluated | Score |
|----|---|-------|
| 1. | Honesty and frankness (4) Task performed honestly (3) Reports and tries to correct mistakes (2) Does not report mistakes (1) Tells lies | |
| 2. | Attendance (4) Always comes on time (never been late) (3) On time late with acceptable reason (2) One time late without reason (1) In spite of correction late still | |
| 3. | Responsibility (4) Does more than required task (3) Accomplishes what is required/Does not accomplish required task with sound reason (2) Does not accomplish the task without reason, sometimes (1) Does not accomplish the required task without sound reason, frequently | |
| 4. | Creativity (4) Accomplishes task based on principle, creatively (3) Overcomes problem based on principle, routinely (2) Overcomes problem without on principle, routinely (1) Overcomes problem based on other people's advice | |
| 5. | Motivation for learning/personal development (4) Eager to know (pays attention, asks question, tries to do new things) (3) Learn things when asked (2) Learns something new when encouraged required (1) No interest to know important things | |
| 6. | Attitude toward idea or constructive criticism (4) Accepts and respects other's ideas (3) Respect constructive criticism (2) Defensive attitude toward constructive criticism (1) Reject constructive criticism | |
| 7. | Good appearance (clean, neat): wears complete, neat and clean uniform. Without body odor, short nail. For woman: hair above collar of the uniform; for man: short hair and clean shave. (4) Neat and clean, always (3) Neat and clean, usually | |

| | | |
|-----|---|--|
| | (2) Neat and clean, sometimes (1) Neat and clean, never | |
| 8. | Intrapersonal (4) No complain from the clients, colleagues, or supervisor (3) Is reprimanded, seldom (2) Gets correction reprimanded, sometimes (1) Gets correction reprimanded, often | |
| 9. | Emotional stability (4) Able to control emotion (3) Shows emotional instability on duty, seldom (2) Shows unsound emotion (complain, anger) (1) Shows unstable emotion | |
| 10. | Working management (4) Accomplishes work task on time (3) Accomplishes task, usually (2) Accomplishes the procedure, sometimes (1) Does not accomplish tasks, frequently | |
| 11. | Health teaching (4) Gives health teaching based in client's need, always (3) Gives health teaching not based in client's need (2) Does not gives health teaching to client, sometimes (1) Does not gives health teaching to client, often | |
| | Total score | |

Comment:

Signature

(Head Unit/Head Department/Head Nurse/CI)

Student Attitude Evaluation Form

Student Name :
 Program / Level :
 Date of Practice :
 Date of Evaluation :
 Department :

Please tick one column (number 1, 2, 3, 4) according to your perception/judgement.

| No | Aspect Evaluated | Score |
|----|---|-------|
| 1. | Honesty and frankness (4) Task performed honestly (3) Reports and tries to correct mistakes (2) Does not report mistakes (1) Tells lies | |
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| | | |
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| | Total score | |

Comment:

Signature

(Head Unit/Head Department/Head Nurse/CI)

Student Attitude Evaluation Form

Student Name :
 Program / Level :
 Date of Practice :
 Date of Evaluation :
 Department :

Please tick one column (number 1, 2, 3, 4) according to your perception/judgement.

| No | Aspect Evaluated | Score |
|----|---|-------|
| 1. | Honesty and frankness (4) Task performed honestly (3) Reports and tries to correct mistakes (2) Does not report mistakes (1) Tells lies | |
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| | Total score | |

Comment:

Signature

(Head Unit/Head Department/Head Nurse/CI)

Student Attitude Evaluation Form

Student Name :
 Program / Level :
 Date of Practice :
 Date of Evaluation :
 Department :

Please tick one column (number 1, 2, 3, 4) according to your perception/judgement.

| No | Aspect Evaluated | Score |
|----|---|-------|
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| | Total score | |

Comment:

Signature

(Head Unit/Head Department/Head Nurse/CI)

Student Attitude Evaluation Form

Student Name :
 Program / Level :
 Date of Practice :
 Date of Evaluation :
 Department :

Please tick one column (number 1, 2, 3, 4) according to your perception/judgement.

| No | Aspect Evaluated | Score |
|----|---|-------|
| 1. | Honesty and frankness (4) Task performed honestly (3) Reports and tries to correct mistakes (2) Does not report mistakes (1) Tells lies | |
| 2. | Attendance (4) Always comes on time (never been late) (3) On time late with acceptable reason (2) One time late without reason (1) In spite of correction late still | |
| 3. | Responsibility (4) Does more than required task (3) Accomplishes what is required/Does not accomplish required task with sound reason (2) Does not accomplish the task without reason, sometimes (1) Does not accomplish the required task without sound reason, frequently | |
| 4. | Creativity (4) Accomplishes task based on principle, creatively (3) Overcomes problem based on principle, routinely (2) Overcomes problem without on principle, routinely (1) Overcomes problem based on other people's advice | |
| 5. | Motivation for learning/personal development (4) Eager to know (pays attention, asks question, tries to do new things) (3) Learn things when asked (2) Learns something new when encouraged required (1) No interest to know important things | |
| 6. | Attitude toward idea or constructive criticism (4) Accepts and respects other's ideas (3) Respect constructive criticism (2) Defensive attitude toward constructive criticism (1) Reject constructive criticism | |
| 7. | Good appearance (clean, neat): wears complete, neat and clean uniform. Without body odor, short nail. For woman: hair above collar of the uniform; for man: short hair and clean shave. (4) Neat and clean, always (3) Neat and clean, usually | |

