**TEMPLE COLLEGE Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Vocational Nursing Program

VNSG 1460: Clinical-LVN Training II

Clinical Evaluation Tool

*Using the* ***Rating Scale for Clinical Performance****, rate student performance using a* ***“0”, “1”, “2”, or “3”.*** *Cite specific care examples to support your ratings whenever possible.* ***Use the definitions on the rating scale****.*

**Critical elements are those performance expectations that are marked with a (\*). These behaviors are those which may stand alone as evaluation criteria. IA student who receives a zero on an asterisked item on their final evaluation will fail VNSG 1460: Clinical-LVN Training II.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **STUDENT** | | | **INSTRUCTOR(S)** | | | |
|  | **Grade** | | **Comments** | **Grade** | | **Comments** | |
| **I. PROVIDER OF PATIENT CENTERED CARE** | | | | | | | |
| **1. Assessment/Diagnosis** | | | | | | | |
| \*A. Perform, report, and document assessments |  | |  |  | |  | |
| \*B. Report any changes in the patient’s condition |  | |  |  | |  | |
| **2. Goals/Plan for Care** | | | | | | | |
| A. Identify predictable and multiple health needs of the patient(s) |  | |  |  | |  | |
| B. Recognize signs of abnormal patient findings |  | |  |  | |  | |
| C. Demonstrate knowledge of disease prevention and health promotion |  | |  |  | |  | |
| D. Identify short-term goals and outcomes |  | |  |  | |  | |
| E. Identify nursing interventions considering cultural aspects, and establishing priorities for care |  | |  |  | |  | |
| **3. Implementation** | | | | | | | |
| A. Correctly perform skills for level |  | |  |  | |  | |
| B. Maintain professional nurse/patient boundaries |  | |  |  | |  | |
| C. Adapt pharmacotherapy concepts to meet the needs of the patient(s) |  | |  |  | |  | |
| \*D. Administer medications according to the “6 Rights” |  | |  |  | |  | |
| **4. Teaching-Learning** | | | | | | | |
| A. Identify patient teaching-learning needs |  | |  |  | |  | |
| **5. Clinical data/current literature** | | | | | | | |
| A. Written work reflects knowledge base and patient data and is prepared according to standards |  |  | | |  | |  |
| B. Apply relevant, current nursing journal articles to practice and clinical decisions |  |  | | |  | |  |
| **II. MEMBER OF THE HEALTH CARE TEAM** | | | | | | | |
| **1. Collaboration with patients and healthcare team members** | | | | | | | |
| A. Communicate and collaborate in a timely manner with patients and members of the interdisciplinary healthcare team |  |  | | |  | |  |
| B. Demonstrate effective communication with the instructor |  |  | | |  | |  |
| **2. Patient Advocate** | | | | | | | |
| A. Act as an advocate for patients and families |  |  | | |  | |  |
| **3. Technology** | | | | | | | |
| A. Use resources and current technology to provide patient care |  |  | | |  | |  |
| **4. Conflict Resolution** |  |  | | |  | |  |
| A. Recognize conflict and follow the chain of command |  |  | | |  | |  |
| **III. MEMBER OF THE PROFESSION** | | | | | | | |
| **1. Accountability & Responsibility** | | | | | | | |
| A. Demonstrate clinical preparedness |  |  | | |  | |  |
| B. Adhere to all Temple College, VN Department, and clinical agency policy and procedures |  |  | | |  | |  |
| C. Seek out new learning opportunities |  |  | | |  | |  |
| \*D. Adapt behavior in response to instructor feedback |  |  | | |  | |  |
| E. Demonstrate respect for patients, instructors, peers & staff |  |  | | |  | |  |
| \*G. Maintain patient confidentiality and privacy |  |  | | |  | |  |
| H. Demonstrate effective time management |  |  | | |  | |  |
| **IV. PATIENT SAFETY ADVOCATE** | | | | | | | |
| \*A. Promote a safe, effective environment for self and others |  |  | | |  | |  |
| \*B. Accurately identify patients |  |  | | |  | |  |
| \*C. Seek assistance when practice requires behaviors or judgment outside individual knowledge or expertise. |  |  | | |  | |  |
| **TOTALS** |  |  | | |  | |  |

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**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Clinical Evaluation Tool

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| --- | --- | --- | --- |
| **Scale average** | **Percentage Grade** | **STUDENT Comments and Signature** |  |
|  |  |  |  |
| **STUDENT Signature and Title** | **INSTRUCTOR(S) Signature and Title** |