### FLORENCE-DARLINGTON TECHNICAL COLLEGE

## BOOST NURSING ASSISTANT PROGRAM

### CLINICAL EVALUATION TOOL

Students are expected to demonstrate nursing behaviors in the clinical setting that reflect the theory and clinical objectives identified each semester. Throughout the semester, the student will receive appropriate instruction and feedback about her/his clinical performance to help improve her/his proficiency.

If the student's performance is unsatisfactory at any point in the clinical, a detailed written evaluation will be completed and reviewed with the student. Each student will receive a detailed written evaluation utilizing this tool at the end of the semester.

S = Satisfactory.Clinical performance is safe; adhering to guidelines set by the Omnibus Budget Reconciliation Act (OBRA). In order to receive a satisfactory clinical grade, the evaluation must reflect that I00% of the objectives have been met at a satisfactory or higher level.

N = Needs Improvement.Clinical performance that does not consistently demonstrate knowledge of the skills at the level expected for nursing assistants. Any *''N'* at mid-term must be improved to "Satisfactory" by end of semester to successfully complete course.

U = Unsatisfactory.Clinical performance is unsafe and/or unethical; does not demonstrate knowledge of the skills at the level expected for nursing assistants. Failure to improve will result in recommendation for clinical failure for course.

**Clinical failure is recommended at any time during the clinical experience for gross negligence, unsafe or unethical performance, or if a pattern of unsatisfactory performance is documented.**

## Clinical Evaluation Tool

### ****To demonstrate competence in CARING INTERVENTIONS, the student, will:****

| **NUR 134** | **Mid-****term** | **Final** | **Comments** |
| --- | --- | --- | --- |
| 1. Demonstrate caring behaviors toward patients and family or support person(s). |  |  |  |
| 2. Identify, respect and adapt care based on patient's philosophy, lifestyle, values, culture, spiritual beliefs, and developmental stage. |  |  |  |
| 3. Perform clinical skills safely, adapting to patients and the acute situation while adhering to guidelines set by the **Omnibus Budget Reconciliation Act (OBRA).** |  |  |  |
| 4. Demonstrate caring behavior towards staff, students and faculty. |  |  |  |
| 5. Demonstrate safe care of assigned patients as described in clinical skill checklist. |  |  |  |
| 6. Listening to the patients. |  |  |  |

**To demonstrate competence in COMMUNICATION, the student will:**

| **NUR 130** | **Mid-****term** | **Final** | **Comments** |
| --- | --- | --- | --- |
| 1. Identify self, credentials, and wears picture name tag.
 |  |  |  |
| 1. Demonstrate therapeutic communication skills then interacting with patients, family, and multidisciplinary health care team with assistance. This is to include, but is not limited to:
	* + Listening
		+ Clarifying
		+ Nonverbal
		+ Verbal
		+ Personal space
		+ Open ended questions
 |  |  |  |
| 1. Identify barriers and begin to use appropriate alternative communication techniques.
 |  |  |  |
| 1. Identify and begin utilizing appropriate chain of command.
 |  |  |  |

### To demonstrate ACCOUNTABILITY, the student will:

| **NUR 134** | **Mid- Term** | **Final** | **Comments** |
| --- | --- | --- | --- |
| 1. Practice within ethical, legal and regulatory guidelines for nursing assistant.
 |  |  |  |
| 1. Displaying honesty 100% of the time.
 |  |  |  |
| 1. Protect and promote patient dignity.
 |  |  |  |
| 1. Inform instructor and patient's nurse of unusual, abnormal or untoward events/ situations.
 |  |  |  |
| 1. Consistently provide quality care.
 |  |  |  |
| 1. Accept constructive comments as a basis for personal and professional growth.
 |  |  |  |
| 1. Follow the Patient's Bill of Rights.
 |  |  |  |
| 1. Treat patients with dignity.
 |  |  |  |
| 1. Recognize and report unsafe practice in self and others.
 |  |  |  |
| 1. Follow dress code as defined by FDTC nursing policy.
 |  |  |  |

**To demonstrate PROFESSIONALISM, the student will:**

| **NUR 134** | **Mid-****Term** | **Final** | **Comments** |
| --- | --- | --- | --- |
| 1. Completing assigned task trained to do.
 |  |  |  |
| 1. Keep all patients' information confidential.
 |  |  |  |
| 1. Being polite to patients, staff, and instructor.
 |  |  |  |
| 1. Not discussing personal problems with patients or staff.
 |  |  |  |
| 1. Explaining care before providing it.
 |  |  |  |
| 1. Arriving at clinical on time.
 |  |  |  |
| 1. Prepared for clinical.
 |  |  |  |

## NUR 134

## Skills Validation Form

| **Skills Performed** | **1st** | **2nd** | **Attempts** |
| --- | --- | --- | --- |
| Ambulate using Transfer Belt |  |  |  |
| Application of Stockings |  |  |  |
| Bed to Wheelchair using Transfer Belt |  |  |  |
| Counts and Records Radial Pulse |  |  |  |
| Counts and Records Respirations |  |  |  |
| Denture Care- Cleans upper or lower |  |  |  |
| Dresses Client with Weak Right Arm |  |  |  |
| Feeds Client who Can Not Feed Self |  |  |  |
| Foot care (1 foot) |  |  |  |
| Hand washing |  |  |  |
| Measures & Records Temperature |  |  |  |
| Measures & Records Blood Pressure |  |  |  |
| Measures & Records Urinary Output |  |  |  |
| Measures and Records Weight of Ambulatory Client |  |  |  |
| Modified Bed bath (face, 1 arm, hand, & under arm) |  |  |  |
| Modified Passive Range of Motion (1 Knee & 1Ankle) |  |  |  |
| Modified Passive Range of Motion (1 Arm & Shoulder) |  |  |  |
| Mouth care |  |  |  |
| Placing patient on Bed Pan |  |  |  |
| Positions Patient on Side |  |  |  |
| Personal Protective Equipment (PPE) |  |  |  |
| Provides Catheter Care for Female Patient |  |  |  |
| Provides Perineal (peri) Care for Female |  |  |  |

### S= Satisfactory; U= Unsatisfactory

**\*\*If unsuccessful by the 3rd attempt, the student may be subject to a clinical failure\*\***

Midterm Evaluation Notes: (only if deemed necessary by clinical instructor and/or the student is not progressing well): Progressing well at mid-term.

Instructor's Signature: Date \_

Student Signature: Date \_

Final Evaluation Comments:

Instructor's Signature: Date \_ Student Signature: Date \_

This workforce solution was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The U.S. Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites, and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability or ownership.