

OSCE Evaluation Rubric (Example)

Student Name:				<input type="checkbox"/> AGACNP <input type="checkbox"/> FNP <input type="checkbox"/> PMHNP <input type="checkbox"/> PNP																																																																																																																																	
Faculty Evaluator Name:				Date of Evaluation:																																																																																																																																	
<p>Instructions: Circle the score for each row, add up the total points for each column, add all the column totals for the final score, divide by total possible number of points for overall percentage. Pass = 80% or greater.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Item Assessed</th> <th style="text-align: center; padding: 5px;">Not Completed</th> <th style="text-align: center; padding: 5px;">Partially Complete</th> <th style="text-align: center; padding: 5px;">Complete</th> <th style="text-align: left; padding: 5px;">Comments</th> </tr> </thead> <tbody> <tr> <td>Introduced themselves & confirmed patients name</td> <td style="text-align: center;">0</td> <td style="text-align: center;">5</td> <td style="text-align: center;">10</td> <td rowspan="10" style="vertical-align: top; padding-left: 10px;"> History History of Present Illness - OPQRST Past Medical History – Hospitalizations, Trauma, etc. Medications – dose, frequency, compliance Allergies Social History - Smoking, Alcohol, Drugs Family History – one generation (mother, father) Patient's self-rated health status Prevention and Health Promotion – age specific </td> </tr> <tr> <td>Confirmed Chief Complaint</td> <td style="text-align: center;">0</td> <td style="text-align: center;">5</td> <td style="text-align: center;">10</td> </tr> <tr> <td>General/skin/sleep</td> <td style="text-align: center;">0</td> <td style="text-align: center;">5</td> <td style="text-align: center;">10</td> </tr> <tr> <td>HEENT</td> <td style="text-align: center;">0</td> <td style="text-align: center;">5</td> <td style="text-align: center;">10</td> </tr> <tr> <td>Respiratory</td> <td style="text-align: center;">0</td> <td style="text-align: center;">5</td> <td style="text-align: center;">10</td> </tr> <tr> <td>Cardiovascular</td> <td style="text-align: center;">0</td> <td style="text-align: center;">5</td> <td style="text-align: center;">10</td> </tr> <tr> <td>Musculoskeletal</td> <td style="text-align: center;">0</td> <td style="text-align: center;">5</td> <td style="text-align: center;">10</td> </tr> <tr> <td>Endocrine</td> <td style="text-align: center;">0</td> <td style="text-align: center;">5</td> <td style="text-align: center;">10</td> </tr> <tr> <td>Gastrointestinal and Urinary</td> <td style="text-align: center;">0</td> <td style="text-align: center;">5</td> <td style="text-align: center;">10</td> </tr> <tr> <td>Neuro/psych</td> <td style="text-align: center;">0</td> <td style="text-align: center;">5</td> <td style="text-align: center;">10</td> </tr> <tr> <td colspan="5"> Physical Exam of Body Systems – Examples Below <table border="1" style="width: 100%; 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