| | | |
|-----|---|--|
| | (2) Neat and clean, sometimes (1) Neat and clean, never | |
| 8. | Intrapersonal (4) No complain from the clients, colleagues, or supervisor (3) Is reprimanded, seldom (2) Gets correction reprimanded, sometimes (1) Gets correction reprimanded, often | |
| 9. | Emotional stability (4) Able to control emotion (3) Shows emotional instability on duty, seldom (2) Shows unsound emotion (complain, anger) (1) Shows unstable emotion | |
| 10. | Working management (4) Accomplishes work task on time (3) Accomplishes task, usually (2) Accomplishes the procedure, sometimes (1) Does not accomplish tasks, frequently | |
| 11. | Health teaching (4) Gives health teaching based in client's need, always (3) Gives health teaching not based in client's need (2) Does not gives health teaching to client, sometimes (1) Does not gives health teaching to client, often | |
| | Total score | |

Comment:

Signature

(Head Unit/Head Department/Head Nurse/CI)

Student Attitude Evaluation Form

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Program / Level :

Date of Practice :

Date of Evaluation :

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| | Total score | |

Comment:

Signature

(Head Unit/Head Department/Head Nurse/CI)

LAB DAY PERFORMANCE EVALUATION

| 1 | Met | Not met | Assessment |
|---|-----|---------|--|
| | | | 1. Obtains an accurate health history. |
| | | | 2. Completes a problem focused physical exam. |
| | | | 3. Completes a comprehensive well child or adult physical exam. |
| | | | 4. Identifies age, gender and cultural differences. |
| | | | 5. Assesses support resources for patient and/or caregiver. |
| | | | 6. Selects age and condition specific diagnostic tests and screening procedures. |
| | Met | Not met | Diagnosis |
| | | | 1. Identifies signs and symptoms of common physical and emotional illnesses. |
| | | | 2. Appropriately analyses collected historical, physical and diagnostic data. |
| | | | 3. Differentiates relevant from irrelevant diagnostic cues. |
| | | | 4. Formulates differential diagnoses. |
| | Met | Not met | Plan and Implementation |
| | | | 1. Initiates interventions based on select patient outcomes. |
| | | | 2. Plans appropriate non-pharmacological interventions. |
| | | | 3. Prescribes appropriate medication therapy-properly written and legible. |
| | | | 4. Therapeutic plan allows for differences in age, gender and culture. |
| | | | 5. Plans care in the context of safety, cost, and appropriateness. |
| | | | 6. Promotes self-care for individuals as appropriate. |
| | | | 7. Initiates referrals to other disciplines based on patients need. |
| | | | 8. Implements the therapeutic plan for the assigned patient(s). |
| | Met | Not met | Evaluation |
| | | | 1. Uses outcome measures to evaluate effectiveness of therapeutic plan. |
| | | | 2. Modifies plan or care based on evaluation. |
| | Met | Not met | Patient Relationship |
| | | | 1. Establishes therapeutic rapport with patient family. |
| | | | 2. Assists patient in resolving troubling issues. |
| | | | 3. Assists patient with health promotion decision making. |
| | Met | Not met | Teaching |
| | | | 1. Provides anticipatory guidance, teaching, counselling, and information to patients. |
| | | | 2. Provides patient specific educational materials, as appropriate. |
| | | | 3. Identifies special learning needs of clients, families/caregivers. |
| | Met | Not met | Professional Role |
| | | | 1. Demonstrates commitment to caring for patient and family. |
| | | | 2. Maintains standards of professional behaviour, dress and decorum. |
| | | | 3. Relates well to patients and their family significant others, staff and preceptors/faculty. |
| | | | 4. Accepts responsibility for own actions and learning. |
| | Met | Not met | Communication |
| | | | 1. Language is appropriate for client's age and culture. |
| | | | 2. Oral report to preceptor is effective and accurate. |
| | | | 3. Written record is complete, organized and legible. |

Comments:

MID AND FINAL PERFORMANCE EVALUATION

| Professional Domain Practice within legal boundaries according to standards | MID TERM | | | FINAL | |
|--|--------------|----------------|-----------------|--------------|----------------|
| | Satisfactory | Unsatisfactory | Not Observed | Satisfactory | Unsatisfactory |
| Uses professional nursing standards to provide patient safety | | | | | |
| Follows nursing procedures and institutional policy inn delivery of patient care | | | | | |
| Displays professional behaviors with staff, peers, instructors, patient system | | | | | |
| Demonstrates ethical principles of respect for person and confidentiality | | | | | |
| Participates appropriately in clinical conferences | | | | | |
| Reports on time, follows procedures for absenteeism | | | | | |

Clinical Practice Coordinator - Proficient Level

FACULTY OF NURSING SCIENCE

These Clinical Skills and Competencies of Proficient Level, accomplished by

.....

Has been examined and approved by the Clinical Instructors Faculty of Nursing Science

Clinical Practice Coordinator – Proficient Level

Accepted as partial fulfilment of the requirements for “Bachelor Science of Nursing”.

Chairperson, Faculty of Nursing Science

Dean, Faculty of Nursing Science

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