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**Appendix 6**

**The University Of Jordan/ School of Nursing**

 **Clinical Nursing Training (0702414)**

 **Clinical Exam (25%)**

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| **Student’s Name…………………………………………** |
| **Training Institution: ……………………………..……** |
| **Area of Practice: ……………………………………….** |
| **Instruction to clinical exam****1. The exact time of the exam and the names of clinical examiners should not be announced to students.****2. The clinical instructor will assign the case to the student 2hours before clinical exam.** **3. The Clinical Examination day is considered as one of the 50 clinical training days.****4. The time devoted for the clinical examination is about 15- 30 minutes for case discussion. Procedure time according to the procedure.** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Assessment Items** | **4****Distinguished** | **3****Satisfactory** | **2****Below Average** | **1****Poor** | **0****Not met** | **NA****Not Applicable** |
| Provide Quality Nursing Care (15%) |
| **1.**  | Apply the steps of the *nursing process* in discussing patient’s condition * Report a holistic assessment with rational for therapeutic measures (Physical assessment, Diagnostic procedures, and diagnosis)
* Demonstrate analysis of patient’s findings according to the pathophysiology of the disease and the nursing process
* Develop a plan of nursing care based on findings & according to priority (Identify nursing diagnoses in priority)
* Identify short term goals.
* Develop nursing care strategies to achieve short term goals.
 |  |  |  |  |  |  |
| **2.**  | Provide holistic nursing care to patients* Explain procedures to the patient and demonstrate comfortable position appropriate to his/her condition
* Prepare and use equipment appropriately and safely before, during and after procedure ( with considerations to infection control protocols)
* Show essential knowledge in carrying out nursing activities, procedures and when dealing with medical supplies (Mechanical Ventilator, Infusion Pumps, etc…)
* Use accurate terminology when describing patient’s condition
* Document accurate, complete, and pertinent information in a timely manner according to hospital guidelines.
 |  |  |  |  |  |  |
| Promote Professionalism (2%) |
| **3.** | Adhere to professional dress code including hair, makeup, jewelry, and nails (Professional Appearance/Positive Image) |  |  |  |  |  |  |
| **4.** | Protect and advocates patient rights (privacy, autonomy, confidentiality) |  |  |  |  |  |  |
| Critical Thinking (2%) |
| **5.**  | Uses critical thinking strategies in decision-making, planning, and provision of care |  |  |  |  |  |  |
| **6.**  | Appraise critically the work with clients and their families to promote client’s health and improve their quality of life |  |  |  |  |  |  |
| Communication skills (2%) |
| **7.** | Demonstrate the ability to collaborate with clients and healthcare professionals to provide general and specialized quality nursing care |  |  |  |  |  |  |
| **8.** | Demonstrate a therapeutic relationship with the patient and family/support person |  |  |  |  |  |  |
| \*\*\*Perform Safe Practice |
| **9.**  | Check for patient’s ID and correct procedure manual at all times |  |  |  |  |  |  |
| **10.**  | Use universal/standard precautions (washing hands, wearing appropriate personal protective equipments, avoiding needle sticks) |  |  |  |  |  |  |
| **11.** | Prepare environment (privacy, cleanliness and safety) |  |  |  |  |  |  |
| **12.**  | Follow procedure manual in preparing, calculating and administering medications and I.V.F considering medication rights. |  |  |  |  |  |  |
| Leadership abilities (2%) |
| **15.** | Collaborate with other health care team members regarding patient care needs (Effectiveness of Team Relationships) |  |  |  |  |  |  |
| Implement Evidence based Practice (2%)  |
| **16.** | Utilize research findings and evidence-based practices to the intention to improve the quality of nursing care |  |  |  |  |  |  |

**\*\*\* This section to be calculated separately as Met=1 or Not Met=0, each score of 0 will deduct 20% of the total mark= 5 mark of the total score.**

**Additional Comments:-**

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**Preceptor’s Name……………………… Signature…………….. Date …………………**

**Faculty Member Name……………………. Signature…………….. Date ………………**

**Committee member Name………………… Signature…………….. Date …………………**